

Wilkes University

NESBITT SCHOOL OF PHARMACY



Postgraduate Year One (PGY1) Community-based Pharmacy Residency Program



Accredited

The residency program in PGY-1 Community-based Pharmacy conducted by Wilkes University Nesbitt School of Pharmacy, Wilkes-Barre, Pennsylvania is accredited by American Society of Health-System Pharmacists (ASHP), in partnership with American Pharmacists Association (APhA).

Residency Manual 2025 - 2026

Residency Program Director

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Assistant Professor of Pharmacy Practice
Wilkes University, Nesbitt School of Pharmacy

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Welcome from Dean Ference

It is my pleasure to welcome you to the Nesbitt School of Pharmacy family or "Pharmily". I cannot wait for you to get to know our faculty, staff, and student pharmacists during the upcoming year. These people are what make us special, and I am confident you will feel all the warmth and support we have to offer. We are excited to welcome you to campus as you join us as colleagues in learning and caring in the new Griggs Pharmacy Center.

I am so proud to have the school involved in this community pharmacy practice residency program. I am the son of a community pharmacist, and they have a special place in my heart. I believe that the combination of clinical, business, and "people" training has directly led to pharmacists being considered one of the most trusted professions.

Your contributions to the health of our community extend far beyond simply dispensing medications or administering immunizations. You are a trusted healthcare advisor, advocate, and pillar of support. Beyond your technical expertise, you offer something equally important: a compassionate ear and a caring presence.

If you ever have any questions or need any information from me, please do not hesitate to contact me at any time. I mean that. I am grateful to you for choosing to join us. I look forward to getting to know you better this year and watching you grow and prosper with the excellent guidance and mentorship of Dr. Pezzino.

Cheers,

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Wilkes University Nesbitt School of Pharmacy Mission Statement

The Wilkes University Nesbitt School of Pharmacy mission statement is to develop pharmacists who will provide high quality health care and to make meaningful contributions to the science and practice of pharmacy. Wilkes University Nesbitt School of Pharmacy will be recognized as an exceptional pharmacy program through innovative education, contemporary practice, and valuable scientific contributions. The core values are teamwork, professionalism, lifelong learning, cultural competency, personalized attention, and community engagement.

Residency Program Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Residency Program Description

The Wilkes University Nesbitt School of Pharmacy / Weis Pharmacy PGY1 Community-based Residency Program is a 52-week training program that will develop the resident into an innovative community pharmacist practitioner with diverse experiences in patient care and leadership. The resident will have the opportunity to work in an interprofessional, collaborative environment with experiences in community pharmacies and underserved practices, at outreach events, leadership experiences and precepting, pharmacy management, and with our Pennsylvania Pharmacist Care Network (PPCN). The resident will develop the skills, confidence, and experience to catalyze change, and advance patient care services in community pharmacy practice.

The program's goal is to supply the resident with skills that will prepare them to begin their professional career. The resident will have the opportunity to be able to:

- Apply medication therapy management skills in direct patient care through wellness and disease state management programs.
- Develop, market, and implement new patient care and/or disease state management programs.
- Improve the effectiveness and efficiency of the medication use system.
- Provide immunizations according to state regulations.
- Deliver enhanced clinical services in the community pharmacy setting.
- Educate patients, pharmacists, other health care practitioners and student pharmacists.
- Design and conduct a research project which will be presented at a regional or national conference and be submitted for publication.
- Strengthen communication skills by presenting formal and informal lectures.
- Participate in community outreach, professional engagement, and precepting experiences.

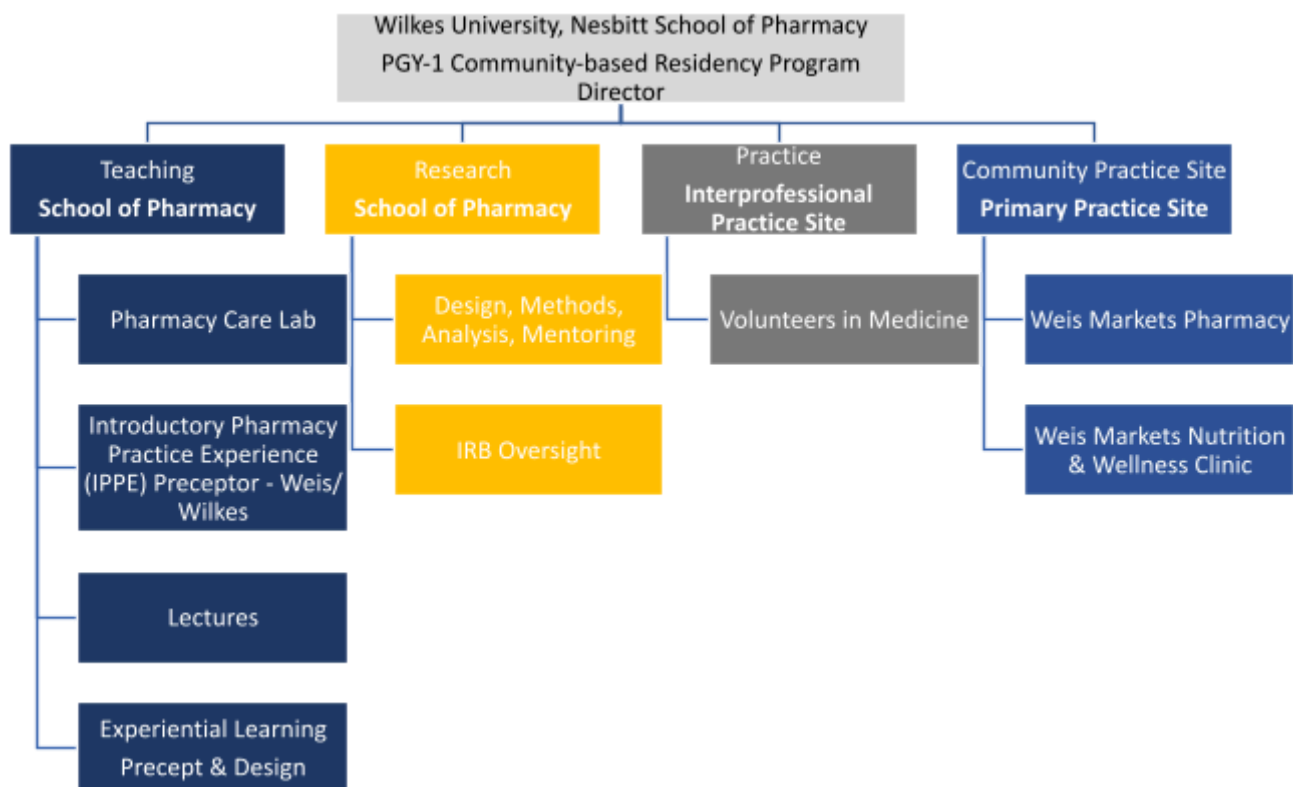
As a fully integrated member of the team at the residency site, the resident will learn first-hand what works and what areas could be improved upon in a community pharmacy, partner with experienced



practitioners to initiate new programs and expand and enhance existing services and provide fresh perspectives and insights for the site staff.



Residency Program Partners



Wilkes University Nesbitt School of Pharmacy (NSoP)

Founded in 1933, Wilkes University is a private, independent institution located in historic Wilkes-Barre, PA, on the edge of the Pocono Mountains. It offers 46 majors, including master's and doctoral programs. The Wilkes University NSoP core values include Teamwork, Professionalism, Lifelong Learning, Cultural Competency, Personalized Attention, Community Engagement. The School is accredited by the American Council for Pharmacy Education (ACPE) and is a member of the American Association of Colleges of Pharmacy (AACP). The School is led by Dean Jonathan D. Ference and a team of Associate Deans and Department Chairs. The PGY1 Community-based Pharmacy Residency Program is part of the Department of Pharmacy Practice.

Weis Markets

Weis Markets is a regional supermarket chain with 120+ pharmacies in Pennsylvania, Maryland, New York, New Jersey, West Virginia, and Delaware. The pharmacy team is committed to the provision of high-quality patient care and advancing the pharmacy profession. The Nanticoke location (Weis Markets #152) has one private consultation room. They offer Medication Therapy Management services, immunizations, point-of-care testing, and diabetes education (awaiting accreditation from CDC for Diabetes Prevention Program classes). In addition, they participate in the Pennsylvania Pharmacists' Care Network (PPCN) and have credentialed Medicaid providers that engage in the payor program opportunities.



Volunteers in Medicine (VIM)

Volunteers in Medicine Wilkes-Barre Clinic opened its doors in the summer of 2008 in the downtown area. VIM Wilkes-Barre is a full service free medical and dental clinic. The clinic provides primary and preventative health care to financially eligible individuals and families in Luzerne County, PA who otherwise have no access to public or private health insurances.

Residency Program Team Members

Residency Program Director (RPD)

Kelly Sklanka, PharmD, CDCES is the Director of the PGY1 Community-based Pharmacy Residency Program. Dr. Sklanka joined the Wilkes University NSoP in 2023. She serves as an Assistant Professor of Pharmacy Practice. She assumed the role of RPD in 2025 for the program. Her office is located in 334F Stark Learning Center at Wilkes University.

Residency Preceptors

The residency program includes innovative and distinguished practitioners in eastern Pennsylvania. They include:

- Kelly Sklanka (RPD-Weis, Assistant Professor-Wilkes University)
- Nick Cicco, PharmD (VP of Pharmacy- Weis)
- Amanda Stewart, PharmD (Director of Pharmacy- Weis)
- Brittany Venturella, PharmD (Manager of Clinical, Specialty & Central Pharmacy Services-Weis)
- Rachel DiPaolantonio, PharmD (Pharmacy Clinical Program Coordinator- Weis)
- Sophia Hoppe, PharmD (Pharmacy Manager-Weis)
- Danielle Kieck, PharmD (Associate Professor/Clinical Pharmacist- Weis)
- Kimmy Nguyen, PharmD, BCACP, BC-ADM,TTS (Associate Professor/Clinical Pharmacist- VIM)
- Erica Mabry, PharmD (Assistant Professor/Clinical Pharmacist-VIM)

Residency Advisory Committee (RAC)

The committee overseeing Wilkes University Nesbitt School of Pharmacy / Weis Markets PGY-1 Community-based Pharmacy Residency Program is composed of:

- Residency Program Director (RPD)
- All Residency Preceptors

Purpose:

- to provide guidance to the residents, RPD, residency preceptors on issues related to resident training
- facilitate the planning and accreditation of the residency program
- ensure adherence to university and site policies and procedures
- ensure adherence to ASHP accreditation guidelines
- assist in the oversight of current pharmacy resident to monitor resident progress as it related to clinical, teaching, research and project activities and resident professionalism
- assist with preceptor selection and development, site development and program planning
- responsible for overall continuous quality improvement of program

Meetings:

- RAC meetings will be scheduled at least quarterly to review resident progress with respect to clinical, teaching, research and project activities and resident professionalism
- Minutes will be documented and distributed to all RAC members



- Resident program quality improvement retreats will be held annually

Qualifications of the Resident

Applicants to the Wilkes University NSoP / Weis Markets Community-based Pharmacy Residency Program must:

- Submit an application form, letter of intent, curriculum vitae, transcript and three letters of recommendations
- Participate in and adhere to the rules of the Resident Matching Program (RMP)
- Submit all application materials by the deadline
- Be graduates of an ACPE-accredited Doctor of Pharmacy degree program
- Be eligible for licensure as a pharmacist in Pennsylvania

Details on residency application requirements and procedures can be found on our website at <http://wilkes.edu/wilkesresidency>. All residency applications will be accepted via the [Pharmacy Online Residency Centralized Application Service \(PhORCAS\)](#).

Residency applicants will be evaluated by the Residency Advisory Committee (RAC) through a structured procedure. An application evaluation form is used to confirm that applicants have submitted the required materials. This form considers an applicant's academic performance; knowledge, skills, attitudes, and abilities needed to achieve the stated educational goals and objectives of the residency program; and letters of recommendation from faculty and employers. Each item is weighted based on its relative importance to the residency program. The RAC reviews all the forms to determine who should be invited for a formal interview (**Appendix A**).

On-site interviews will be conducted for residency applicants who meet application evaluation criteria. During the interview, the interview evaluation form (**Appendix A**) is used to evaluate the candidate. Each applicant is evaluated on the same criteria, including but not limited to, appearance and demeanor, communication and interpersonal skills, career goals, leadership, and motivation. The RAC believes that a candidate must be above average to be considered a match for our program. The RAC holds a conference call to discuss the strengths and weaknesses of the candidates and who we believe would be the best fit with our program. After this call, the rank order of candidates is finalized and submitted to the National Matching Service (NMS).



Responsibilities of the Resident to the Program

General

Residents must be committed to the values and mission of the organization conducting the residency program, Weis Markets. They must also be committed to completing the educational goals and objectives established for the program. Residents must seek constructive verbal and documented feedback that directs their learning. Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.

Licensure and Liability Insurance

Per the *Accreditation Standard for PGY1 Pharmacy Residency Programs*, each resident must obtain licensure to practice as a pharmacist. Licensure as a pharmacist in the commonwealth of Pennsylvania is essential as residency training is “predicated upon accepting full responsibility and accountability for the care of patients”.

The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning where they have matched for their residency program. Residents must obtain licensure in Pennsylvania and liability insurance within 90 days of the start of the residency program. The offer letter encourages residents to seek licensure as soon as possible (prior to the start of the residency program). A copy of documentation/ proof of licensure and liability insurance must be provided to the RPD. A resident who fails to obtain licensure and insurance within this time frame will be dismissed from the program and termination of employment. The RPD has the discretion to grant extensions on licensure up until 120 days after the start of the residency year. If the resident is not licensed by this time, the resident will be terminated.

Patient Care Documentation

Residents will be involved with providing patient care at Weis Markets and at off-site locations. At the end of each week, residents should complete the Patient Care Activity Grid (**Appendix B**), which will provide an estimate of the number and types of patient contact throughout the year. The Patient Care Service Activity Grid should also show progression as an independent practitioner.

Needlestick Policy

The pharmacist on duty should immediately contact their store’s Manager on Duty and their Pharmacy District Manager (PDM) to report the incident. If pharmacy staffing is needed for relief your Pharmacy District Manager will work on finding appropriate coverage and give any added direction needed for closing and securing the pharmacy.

When a possible exposure event occurs, follow the steps outlined below. The Pharmacy District Manager will work with the store management team and the pharmacy associates to make sure all the following steps are completed appropriately.

1. Depending on the exposure the associate should immediately wash the needlestick areas thoroughly with soap and water, flush exposed areas of the skin, nose, or mouth, or irrigate their eyes with water or saline.
2. The exposed associate must inform the Manager on Duty and the Pharmacist on Duty, if the exposed associate is not a pharmacist.



3. The source individual should be notified of the exposure by the Pharmacist on Duty and try to obtain consent for the appropriate testing. However, the source individual's consent cannot be forced for testing or disclosure of their personal information for documentation.
 - a. If the source individual consents to testing and/or disclosure their name, address, and telephone number should be collected. A member from risk management will shortly reach out to the individual with testing information and next steps.
 - b. If the source individual does not consent to testing or verifies that they do have an infectious disease, it should be noted.
 - c. If the source individual is not known, indicate on the reports where applicable that the source cannot be identified.
4. The exposed associate must call the Corvel Nurse Line at **(877) 764-3574**. The Corvel team will direct the associate on next steps and where to seek appropriate medical attention.
5. The exposed associate must give the details of the incident to the Manager on Duty so they can be documented.
6. The Manager on Duty will work with the pharmacy team and Pharmacy District Manager to immediately report the incident within the LPMS and notify members of asset protection and risk management.
7. The Pharmacy District Manager will follow up with risk management timely to make sure the source individual received information on testing.
8. Pharmacy associates will work with the Manager on Duty to clean up any blood or other possibly infection material according to the store safety manual on bio-hazardous waste handling procedures.

The resident should notify their primary preceptor at the practice site where the incident occurred and the Residency Program Director

Duty Hours Policy

Management and monitoring of duty hours is a critical activity to ensure that residents are appropriately rested between scheduled residency activities to promote optimal patient safety and effective care provision by the resident. Residents are required to adhere to [the duty hour requirements](#) set forward by the American Society of Health-System Pharmacists (ASHP) (**Appendix C**) and this policy and procedure. The RPD and Preceptors of the residency need to ensure that the scheduled duty periods within their purview do not violate the resident duty hour requirements set forth by ASHP. Additionally, the RPD will monitor the resident's duty hours to ensure compliance with the policy. While it is the prerogative of the resident to decide whether to engage in moonlighting, the resident is required to discuss the potential moonlighting site, work activities, and hours of service at that site with the RPD *before committing to any moonlighting activity*. The RPD will assist the resident in determining how moonlighting could affect the resident's duty hours and his/her ability to fulfill the goals and objectives of the program.

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 (not applicable to this residency program), administrative duties, 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 do NOT include: reading, studying, and academic preparation time for



presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the RPD or 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 RPD 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.

Duty Hours Tracking Policy

The resident will receive information during the orientation month regarding duty hour requirements. At the end of each week during the residency, the resident will complete a patient care activity grid which includes duty hours and submit it to the RPD and Director of Pharmacy.

Additionally, the resident must complete a duty-hour's attestation below every month in PharmAcademic™. The RPD will review monthly and follow-up with the resident if compliance issues are noted.

Required Attestation Statement

When responding to this question, please include on-call hours if required by the program and moonlighting hours if allowed by the program.

I attest I was in compliance with the Duty Hours policy. During this time period, my Duty Hours:

- ☐ Were less than 80 hours of work per week (averaged over a 4 week period.)
- ☐ Included 8 hours free of work between duty periods.
- ☐ Had 1 day free in 7 (when averaged over 4 weeks.), AND
- ☐ Had no continuous duty periods of more than 16 hours (excluding in-house call).

Yes, I agree No, I disagree

Moonlighting

If moonlighting is allowed by the program, complete this section.

I participated in internal moonlighting (within my institution).

Yes

No

I participated in external moonlighting (outside my institution).

Yes

No

Total hours spent moonlighting

On-Call

If an In-House On-Call program is required by the program, complete this section.

I attest I was in compliance with the Duty Hours On-Call policy. During this time period, I:



- o Completed in-house call every 3rd night or less (averaged over a 4 week period.)
- o Worked 24 hours or less during each in-house call assignment.
- o Had a minimum of 14 hours free of duty after each in house call assignment.

Yes, I agree No, I disagree

At each evaluation point (quarterly), the resident must discuss with the RPD other responsibilities associated with the residency program (e.g., longitudinal rotation activities) and/or moonlighting obligations that will impact the resident's duty hours. It is the responsibility of the resident to alert his or her RPD and Preceptor if he/she feels inadequately rested to safely participate in patient care on any given workday.

Moonlighting Policy

Before beginning any moonlighting assignment, the resident will talk with the RPD about the assignment, the duties and work hours of the assignment, and jointly assess how it might interfere with duty hours or the resident's ability to complete the goals and objectives of the program.

A resident may moonlight at Weis Markets; however, he/she needs to receive prior approval from the RPD using the Moonlighting Notification Form (**Appendix D**). A resident should not moonlight for a company that is not his/her residency program site. Moonlighting hours may not exceed 20 hours per month unless the resident received prior approval from the RPD. Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit. If moonlighting hours result in the resident violating the program's duty hours policy, and the resident does not respond to a first warning from the RPD about the violation, the resident may be terminated from the residency program upon the second offense that is caused by moonlighting hours. If the resident's preceptors and program director determine that moonlighting is interfering with the resident's judgement, overall performance, compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies, and/or ability to achieve the educational goals and objectives of the program, the program director (RPD) will meet to discuss a plan which may include restricting or eliminating resident's moonlighting hours.

Conflict of Interest

Weis Markets 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 Weis Markets. Secondary employment is defined as employment on either a full-time or part-time basis with an employer other than Weis Markets. Secondary employment in a hospital in the employee's professional capacity is permitted. Therefore, it is the policy of the company to require the relinquishment of any such ownership interest or secondary employment as a condition of employment. Exceptions to this policy may be made only with the written approval of the vice president of pharmacy at Weis Markets.

Google Drive

Google Drive is a cloud storage service offered by Google that allows users to store, organize, and share files online. Each resident will have two folders: a Resources folder (shared with the RPD, all preceptors in the residency program, and all residents in the residency program) and a Resident Portfolio folder



(labeled with their own name; shared with the RPD and only that resident's preceptors). As both the Resources and Resident Portfolio folder are shared folders, care should be taken when deleting items. Each resident is responsible for maintaining their Portfolio Google folder. By the completion of the residency year, all draft versions of residency-related items should be deleted and only final versions of materials saved in the Resident Portfolio. Residents are encouraged to back-up these files on a regular basis and to save a final copy of their Google folder before graduation from the program. Access to both the Resources folder and Personal folder in Google Drive will cease as of June 30 each residency year.

Learning is Virtually Everywhere - Desire2Learn (D2L) Brightspace

D2L is a course management tool that is used to access materials for Teaching Certificate Program. Residents will be enrolled in the site by the Wilkes University Department of Pharmacy Practice. Residents will visit www.live.wilkes.edu and use their Wilkes username and password to log-in to the site.

Google Calendar

Google Calendar is used to maintain the schedule for the residency year. The Google Calendar includes dates and location for required and recommended professional organization meetings, times, and locations (including connection information for virtual Seminars). It is on a separate account titled: "Weis Residency" and only the RPD and resident have access to make changes to the calendar.

Microsoft Teams

The community pharmacy resident will participate in the Leadership Meetings on Microsoft Teams/in person. During meetings, residents will have the opportunity to interact with the RPD, corporate leadership, University leadership and guest speakers. The resident will have the opportunity to have book discussions, participate in updates of policies/procedures, and deliver a leadership themed CE presentation to pharmacists during a pharmacy manager meeting. The presentation will be evaluated using the Presentation Evaluation Form (**Appendix E**).

Membership in Professional Organizations

Residents are strongly encouraged to become active members of state and national professional organizations.

In Pennsylvania, we have one primary state organization – the [Pennsylvania Pharmacists' Association](#) (PPA) that represents the needs of pharmacists in all practice settings. PPA was formed 1878 when eight members from the American Pharmacists Association met in Harrisburg and realized the need for a state organization. Community pharmacy residents will find a home in PPA in the New Practitioner Network and within the Pennsylvania Pharmacists' Care Network (PPCN). Additionally, several committees may be of interest to community pharmacy residents.

National organizations that may be of interest to community pharmacy residents include the [American College of Clinical Pharmacy](#) (ACCP), the [American Pharmacists Association](#) (APhA), the [American Society of Health-System Pharmacists](#) (ASHP), [Pharmacy Quality Alliance](#) (PQA) and the [National Association of Chain Drug Stores](#) (NACDS).



Residency Deliverable Requirements

Each resident is required to complete three (3) residency projects: 1) Research Project, 2) Business Plan, and 3) Quality Improvement Project. In addition, other required residency deliverables include preparing/revising a drug class review or treatment protocol. Residency project ideas will be jointly decided on between the resident, preceptors and RPD. The Research Project Timeline and Manuscript Template (**Appendix F**) will guide the resident to successful completion of the project and manuscript. A list of potential journals for publication of the project is provided (**Appendix G**). In addition, each resident is required to complete a business plan. The Business Plan Timeline and Template (**Appendix H**) will guide the resident for successful completion. The quality improvement project should be decided in collaboration with the team to improve the medication use system or patient care.

For education deliverables, the resident is required to develop and present to 1) patients, caregivers and members of the community, 2) health profession students, 3) pharmacists, and 4) other healthcare professionals.



Responsibilities of the Program to the Resident

General

The Wilkes University Nesbitt School of Pharmacy / Weis Markets Community-based Pharmacy Residency Program is a full-time practice commitment that is conducted over a period of 52 weeks and provides the resident with a minimum of 2,000 hours of practice experience. The residency is in candidate status with ASHP, in partnership with APhA, and as such, adheres to the rules of the Resident Matching Program.

The program will be committed to providing the educational goals and objectives and will support the resident's progress towards completion of these goals. The program's primary educational commitment will be to the resident. Additionally, the program shall be committed to providing constructive feedback to the resident to enable the resident to make active use of feedback for further development.

Offer and Acceptance Letter

Residents who are accepted into the program are provided with a letter outlining their acceptance to the program (**Appendix I**). Acceptance by residents of these terms, including the criminal background check, drug screening and conditions must be documented prior to the beginning of the residency.

Resident Salary and Benefits

The resident is a full-time salaried employee of the Weis Markets. The resident is paid a salary as outlined in the offer letter. The resident is paid on a monthly basis. The resident is eligible for health, dental, and vision insurance; more detail on these choices is available from Human Resources. In addition, there is a professional development stipend which can be used to support attendance at professional meetings or to allow completion of certificate training programs (see Professional Meeting Attendance below). At the practice site, the resident will be provided with a safe area in which to work, which includes access to appropriate technology, and clinical information systems and databases.

Paid Time Off and Family Leave

Each pharmacy resident employed by Weis Markets shall be entitled to 10 paid time off days per year. In addition, seven paid holidays are included in the residency year and are as follows:

1. New Year's Day
2. Easter Sunday or Good Friday
3. Memorial Day
4. July Fourth
5. Labor Day
6. Thanksgiving Day
7. Christmas Day

If a resident needs to take more time off, then prior approval will be needed from the director of pharmacy and director of the program. If a resident is unable to complete the residency program requirements, grounds for dismissal from the program will be considered. Total time away from the residency program (including PTO, holidays, sick time, personal leave, etc.) must not exceed 37 calendar days during the 52-week period. Any additional time will require program extension to meet ASHP standards.



Resident is not eligible for Family Medical Leave of Absence (FMLA) leave unless the resident has been a Weis Markets employee for at least twelve (12) months. Resident may be eligible for other leaves in accordance with company policy. In the event of a serious medical condition or family medical leave requiring extended absence, resident may take any unused paid days off and still complete the residency program on schedule. Any additional required time off up to a maximum of 8 weeks will result in extension of the program, beyond the normal end date, by the number of days off beyond paid leave. Residents requiring extended unpaid leave greater than 8 weeks in duration will not be able to complete the program and will be dismissed from the program. If an extension is needed, the resident must request the extension in writing and the residency program director will approve such requests. Residency certificates will be withheld until all requirements are successfully completed. Residents can only receive compensation for twelve months. If an extension is needed, the requirements are completed without pay.

Professional Meeting Attendance

Each resident is provided with opportunities for professional development, which can be used to support attendance at professional meetings or to allow completion of certificate training programs. **All professional development must be pre-approved.** Travel expenses, including mileage to and from meetings, airfare, cab fare, and hotel expenses, registration fees, etc. must be approved within 2 months of the planned professional development. *In order to receive reimbursement, Weis Markets has to have proof that the resident paid and proof that the resident actually attended the meeting.* The resident's name must be on receipts. Please note: It is the resident's responsibility to keep a tally of his/her expenses.

All Residents will be required to attend the following meetings:

1. PPA Annual Meeting
2. APhA Annual Meeting

Residents can choose to attend any of the following meetings:

1. NACDS Annual Meeting
2. NCPA Annual Convention
3. ASHP Midyear Clinical Meeting
4. NACDS Total Store Expo

^Another meeting may be substituted for one of those listed above. All residents must receive approval for meetings prior to submitting registration.

Expense Reports

Each resident is responsible for completing expense reports (**Appendix W**) 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 may not be considered for reimbursement. Expense reports should be submitted directly in WorkDay.

Weis Markets will reimburse for mileage to programs and events that the resident is asked or required to attend. Weis Markets will not reimburse the resident for travel to sites directly related to their daily activities as defined by the residency program.



Reimbursement for mileage

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Printed directions **TO** and **FROM** the meeting
4. Proof that the resident attended the meeting (example: nametag or itinerary)

Reimbursement for registration

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Receipt/confirmation *showing payment*

Reimbursement for airfare

1. The name of the meeting attended
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Copy of the resident's flight information
5. Receipt/confirmation with the resident's name - *showing payment*

Reimbursement for hotel expenses

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Copy of hotel bill with the resident's name - *showing payment and zero balance*
5. Hotel bills with room charges such as restaurant, bar, room service, valet parking will not be reimbursed. The resident must have these items listed separately per university policy.

Residency Certificate

The resident is awarded a residency certificate upon the successful completion of all residency requirements. Ordinarily, all training requirements should be met within the 52-week residency period. See family leave for exceptions to this policy.

Residency Graduation Requirements

Criterion

Achieve Outcomes, Goals, and Objectives set by ASHP

Of the 33 required objectives (underneath R1-R4 goals), a minimum of 29 objectives (87%) must be graded as Achieved for Residency (ACHR), with the remaining objectives graded as Satisfactory Progress (SP)

Resident shall have zero documented "Needs improvement" in any patient care outcomes by the last Monday of the residency program.

Complete all assigned evaluations in PharmAcademic™



Residency Research Project

Residency research completed and uploaded to the Resident's Portfolio, including satisfactory completion of all the following:

- IRB approval
- PPA, APhA or other grant application submitted
- Presentation of project in poster format (R2.2.5)
- Presentation of project in platform format (R2.2.5)
- Manuscript prepared in an acceptable submission format (R2.2.5)

Teaching

Completion of the Teaching Certificate at Wilkes University

Co-precept a minimum of two (2) students at the practice site

In-services to members of the healthcare team (at least 4 total by the conclusion of the program). (R4.1.2)

Prepare and deliver at least one educational program to each of the following audiences: (1) patients, caregivers and members of the community, (2) health profession students, (3) pharmacists, and (4) other health care professionals

Projects and Assignments

Completed a drug class review or monograph (R2.1.1)

Submit one article/paper to be disseminated to pharmacy staff (R4.1.3).

Conducted a quality improvement project in the medication use system or in patient care (R2.1.2)

Prepare and submit a business plan for a new or enhance an existing service

Weis-Specific Requirements

Submitted updated Curriculum Vitae as of June 1

Submitted final Patient Care Grid

Evaluated existing, or developed 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

Disciplinary Action and Resident Dismissal Policy and Procedure

Reasons for Disciplinary Action

The Wilkes University Nesbitt School of Pharmacy and Weis Markets requires that the resident conduct themselves in a professional manner and follow all policies and procedures. Disciplinary action will be taken, pursuant to the policy in **Appendix J**, if the resident is deficient in one of the following areas:

- Present himself/herself in a professional manner
- Follow code of conduct and policies & procedures
- Follow the policies and procedures of the school of pharmacy or the practice site
- Follow the policies and procedures while at any outside institution connected to the pharmacy residency



- Make satisfactory progress toward completion of the residency goals and objectives. This will be determined by quarterly evaluations and from a global sense of progression as determined by the Residency Program Director (RPD) and/or preceptor(s)
- Make satisfactory progress toward completion of all residency requirements (see graduation requirements checklist)

Residency Program Director and Site Coordinator Responsibility for Disciplinary Action

The RPD and/or preceptor of the learning experience will be responsible for documenting the deficiency for the first occurrence and review the findings with the resident. If the resident does not meet expectations during the outlined timeframe for the first occurrence, the RPD will work with preceptor(s) to document the deficiencies and further review the findings with the resident. The resident will receive counseling and assistance on how to improve their performance. This will be documented in the performance improvement plan in **Appendix J**. If more than three deficiencies are documented, a resident may be dismissed from the program.

Reasons for Dismissal

Wilkes University Nesbitt School of Pharmacy and/or Weis Markets may require the resident to withdraw from the training site due to characteristics and activities that are detrimental to patient care. Examples of behavior which would require this action are listed, but are not limited to the following:

1. Stealing (including theft of professional property or personal property)
2. Breach of trust or confidentiality
3. Failure to observe written policies
4. Inability or failure to fulfill responsibilities (including licensure)
5. Behavioral misconduct or unethical behavior that may occur on or off site premises
6. Unsatisfactory attendance
7. More than one unsatisfactory performance evaluation
8. Mental impairment caused by substance abuse

Resident Voluntary Dismissal

The resident may withdraw from the residency at any time throughout the 52-week commitment. The withdrawal must be submitted in writing to the RPD 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 day the letter is received by the RPD and a certificate of successful completion will not be issued to the resident.

Design and Conduct of the Residency Program

The Wilkes University Nesbitt School of Pharmacy / Weis Markets Community-based Pharmacy Residency Program abides by the Accreditation Standard for PGY1 Community Pharmacy Residency Programs (**Appendix K**) and utilizes the Required and Elective Educational Outcomes, Goals, Objectives, and Instructional Objectives for PGY1 Community Pharmacy Residency Programs (**Appendix L**).

The program ensures that residents complete all the objectives within the four required competency areas:

- *R1: Patient Care*



- *R2: Practice Advancement*
- *R3: Leadership*
- *R4: Teaching and Education*

Each resident will complete the Entering Interests and Goal-Based Evaluation Form (**Appendix N**) on PharmAcademic™. This form will enable the RPD and preceptors to understand the resident's prior experiences, skills, and abilities. Each resident receives orientation to the school and their practice site.

Customization of Residency Program

The residency program is committed to maintaining a customized program that meets the needs of the individual resident. The resident is expected to meet the performance requirements of the residency as outlined in the program policy and procedures that is updated before the start of each training year. However, to meet each resident's individual needs, aspects of residency including personalized activities identified in the resident development plan will be developed to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once each quarter of the program.

Learning Experiences

The learning experiences will allow the resident to gain experience with diverse patient populations, a variety of disease states, and a range of complexity of patient problems as characterized by a generalist's practice. The required learning experience provides ample opportunity to achieve the program's educational goals and objectives.

Required Learning Experiences

Residents are required to complete the following learning experiences:

- Orientation Learning Experience (**Appendix O**)
- Patient-Centered Dispensing Learning Experience (**Appendix P**)
- Patient Care Learning Experience (**Appendix Q**)
- Ambulatory Care Learning Experience (**Appendix R**)
- Management and Leadership Learning Experience (**Appendix S**)
- Precepting and Education Learning Experience (**Appendix T**)
- Practice Advancement Learning Experience (**Appendix U**)
- Research Learning Experience (**Appendix V**)

The Learning Experience Descriptions can be found in the listed appendices.



Program Structure

Core Competencies	Percent of Time
R1: Patient Care	69%
<ul style="list-style-type: none">● Patient Care Learning Experience (Weis - Community-based Site)<ul style="list-style-type: none">○ Medication Therapy Management Services○ Immunizations○ Pennsylvania Pharmacists Care Network payor programs○ Community events (senior center outreach, community outreach, daycare/elementary/middle school/high school events, etc)○ Clinical Office Services (DPP classes, physician partnerships, physical assessments, point-of-care testing, etc)○ Telehealth SDOH screenings and referrals● Ambulatory Care Learning Experience (Volunteers in Medicine Clinic)● Patient-Centered Dispensing Learning Experience (Weis Markets #152)	<ul style="list-style-type: none">● 29%● 20%● 20%
R2: Practice Advancement	11%
<ul style="list-style-type: none">● Practice Advancement Learning Experience<ul style="list-style-type: none">○ Deliverables: Business plan, research project, quality improvement project, drug class review/monograph	
R3: Leadership	10%
<ul style="list-style-type: none">● Management and Leadership Learning Experience (Weis Markets #152)<ul style="list-style-type: none">○ Residency Program Administration	<ul style="list-style-type: none">● 10%● 1%
R4: Teaching and Education	10%
<ul style="list-style-type: none">● Precepting and Education Learning Experience<ul style="list-style-type: none">○ Wilkes University Pharmacy Teaching Certificate○ Opportunities to teach in care lab, lecture in large/small group courses, standardized patient (OSCEs), experiential learning preceptor○ Telehealth SDOH screenings and referrals preceptor for Wilkes○ Education deliverables (patients/caregivers, pharmacists, health profession students, other healthcare professionals)	



Required Learning Experiences	Orientation	Patient-Centered Dispensing	Patient Care	Ambulatory Care	Management & Leadership	Precepting & Education	Practice Advancement
Hours per week	5 weeks	10	22	8	4	3	3

Sample Schedule Overview

Time	Mon	Tue	Wed	Thu	Fri
8a					
9a					
10a					
11a					
12p					
1p					
2p					
3p					
4p					
5p					
6p					
7p					

Resident Assessment & Evaluation

Evaluation Process

Residents will be provided with verbal feedback regarding performance throughout the residency program. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. Preceptors conduct and document a criteria-based, summative assessment of the resident's performance of each of the educational goals and objectives assigned to the learning experience. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations.

For all evaluations completed in PharmAcademic™, the preceptor will complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion. The final determination of performance and evaluation status rests with the Program Director.



Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the program
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Residency Program Director	Resident	Residency Program Director	Midpoint and Endpoint

Preceptors are expected to provide quality feedback to the resident. This could take the form of verbal or written feedback and will vary depending on the learning experience and satiation.

- **Formative evaluations:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely. Examples of formative feedback include:
 - Observation and dialogue about a specific performance
 - Criteria based formative evaluation ("Snapshot")
 - Reviewing and commenting on drafts of manuscripts/presentations
 - Receiving student feedback on a specific learning experience
- **Self-Assessment:** Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review **criteria** associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- **Summative evaluations:** Quarterly, scheduled evaluation, preceptors summarize the resident's performance throughout the learning experience. Specific **criteria-based** comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses. The same rating scale will be used for all learning experiences by all preceptors and residents when performing summative evaluations.
- **Preceptor, Learning Experience and Residency Preceptor Director evaluations** must be completed by the resident at least biannually. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Preceptor Summative Evaluations

Quarterly, all preceptors will be required to complete summative evaluations based on the learning experiences they are involved with for the residency program. When evaluating a resident's performance during learning experience summative evaluations, please refer to the following criteria for Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH) (**Appendix AA**). *All summative evaluations must be completed within 7 days of the due date.*

Satisfactory Progress (SP): Please provide **verbal** comments to the resident. **Written** comments are optional but encouraged for the resident. Please address the following:

1. How the resident is working to meet the criteria specific for each objective



- a. Resident can perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
 - b. Evidence of improvement since last evaluation even if it is not complete mastery of the task
2. Supports resident's self-efficacy by providing positive statements on what the resident has done well.
3. Helps the resident to gain skills by identifying areas for improvement
 - a. Provide specific recommendations on what or how the resident can improve to reach ACH status
 - b. Provide alternative strategies for improvement if resident needs additional guidance

Needs Improvement (NI): Please provide **written** comments for any objective evaluated as Needs Improvement using the following criteria:

1. Resident has shown lack of interest in content area
2. Resident has failed to put forth effort to complete or initiate tasks required to meet the objective/goal
3. Resident fails to meet due dates
4. Resident turns in work considered unacceptable by preceptor/RPD.
5. Resident's level of skill on the goal does NOT meet the preceptor's standards

Achieved (ACH): Please provide **written** comments for any objective evaluated as Achieved using the following: Resident consistently meets the following criteria:

1. Resident can consistently perform at the level expected of an entry level health care provider without guidance.
2. Resident demonstrates competence in the area being assessed
3. Resident's level of skill on the objectives meets the preceptor's standards
4. No further instruction or evaluation is required in subsequent learning experiences.

Use a mix of ratings depending on the time of year and progress: Very few objectives should receive an ACH (ACHIEVED) by the end of quarter one/two.

Other Professionals Feedback

At various times throughout the residency program, the resident will be working closely with other health care professionals (physicians, nurses, dietitians, etc). The feedback from their perspective is critically important for the resident to receive and review to allow for growth and development. This feedback will be provided using PharmAcademic™ Customized Evaluations. Specific goals/objectives will be chosen based on the learning experiences and the interactions between the healthcare professional and the resident. These evaluations may be completed electronically or on paper. If on paper, the evaluation will be uploaded to PharmAcademic™.

Resident Self-Assessment and Self-Evaluations

Self-Assessment Strategy

The ability to accurately self- evaluate one's skills/abilities is a critical skill for any professional. To help residents develop, the residency program has built in weekly/quarterly self-assessment opportunities.

- Quarterly: residents will evaluate their performance in their residency development plan.
 - This template is found in PharmAcademic™ and should be maintained there.



- o Each evaluation must be completed by the due date or within 7 days of the scheduled evaluation.
- Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy (**Appendix J**).

In preparation for a quarterly evaluation, the resident should complete and submit the following items:

1. the Resident Development Plan (**Appendix M**) resident section
2. the Patient Care Activity Grid (**Appendix B**) aggregated for the quarter
 - a. Final Patient Care Activity Grid should be compiled and submitted prior to the final evaluation
3. the graduation requirements checklist (self-assessment of progress)

These items should be completed one week (7 days) prior to the scheduled evaluation discussion/sit down date.

Evaluations of Preceptors

The resident's evaluation of the preceptor is an important part of the quality assurance process. This type of feedback evaluates the preceptor's performance either at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experience (example: Precepting and Learning- twice at mid-point and end). For feedback to be effective, it must be honest, professional and provide **specific** comments for what has gone well and what can be improved upon.

To help residents in providing feedback, please refer to the following:

1. Provide qualitative comments that are specific to meet your needs as a learner
2. Provide praise when appropriate
3. Note areas of improvement since last evaluation
4. Identify new areas for improvement at each evaluation period
5. Provide specific recommendations on what or how the preceptor can improve

If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support, and guidance. Resident evaluation of Preceptor: Formal, written Preceptor Evaluations are completed twice during longitudinal learning experiences. These should be shared with the preceptor and then will be reviewed by the Residency Program Director.

Performance Standards

The PGY1 Community-based Pharmacy Resident is expected to fulfill all the objectives of all learning experiences and to satisfactorily complete all other requirements outlined in the residency manual. Professionalism, high quality and timeliness are expected. The goal is for the resident to successfully meet the expectations and to grow professionally.

If performance does not meet expectations, the resident will be given ample opportunity to improve. Written documentation of feedback, evaluations and discussions will be maintained. The goal of the residency is to teach, not to discipline. However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies



or if no improvement occurs with feedback, the resident may be terminated prior to the end of the 52-week training program. Immediate dismissal may occur for violation of Wilkes University Nesbitt School of Pharmacy / Weis Markets regulations, policies and procedures, or for unethical or unprofessional conduct.

If the resident does not agree with the evaluation of a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the resident is not satisfied with the resolution, he/she may submit a written request to present his/her justification of performance to the Pharmacy RPD within seven (7) days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the resident in writing.

If the resident is not satisfied with the resolution, they may submit a written request for review by the Pharmacy RAC within seven (7) days of notification of the Program Director's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the committee verbally. The RAC will also review all written documentation of performance and discussions. The Committee may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. Criteria-based evaluation forms may be used as applicable. The committee's decision with the concurrence of the RPD is final. This entire process will be coordinated by the RPD. In the case that the RPD is the preceptor involved in the evaluation in question, the RAC will select another preceptor to coordinate the process.

Resident Development Plan

The RPD and preceptors will develop an Individual Resident Development Plan for the resident based upon the resident's Electronic Development Plan completed during Orientation (**Appendix M**). The initial plan will be based on the results of the resident's initial self-evaluation. Any discrepancies in assumed entering knowledge, skills, attitudes, or abilities will be accounted for in the resident's customized plan. The initial plan is to be completed by the end of the orientation period and no later than thirty days from the start of the residency. Adjustments to the resident's learning experiences, learning activities, evaluations and other changes will be documented on the initial development plan.

Any criteria-based assessment of the resident's performance of one or more of the required learning experiences, activities, evaluations is performed and judged to indicate full achievement of the objective(s), the program is encouraged to modify the resident's program accordingly. The Resident Development Plan and any modifications to it, including the resident's schedule, must be shared with the resident and all preceptors.

The RPD and preceptors will track residents' progress toward achievement of their educational goals and objectives. Overall progress toward achievement of the program's outcomes, through performance of the program's educational goals and objectives, will be assessed at least quarterly, and any necessary adjustments to the Resident Development Plan, including remedial action(s), will be documented and



implemented. Any adjustments to the development plan must be shared with resident and all preceptors.

Components of a Development Plan

- Baseline Questionnaire: the resident will be asked to complete an Entering Interests Form and Entering Objective-Based Self-Evaluation (Residents will also be asked to review current ASHP/APhA Competency Statements, Goals and Objectives of the residency program and complete a self-evaluation) (**Appendix N**) in PharmAcademic™
- The resident will determine if the following level of support is needed based on their current level of experience for each objective:
 - a. Teaching/Role Modeling
 - b. Coaching
 - c. Experience with coaching
 - d. Function independently with facilitation
 - e. Achieved
- The resident will be asked to draft 3-4 customized goals based on completion of their Entering Interests and Goal-Based Evaluation Form (**Appendix N**) and submit on resident development plan goals form
- After discussions with the RPD and preceptors during orientation, the initial developmental plan will be created and include: strengths, areas for improvement, interests and career goals. As the resident develops, the plan may include additional assignments, learning experiences, increased/decreased repetition of activities, additional of new objectives ,etc.
- The resident will review the development plan goals form and Insert explanatory and reflective comments into the Resident Comments textbox prior to formal evaluations each quarter
- Consider whether additional goals should be added based on the previous quarter's experiences. If so, then insert a new objective and discuss this with the RPD and preceptors during the evaluation.

Patient Care Activity Grid

To complete, follow these tips:

- The resident should document the type and number of patient care activities completed, at least on a weekly basis
- Each resident should indicate if the activity was completed with preceptor assistance, while precepting a student, or performed independently
- Duty hours should be noted
- Ensure that final summaries of all columns are correct

Exit Interview

Near the conclusion of the residency program, the resident will have the opportunity to formally evaluate the program. The resident will complete the Final Goal-Based Evaluation Form and have a private meeting with the Dean of the Nesbitt School of Pharmacy to discuss strengths and areas of improvement for the program.



Appendix A: Recruitment and Selection of Residents

This policy describes the process in which residency candidates are assessed and ranked prior to being invited for an interview, during the interview process and upon completion of all interviews. All candidates will be treated and evaluated fairly throughout the entire process.

Recruitment and Advertising

1. Website
2. Participation at Residency Showcases (local showcases, ASHP,)

Annually by September 30, the RPD will review residency brochures and all residency websites to ensure accuracy and continuity. The RPD and other residency preceptors will be expected to attend various Residency Showcases. These generally include ASHP Mid-Year, APhA Annual, PPA Mid-Year and local colleges of pharmacy.

Receipt of Applications

1. Applications are received through the Pharmacy Online Residency Centralized Application Service (PhORCAS).
2. Applicant information includes:
 - a. Letter of intent specific to each site applicant is applying to
 - b. CV
 - c. Three references (each must complete the standard reference form; a separate letter of recommendation is not required)
 - d. Pharmacy transcript (from an ACPE accredited Doctor of Pharmacy degree program)

General Timeline of Selection Process

- September: RPD to register site for upcoming match
- October: RPD will update ASHP's Residency Site to include changes and deadlines to upcoming selection
- November: RPD to login to PhORCAS™ to transfer and update any changes to the grading criteria, and update the list of approved members of the Review/Selection Committee
- First Monday in January: Application Deadlines
- Second Monday in January: RPD invites candidates for interview
- February: Onsite Interviews
- March: Ranking submitted to Match program

PGY1 Community Interview Process: Three-tiered Approach

1. Tier 1: Application review (assessment of applications – see below)
2. Tier 2: RPD sends email to candidates letting them know they got invited for an interview by 2nd Monday in January. RPD will request a response if they accept interviews by that Friday.
3. Tier 3
 - a. On-site interviews conducted on Tuesdays and Wednesdays throughout February
 - b. Conference call (first Wed in March) to discuss ranking of candidates
 - c. Send rank list to RPD so the list can be submitted by first Friday in March



Assessment of Applications (criteria)

1. All applicants are reviewed for completion of application by first Monday in January deadline
2. Applicants without a complete application are contacted to determine applicant's desire for completing full application process
3. The assessment of applications takes a team approach. Two preceptors, the resident and director are part of the review committee. The applications are reviewed by each individual to assess which applicants meet the mission of the residency program.
4. Each person on the review team will log into PhORCAS: (<https://PhORCAS.webadmit.org>) to review the application materials.
5. Each person will complete application evaluation forms for their candidates and submit their scores to the RPD. Applicants are evaluated on:
 - Quality of letter of intent – Very focused & tailored to program
 - CV – volunteer work, leadership and work experience
 - Quality of references
 - Transcripts – GPA less than 3.0 will be reviewed for progress/improvement throughout pharmacy curriculum
6. The RPD puts together all the scores/feedback for each applicant. This aggregate report is sent to each member of the review committee.
7. The review committee has a conference call to discuss the report/candidates.
8. The review committee prioritizes the applicants for interview based on:
 - a. Receipt of all application materials before deadline
 - b. Quality of application
 - c. Subjective discussion based on perceived "fit" into program
9. Applicants may interview in person or in groups
 - a. Phone/Video Interview
 - This option may be used to further screen for onsite interviews.
 - b. Onsite Interviews include
 - Introduction to residency and culture of the residency
 - Time with resident
 - Site Visits (dispensing, counseling, tour of the pharmacy)
 - Interview with preceptors
 - Business Plan Presentation
 - c. RPD Interview
 - Time with the RPD
 - The RPD conducts video teleconferences or phone calls to address any remaining questions prior to rank day

Interview Evaluation

1. All persons from residency sites involved in the interview process are asked to complete a residency applicant interview evaluation form following each interview. This form should be submitted to the RPD
2. The interview team provides feedback and comments on the business plan presentation
3. The residency maintains a file of the interview evaluations
4. The RPD aggregates all evaluation forms and sends them to RAC for use in the ranking conference call.



Ranking

1. The Wilkes University / Weis Markets CPRP follow the official rules of the National Matching Service (NMS).
2. RAC discusses the candidates as a whole to rank for overall fit in the program
3. RPD keeps a record of meeting and attendance/participation
4. After the RAC discussion, a ranking list is created. The RPD submits the rankings to "The Match."

Phase II Match / Scramble Recruitment

The program will participate in the Phase II Match Process and/or Scramble if necessary. The process as described above will remain largely intact, other than the timeline will be condensed and on-site interviews may not be necessary. A phone or video interview may replace the on-site interview process. Although not absolutely necessary, the program seeks to fill all open residency positions each year.

1. If a "Match" does not occur through the official online system, the residency program will formally review candidates through the online PhorCAS system. E-mails from potential candidates will be reviewed; however, candidates should have at least a letter of intent and CV in PhorCAS to be reviewed. A full application must be completed prior to making an offer.
2. Post-Match candidate application materials will be reviewed by at least two (2) members of RAC to make a recommendation for a phone interview (using same criteria for interview).
3. The number of phone interviews (same interview evaluation form) that are conducted will be based on the availability of candidate information within at least 5 working days of the initial Match results.
4. Preceptors/residents involved in the phone interviews will re-rank post-match applicants
5. Offers for residency will follow timelines as outlined in ASHP Matching System.

After Post-Match Recruitment

1. If a "Match" does not occur during the Post-Match recruitment period, applications may be submitted directly to the Residency Program Director including information as outlined in the application. These applications will be reviewed on a first-come, first-serve basis.
2. Phone interviews and/or on site interview (if local candidate) will be offered

Communication to "Matched" Residents

Upon successfully matching, the RPD will send an official letter of acceptance to the upcoming resident(s) detailing information on the pre-employment requirements (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend), requirements for successful completion of the residency, expectations of the residency program, upcoming timelines, start dates of the residency, and an introduction to the residency itself. After completing the application for employment, the resident will receive an official Job Offer of which they must accept and send back prior to beginning their Residency year.



THIS SECTION TO BE COMPLETED BY RESIDENCY PROGRAM DIRECTOR

	Weight	Average of Scores	Total Score
Letter of Intent	45%		
CV	25%		
Transcript	10%		
Personal Reference Form / Letters of Recommendation	20%		

Invite for interview: ☐ Yes ☐ No ☐ Wait list



Assessment of PGY1 Residency Applicants

Reviewer Name: _____

Letter of Intent: Does the personal statement indicate the applicant's aspirations for being a leader in community pharmacy and demonstrate career goals and a sense of direction?			
Below Average (1) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Above Average (3) <input type="checkbox"/>	Outstanding (4) <input type="checkbox"/>
Several spelling or grammatical errors; does not address or articulate why they want to pursue a CPRP.	One spelling or grammatical error; addresses why they want to pursue a CPRP, but may articulate well; may not be logically sequenced.	Free of spelling and grammatical errors; provides genuine reasons why they want to pursue a CPRP; logically sequenced and flows well.	Free of spelling and grammatical errors; draws interest from the beginning and provides genuine reasons why they want to pursue a CPRP; logically sequenced and flows well.
Comments:			
CV: Is the applicant's CV well-rounded and balanced? Does the CV indicate practice experience and leadership?			
Below Average (1) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Above Average (3) <input type="checkbox"/>	Outstanding (4) <input type="checkbox"/>
No experience in pharmacy settings; no involvement in professional or extracurricular organizations.	Limited community pharmacy experience; some involvement in professional/civic organizations with little to no leadership experience.	Some community pharmacy experience; significant involvement in professional/civic organizations with some leadership experience.	Significant community pharmacy experience; significant leadership in professional/civic organizations.
Comments:			
Transcript / Academic Performance: Does the applicant's CV demonstrate a strong academic record? Consider academic load and grades in classes pertinent to community pharmacy (i.e. communication, self-care, outpatient therapeutics).			
Below Average (1) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Above Average (3) <input type="checkbox"/>	Outstanding (4) <input type="checkbox"/>
GPA <2.8; received poor grades in classes pertinent to community pharmacy.	GPA 2.9-3.2; received fair grades in classes pertinent to community pharmacy.	GPA 3.2-3.4; received good grades in classes pertinent to community pharmacy receive good marks.	GPA >3.5; received excellent grades in classes pertinent to community pharmacy.
Comments:			
Personal Reference Form / Letters of Recommendation: Do the letters of recommendation speak to the applicant's communication skills and ability to work well with others and think outside of the box?			
Below Average (1) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Above Average (3) <input type="checkbox"/>	Outstanding (4) <input type="checkbox"/>
Reference form indicates "below average" and/or "would not	Reference form indicates "average" and/or "would recommend with	Reference form indicates "good or very good" and/or "would recommend"; letters	Reference form indicates "outstanding" or "would strongly recommend"; letters



recommend”; letters are negative and/or reveal significant concerns about applicant’s suitability.	reservations”; letters are positive but reveal concerns about applicant’s suitability.	are positive and do not indicate concerns about applicant’s suitability.	are extremely positive and/or indicate the applicant is a “must have”.
Comments:			

Invite for interview: ☐ Yes ☐ No ☐ Wait list



Applicant: _____

Interviewer: _____

General appearance and manner			
Does the applicant demonstrate a positive professional image?			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Untidy appearance; uncomfortable during interview; nervous; dull; showed up late to interview without explanation	Two of the characteristics mentioned in the outstanding category	Three of the characteristics mentioned in the outstanding category	Neat appearance; poised/at ease during interview; confident; enthusiastic and well mannered

Comments:

Oral communication and interpersonal skills			
Is the applicant able to clearly and articulately communicate with others?			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Poor conversational English; unable to clearly explain concepts; wordy descriptions; poor eye contact; uses nervous sounds frequently	Three of the characteristics mentioned in the outstanding category	Four of the characteristics mentioned in the outstanding category	Effective conversational English; explains ideas well; concise; good eye contact; avoids use of nervous sounds (e.g.; ah, um) and/or words (e.g.; stuff, thing, you know)

Comments:

Previous pharmacy experience			
What type of pharmacy practice experience (particularly in clinical community practice) does the applicant have?			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Limited community pharmacy experience with traditional dispensing, but	Some community pharmacy experience with traditional dispensing practice, but	Some community pharmacy experience (traditional dispensing with shadowing	Significant community pharmacy experience (traditional dispensing and direct patient-care



experience in other setting	no exposure to clinical services such as immunizations or point-of-care testing	exposure to clinical services, such as immunizations or point-of-care testing)	in clinical services, such as immunizations or point-of-care testing)
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Comments:

Personal career goals/ sense of career direction What are the applicant's career goals? How will a CPRP enable the applicant to achieve them? <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Unable to articulate career goals or what they want to achieve in the CPRP	Articulates career goals but does not articulate how a CPRP will assist them in achieving those goals	Clearly articulates career goals and how a CPRP will help them achieve short-term (one-year) goals	Clearly articulates career goals and expresses how a CPRP will help them achieve short-term (one year) and long-term (3 year) goals

Comments:

Approach to understanding changes in the profession and therapeutics Can the applicant articulate personal strategies for keeping their pharmacy knowledge up-to-date? <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Has difficulty identifying a strategy	Articulates one strategy	Articulates two strategies	Articulates a systematic approach that employs more than two strategies

Comments:

Leadership What type of leadership experiences does the applicant have to date? What are the applicant's plans for future involvement in professional/civic organizations? <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
No leadership in organizations; cannot articulate plans for	Little to no leadership in organizations; has not considered plans	Some leadership in organizations; has given some thought to future leadership	Significant leadership in organizations; clearly describes plans for future leadership





Ability to <u>prepare</u> a clinical patient care services business plan			
How does the applicant handle preparing an executive summary for a patient-care clinical service?			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Unorganized; did not flow; lengthy; did not provide convincing argument for the service; did not cover relevant information	Three of the characteristics mentioned in the outstanding category	Four of the characteristics mentioned in the outstanding category	Organized; flowed logically; concise; provided a convincing argument for the service; covered all relevant information sufficiently

Comments:

Ability to <u>present</u> clinical patient care services business plan			
How does the applicant handle responding to questions?			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Poor responses to audience questions; candidate could not address the questions of the audience	Satisfactory responses to audience questions; candidate did not explain or were confused on multiple questions	Good responses to audience questions; candidate appeared uncertain on one to two questions	Excellent responses to audience questions. Candidate was able to appropriate address issues brought up by audience <u>or</u> offer to research answers and get back to audience

Comments:



Questions they asked
Candidate Strengths
Candidate Weaknesses

Overall Suitability of this candidate for practice site			
<input type="checkbox"/> Below Average (1)	<input type="checkbox"/> Average (2)	<input type="checkbox"/> Above Average (3)	<input type="checkbox"/> Outstanding (4)
Candidate is not best fit for this practice site	Candidate would fit in with this practice site and will need significant guidance to become an independent practitioner and leader	Candidate would fit in with this practice site and will need some guidance to become an independent practitioner and leader	Candidate would fit in with this practice site and will need little guidance to become an independent practitioner and leader

Would you rank this candidate? ☐ Yes ☐ No ☐ Unsure

Comments:



Appendix B: Patient Care Activity Grid

Directions: Please complete at the end of each week. In the 'Initials and Notes' column:

- Include your preceptor's initials if you had assistance providing the service
- Include 'S' if you precepted a student while providing the service
- Include 'I' if you performed the service independently

Description	Week Ending	Initials and Notes
		(indicate if a snapshot was uploaded into Resident Portfolio)
Patient Care Requirements		
Immunizations		
Influenza		
Pneumococcal		
Tdap		
Shingrix		
COVID Vaccines		
RSV		
Other Advanced Immunizations		
Enhanced Patient Care Services		
Outcomes CMR		
Outcomes TIP		
Medication Sync Patient Encounters - Initial		
Medication Sync Patient Encounters -Follow-up		
Interprofessional Communication (phone, fax, in person)		
e-Care Plans Submitted		
SDOH Screenings		
SDOH Referrals		
PPCN EngageDM Diabetes		
PPCN EngageDM Hypertension		
PPCN EngageDM COPD/Asthma		
PPCN Health Risk Assessment		
PPCN Medication reconciliation		
PPCN Maternal Health		
PPCN Tobacco Cessation Services		
PPCN Naloxone		
PPCN Vaccine Gap Closure		



Device Education (Inhaler, CGM, epi pen, etc.)		
Medical Billing as Medicaid Provider		
Medication access (PAPs, coupons, etc.)		
Health & Wellness – Physical Assessment		
BP Check		
BG Check		
A1C Check		
Weight Check		
Cholesterol Check		
RSV Test		
Strep Test		
COVID/Flu Test		
Disease State Programs		
Diabetes Self-Management Education and Support		
Diabetes Prevention Program (# of patients)		
Diabetes Prevention Program (# of classes)		
LiveWell with Diabetes Program Check in		
LiveWell with Hypertension Program Check in		
LiveWell with Cholesterol Program Check in		
Other (please list)		
Care Transitions		
Medication Reconciliation for patients undergoing care transition		
Transition of Care Plan Developed – initial		
Transition of Care Plan Developed – follow up		
Coordination of Care / Health Care team communication		
Duty Hours		
Duty Hours		
Patient Centered Dispensing		
Volunteers in Medicine – Amb Care		
Clinical Office at Weis Markets #152		
Health Fairs		
Community Outreach Events (list number hours and in comments write where, please)		



Moonlighting		
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Appendix C: ASHP Duty Hour Requirements Policy

[Duty Hours Requirement Policy from ASHP](#)



Appendix D: Moonlighting Notification Form

Resident Name: _____

Residency Practice Site: _____

Preceptor Name: _____

Work Site Name: _____

Work Site Address: _____

Intended Monthly Hours: _____

(Please Note: Maximum allowable moonlighting hours is ****20**** hours per month)

I verify that the above information is true.

Resident Signature

Date

I have reviewed the above information with the resident and approve the duty hours listed in addition to the residency duty hours. I will monitor the resident's performance while at the pharmacy site and will notify the resident if a decrease in performance is identified as per the Wilkes University Nesbitt School of Pharmacy PGY1 Community-based Residency Program Policies and Procedures manual.

Residency Program Director Signature

Date

Please Note:

1. Any hours worked by the resident as a pharmacist in addition to the hours for the residency must be counted in the total duty hours for the residency. Residents may not work more than a total of 80 hours per week and must have one day off every seven days.
2. This form must be completed by the resident and site coordinator prior to the resident working any hours outside the residency program. A copy of this form must be submitted to the Director within seven days of signing.



Appendix E: Presentation Evaluation Form

Directions: Evaluations will be completed utilizing the following rubric and grading scale

Resident Name:

Evaluation Type (select one):

- General Presentation
- Topic Discussion
- Patient Care Services Pearl
- Didactic Lecture
- Research Project
- Business Plan

Key: 1-5

<input type="checkbox"/> Very Poor (1)	<input type="checkbox"/> Poor (2)	<input type="checkbox"/> Average (3)	<input type="checkbox"/> Good (4)	<input type="checkbox"/> Excellent (5)
improvement mandatory; substantially below performance expectation	improvement needed; below expectations	meets expectations	exceeds expectations	superior; significantly exceeds expectations



GENERAL PRESENTATION

Content

Adequate background of topic
Appropriate use of literature resources
Offered own professional judgment
Provided a conclusion/recommendation

Visuals and Materials

Quality of slides
Effective use of visuals
Handout provided and useful

Presentation

Voice appropriate (volume, pitch, clarify)
Speed of talk
Stance / posture/ appearance
Rapport with audience (eye contact)
Presenter was confident
Presenter appeared knowledgeable
Began/finished on time

Question Period

Adequate time
Listened to questions
Understood questions
Gave adequate response to questions
Demonstrated mastery of topic
Provided supporting data
Gave own judgement / professional opinion

Overall evaluation:

Suggestions for improvement



TOPIC DISCUSSION

Communication

The speaker maintained appropriate eye contact throughout the presentation
The speaker did not have any distracting physical/verbal mannerisms (hand/body movements, filler words, sounds, etc)
The speaker spoke in a strong voice at an appropriate pace throughout the presentation
The speaker used comfortable and professional tone and style (not “rehearsed” or monotone)
The speaker was clearly knowledgeable on the topic presented
The speaker actively engaged the audience in this learning activity
The speaker adequately answered questions and provided clarification when necessary

Content/Quality of Presentation

The presentation was organized and presented in a logical fashion
The speaker communicated the goals and objectives for the presentation
The presentation met my expectations based on the learned objectives
The introduction stimulated interest in the topic
The degree of detail was appropriate for the audience
Each point was supported with specific data (i.e. primary literature)
The speaker incorporated active learning technique (audience response, think-pair-share) to stimulate discussion among attendees
The time frame for the presentation was appropriate
The presentation materials (slides) were visually appealing, easy to read, and were free of errors

Overall

What were the best aspects of this presentation?
What areas of the presentation need improvement?
Other comments?



PATIENT CARE SERVICES PEARL

Communication

The speaker maintained appropriate eye contact throughout the presentation
The speaker did not have any distracting physical/verbal mannerisms (hand/body movements, filler words, sounds, etc)
The speaker spoke in a strong voice at an appropriate pace throughout the presentation
The speaker used comfortable and professional tone and style (not “rehearsed” or monotone)
The speaker was clearly knowledgeable on the topic presented
The speaker actively engaged the audience in this learning activity
The speaker adequately answered questions and provided clarification when necessary

Content/Quality of Presentation

The presentation was organized and presented in a logical fashion
The speaker communicated the goals and objectives for the presentation
The presentation met my expectations based on the learned objectives
The introduction stimulated interest in the topic
The degree of detail was appropriate for the audience
Each point was supported with specific data (i.e. primary literature)
The speaker incorporated active learning technique (audience response, think-pair-share) to stimulate discussion among attendees
The time frame for the presentation was appropriate
The presentation materials (slides) were visually appealing, easy to read, and were free of errors

Patient Case Content (n/a if not included)

History of Present Illness and Clinical Course: Relevant course of events are summarized in a concise and organized fashion

Medications: Medication history, including current medication and medication changes made / recommended during this encounter are summarized in a concise and organized fashion

Assessment of patient and care plan: Assessment of the patient and care provided is summarized in a concise and organized fashion; resident evaluated the appropriateness of the care plan implemented, particularly as it related to medication therapy; resident made recommendations for alternative medication therapy where appropriate

Relates patient case to the rest of the presentation (e.g., by referring back to primary literature, clinical question, objectives)

Overall

What were the best aspects of this presentation?
What areas of the presentation need improvement?
Other comments?



DIDACTIC LECTURE

Communication

The speaker maintained appropriate eye contact throughout the presentation
The speaker did not have any distracting physical/verbal mannerisms (hand/body movements, filler words, sounds, etc)
The speaker spoke in a strong voice at an appropriate pace throughout the presentation
The speaker used comfortable and professional tone and style (not “rehearsed” or monotone)
The speaker was clearly knowledgeable on the topic presented
The speaker actively engaged the audience in this learning activity
The speaker adequately answered questions and provided clarification when necessary

Content/Quality of Presentation

The presentation was organized and presented in a logical fashion
The speaker communicated the goals and objectives for the presentation
The presentation met my expectations based on the learned objectives
The introduction stimulated interest in the topic
The degree of detail was appropriate for the audience
Each point was supported with specific data (i.e. primary literature)
The speaker incorporated active learning technique (audience response, think-pair-share) to stimulate discussion among attendees
The time frame for the presentation was appropriate
The presentation materials (slides) were visually appealing, easy to read, and were free of error

Overall

What were the best aspects of this presentation?
What areas of the presentation need improvement?
Other comments?



RESEARCH PROJECT PRESENTATION

Communication

The speaker maintained appropriate eye contact throughout the presentation
The speaker did not have any distracting physical/verbal mannerisms (hand/body movements, filler words, sounds, etc)
The speaker spoke in a strong voice at an appropriate pace throughout the presentation
The speaker used comfortable and professional tone and style (not “rehearsed” or monotone)
The speaker was clearly knowledgeable on the topic presented
The speaker actively engaged the audience in this learning activity
The speaker adequately answered questions and provided clarification when necessary

Content/Quality of Presentation

Provided adequate background for project
Clearly stated research question
Developed a strong research question
Provided clear description of methodology
Utilized appropriate research methods and statistical tests
Appropriately interpreted project results
Developed appropriate conclusions that are clearly supported by project results
Assessed the impact of the project
Adequately addressed questions from participants

Overall

What were the best aspects of this presentation?
What areas of the presentation and project need improvement?
Other comments?



BUSINESS PLAN

Communication

The speaker maintained appropriate eye contact throughout the presentation
The speaker did not have any distracting physical/verbal mannerisms (hand/body movements, filler words, sounds, etc)
The speaker spoke in a strong voice at an appropriate pace throughout the presentation
The speaker used comfortable and professional tone and style (not “rehearsed” or monotone)
The speaker was clearly knowledgeable on the topic presented
The speaker actively engaged the audience in this learning activity
The speaker adequately answered questions and provided clarification when necessary

Content/Quality of Presentation

Clearly stated the idea
Identified a problem the idea solves
Explained why the idea is important
Explained how the pharmacy is positioned to solve this problem
Described the implementation idea
Stated the potential impact of the idea
Reported appropriate funding required
Explained the revenue potential for the idea

Overall

What were the best aspects of this business plan? Why?
Which aspect(s) of this business plan need the most work? Why?
Should this idea be funded/implemented? Why or why not?
Other comments?



Appendix F: Research Project Timeline and Manuscript Template

Date	Item Due	Submit To...
July 15	Create list of at least three (3) project ideas	RPD & Director of Pharmacy
July 30	Decide on project title, project team members, and target journal for publication	RPD & Director of Pharmacy
August 1	Complete IRB Training: Good Clinical Practice (GCP) training	Place certificate in Google Drive (IRB folder)
August 15	First draft of concept sheet	Project team
September 1	Finalize concept sheet	Project team
September 20	First draft of APhA/PPA Foundation Incentive Grant	Project team
September 25	Submit APhA/PPA Foundation Incentive Grant (http://www.aphafoundation.org) (https://www.papharmacists.com/page/GrantProgram)	Place final copy in Google Drive (Grant folder)
September 25	First draft of APhA poster abstract	Project team
October 1	Submit APhA poster abstract (http://www.aphameeting.org)	Place final copy in Google Drive (Abstract folder)
October 15	First draft of IRB application	Project team
November 1	Submit IRB application	Place final copy in Google Drive (IRB folder)
December 15	First draft of background and methods section of manuscript	Project team
January 15	First draft of poster	Project team
February 25	Submit poster for printing	Place final copy in Google Drive (Poster Presentation folder)
March 10	First draft of results section of manuscript	Project team
March 15	Submit CE application through Wilkes	Project team
March 25	First draft Weis CE presentation	Project team
April 10	Final draft of CE presentation	Place final copy in Google Drive (Abstract folder)
April 25	Present research to Weis pharmacists	Place final copy in Google Drive (Podium Presentation folder)
May 15	First draft of conclusions section of manuscript	Project team
June 1	First draft of complete manuscript, including abstract	Project team
June 10	Finalize (submit) manuscript	Place final copy on Google Drive (Manuscript folder)

RPD = Residency Program Director

IRB = Institutional Review Board

Project team = may include VP of Pharmacy, Chair of Pharmacy Practice, Wilkes Faculty Members and/or Preceptor(s)

APhA = American Pharmacists Association



Concept Sheet Template (Also known as the manuscript precursor)

This document is an overview of the intended project. The concept sheet will serve as a template for your grant application and IRB application and will also be used to begin your manuscript. The concept sheet should contain the following:

Proposed Title:

Investigators/Authors:

Purpose and Rationale

- Provide a brief summary of the background information, including citations
- Include citations in text using parentheses and PubMed IDs (do not use superscripts)
- Place your background reading/references in Google Drive (References folder)
- Include gaps in the literature that leads to your research question
- State your research question and the reason for the study

Subjects

- Provide a description of who will be evaluated in the residency project

Study Design, Methods, Statistics, and Procedures

- Describe the methods you will undertake to collect your data
- Include what you are measuring
- Provide a description of how you will set up your data for analysis
- Note potential tests you will use to analyze your data

Summary

- Describe what you hope to learn and what will be gained through the completion of the project

Timeline

- Map out a timeline from project start (at least September, but can be as early as July) to project finish (June)
- Include grant deadlines for interim and final report
- Include abstract submission, IRB submission, poster presentation, podium presentation, and manuscript completion
- Integrate key aspects of research project timeline (data collection/analysis/completion)



Sample Timeline 1

Month	Activities to Complete
October 2020	<input checked="" type="checkbox"/> Conduct background literature search <input checked="" type="checkbox"/> Submit APhA abstract
November 2020	<input checked="" type="checkbox"/> Submit PPA Foundation Mini Grant <input checked="" type="checkbox"/> Begin preliminary setup of statistical data
December 2020	<input checked="" type="checkbox"/> Submit APhA Foundation Incentive Grant <input type="checkbox"/> Submit IRB application with Wilkes University <input type="checkbox"/> Begin data mining from CareRx and Weis Markets
January 2021	<input type="checkbox"/> Begin data analysis
February 2021	<input type="checkbox"/> Continue data analysis <input type="checkbox"/> Draft poster for APhA Annual Meeting
March 2021	<input type="checkbox"/> APhA Annual Meeting poster presentation <input type="checkbox"/> Submit interim grant report
April 2021	<input type="checkbox"/> Draft manuscript
May 2021	<input type="checkbox"/> Provide Residency Conference podium presentation
June 2021	<input type="checkbox"/> Submit final IRB report <input type="checkbox"/> Submit final grant report

Sample Timeline 2

Month	Activities To Complete
October 2020	<input checked="" type="checkbox"/> Submit APhA abstract
November 2020	<input checked="" type="checkbox"/> Submit APhA Foundation Incentive grant
	<input checked="" type="checkbox"/> Submit PPA Foundation Mini grant
	<input type="checkbox"/> Submit IRB application
	<input type="checkbox"/> Develop spreadsheets for data collection
	<input type="checkbox"/> Prepare for questionnaire distribution
December 2020	<input type="checkbox"/> Mail questionnaires to selected pharmacies
	<input type="checkbox"/> Begin input of questionnaire data
January 2021	<input type="checkbox"/> Anticipated study completion
	<input type="checkbox"/> All questionnaires returned to PI
	<input type="checkbox"/> Complete input of questionnaire data
	<input type="checkbox"/> Begin data analysis
February 2021	<input type="checkbox"/> Analyze complete data
	<input type="checkbox"/> Draft poster for APhA Annual Meeting
March 2021	<input type="checkbox"/> APhA Annual meeting poster presentation
	<input type="checkbox"/> Begin draft of manuscript
April 2021	<input type="checkbox"/> Southeastern Residency Conference podium presentation
	<input type="checkbox"/> Finalize manuscript draft
May 2021	<input type="checkbox"/> Submit final IRB report
June 2021	<input type="checkbox"/> Submit manuscript for peer-review



Budget

- Provide items/costs relevant to your project
- Almost always include consultant fee (statistician, \$50-\$75/hour) and research fee (data assistant, \$15-\$25/hour)
- Ensure that budget adds correctly
- Ensure that budget goes slightly over \$1,000

Sample Budget 1

Item	Quantity	Unit Cost	Total
Consultant Fee- Statistician	8 hours	\$75.00/hour	\$600.00
Research Fee – Assistant for data clean-up and analysis	35 hours	\$15.00/hour	\$525.00
Microsoft Excel	1	\$139.99	\$139.99
TOTAL			\$1,264.99

Sample Budget 2

ITEM	QUANTITY	UNIT COST	TOTAL
Microsoft Office	1	\$119.99	\$119.99
Copy Paper – Reams (500 pages per ream)	3	\$9.99	\$29.97
United States Postal Service Large Flat Rate Boxes	9	\$15.45	\$139.05
Set of 12 storage boxes	1	\$34.99	\$34.99
Folders	20	\$0.10	\$2.00
Paper clips	100	\$0.04	\$4.00
Highlighters	10	\$1.26	\$12.60
Pens	50	\$0.15	\$7.50
Clipboards	25	\$2.19	\$54.75
Laser printer toner	1	\$263.99	\$263.99
Statistician hours	10	\$25.00/hour	\$250.00
Research Assistant hours	20	\$15.00/hour	\$300.00
TOTAL			\$1218.84



Manuscript Template

Title: Add here

Authors: Add here

Targeted Journal: Add here

Abstract

Add here

Introduction

Add here

Objectives

Add here

Methods

Add here

Results

Add here

Limitations

Add here

Conclusions

Add here

References

Add here



Appendix G: Pharmacy Journal Reference Sheet

Journal	Description	Peer-Reviewed	Types of Articles	Submission Details
The Annals of Pharmacotherapy	Monthly publication that advances pharmacotherapy throughout the world by publishing high-quality research and review articles to achieve the most desired health outcomes. The articles provide cutting-edge information about the most efficient, safe and cost-effective pharmacotherapy for the treatment and prevention of various illnesses.	Yes	<p>Research articles may report well-designed studies of medication effectiveness, adverse events, interactions, adherence, pharmacoeconomics, pharmacokinetics, pharmacogenomics, pharmacoepidemiology, and informatics and use to positively impact patient care.</p> <p>Review articles may describe evidence-based comprehensive, critical and analytical assessments of specific important or controversial subjects. These would include reviews of new drugs, drug classes, therapeutic controversies, and the state-of-the-art strategies to enhance the treatment and prevention of diseases.</p> <p>Commentaries and Editorials may offer perspectives on diverse therapeutic or professional issues influencing health care, medicine and pharmacy.</p>	<p>Website: http://aop.sagepub.com/</p> <p>How to get published: http://www.sagepub.com/upm-data/63382_how_to_get_published.pdf.</p> <p>Manuscript submission guidelines: http://www.sagepub.com/upm-data/58399_AOP_Author_Guidelines.pdf.</p>
Journal of Managed Care & Specialty Pharmacy	The official journal of the Academy of Managed Care Pharmacy. JMCP is a peer-reviewed journal,	Yes	Original research manuscripts, subject reviews, and other content intended to advance the use of the scientific method, including the interpretation of research findings in managed care	<p>Website: http://www.amcp.org/jmcp/</p> <p>Author guidelines: http://www.amcp.org/JMCP_AuthorGuidelines/</p>



	with 12 publication dates per year.		pharmacy. Topics include results of scientific investigation and evaluation of clinical, health, service, and economic outcomes of pharmacy services and pharmaceutical interventions, including formulary management.	
Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy	Official journal of the American College of Clinical Pharmacy . <i>Pharmacotherapy</i> publishes peer-reviewed, innovative scientific and professional information and knowledge that catalyze change to improve patient outcomes through optimal pharmacotherapy.	Yes	<i>Pharmacotherapy</i> is devoted to publication of original research articles on all aspects of human pharmacology and review articles on drugs and drug therapy. The Editors and Editorial Board invite original research reports on pharmacokinetic, bioavailability, and drug interaction studies, clinical trials, investigations of specific pharmacological properties of drugs, and related topics.	Author guidelines: http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1875-9114/homepage/ForAuthors.html
American Journal of Health-System Pharmacy (AJHP)	Official publication of the American Society of Health-System Pharmacists (ASHP). Publishes scientific papers on contemporary drug therapy and pharmacy practice innovations in hospitals and health systems.	Yes	Clinical Reviews, Therapy updates, Case Reports, Notes, Case Studies Description of Sections and Columns: http://www.ashp.org/DocLibrary/AJHP/AJHP-Sections-Columns.aspx	How to become an author: 1. If you are a new author and would like to start off with shorter papers, you may want to consider publishing in our column. We welcome all sound and novel contributions. 2. If you have an emerging topic in mind, feel free to email us at ajhp@ashp.org . 3. If you have already written a manuscript that is within the scope of AJHP, we recommend that you submit it for publication consideration. Web-based submission: http://www.ajhp.org/site/misc/ifora.xhtml
International Journal	Clinical pharmacy and related practice-oriented	Yes	Review articles, Research articles, Case reports, Short research reports,	



of Clinical Pharmacy	<p>subjects in the pharmaceutical sciences. The scope of the journal is clinical pharmacy, its research and its application in e.g. pharmaceutical care.</p> <p>IJCP welcomes contributions on the above-mentioned topics and especially on the following:</p> <ul style="list-style-type: none">• Pharmacotherapy and outcome research• Clinical pharmacy• Pharmacoepidemiology• Pharmacoeconomics• Pharmaceutical care• Clinical use of medicines, medical devices and laboratory tests• Information on medicines and medical devices information• Pharmacy services research• Medication management• Other clinical aspects of pharmacy		Commentaries, and Letters to the Editor.	
American Journal of Pharmaceu	The official publication of the American Association of Colleges	Yes	Reviews, Research articles, Instructional Design and Assessment, Teacher's Topics, Innovations in	Author Instructions may be found on: http://www.ajpe.org/page/author-instructions



Journal of Pharmaceutical Education (AJPE)	of Pharmacy (ACCP). Its purpose is to document and advance pharmaceutical education in the United States and Internationally. The <i>Journal</i> considers material in all areas related to pharmaceutical education.		Teaching, Letters to the Editor, Book Reviews	Manuscript may be submitted to: http://ajpe.edmgr.com
Journal of the American Pharmacists Association (JAPhA)	Original research, review, and experience articles that concisely report on meaningful developments and advances in pharmacy practice. These articles may introduce information about new medications and emerging therapeutic trends, new technologies, or research methods with applicability to pharmacy practice in fields such as pharmaceutical care, medication therapy management, psychosocial aspects of medication use, pharmacoeconomics, pharmacotherapy,	Yes	Original Research, Research Notes, Reviews, Tools for Advancing Pharmacy Practice, Experience, Commentary	Author guidelines: http://japha.org/article.aspx?articleid=1813508 Submission: JAPhA Manuscript Central (http://mc.manuscriptcentral.com/japha)



	pharmacogenomics, pharmacoepidemiology , drug safety, pharmacy law, pharmacy management, public health, health care policy, and health care financing.			
Research in Social Science and Administrative Pharmacy	The journal niches itself as a methods journal with leanings toward new model development and/or testing of theories for their appropriateness in pharmacy. Features original scientific reports and comprehensive review articles in the social and administrative pharmaceutical sciences. Topics of interest include outcomes evaluation of products, programs, or services; pharmacoepidemiology ; medication adherence; direct-to-consumer advertising of prescription medications; disease state management; health systems reform;	Yes	Research articles, research briefs, commentaries, proposed models, reviews, letter to the editor, book and software reviews.	Author information pack: http://www.elsevier.com/wps/find/journaldescription.cws_home/704179?generatepdf=true Website: http://www.journals.elsevier.com/research-in-social-and-administrative-pharmacy/



	drug marketing; medication distribution systems such as e-prescribing; web-based pharmaceutical/medical services; drug commerce and re-importation; and health professions workforce issues.			
Currents in Pharmacy Teaching and Learning	<p>Bi-monthly publication that is devoted to dissemination of high quality, peer-reviewed scholarship relevant to all areas of pharmacy education.</p> <p>Article topics shall span all components of pharmacy education including, but not limited to, innovative teaching and learning strategies, skills development, assessment of educational outcomes, practical tips from seasoned educators, new school and new program startup strategies, successful approaches to/implementation of curricular revision, as</p>	Yes	Broad range of manuscript types (e.g. short communications, full research papers, review articles, opinions and perspectives) in each issue and, in so doing, attract contributions from educators at all levels, graduate students, pharmacists actively involved in student and/or patient education, as well as from other members of the healthcare team.	<p>Author information pack: http://www.elsevier.com/wps/find/journaldescription.cws_home/718643?generatepdf=true</p> <p>Website: http://www.journals.elsevier.com/currents-in-pharmacy-teaching-and-learning/ www.pharmacyteaching.com</p>



	well as topics on attitudes and perceptions within pharmacy education.			
Journal of Pharmacy Practice	Offers practicing pharmacists in-depth, useful reviews of new drugs, new therapies, pharmacokinetics, drug administration, and adverse drug reactions.	Yes	Each informative issue focuses on a vital topic in current pharmacy practice and pharmaceutical care, and includes reviews, research articles, reports of adverse drug events, hands-on pharmacy education articles, and the New York State Council of Health-system Pharmacists Section.	Submission guidelines: http://www.sagepub.com/journals/Journal201507/manuscriptSubmission#tabview=manuscriptSubmission
The Journal of Pharmacy Technology, jPT	For both pharmacists and technicians, jPT covers new drugs, products, and equipment; therapeutic trends; organizational, legal, and educational activities; drug distribution and administration; and includes continuing education articles.	Yes	Research reports, review articles, case reports, commentaries, Letters and Comments	Submission guidelines: http://www.sagepub.com/journals/Journal202240/manuscriptSubmission#tabview=manuscriptSubmission
America's Pharmacist	The official magazine of the National Community Pharmacists Association, reaches independent pharmacies in the US. Published monthly. The articles feature the very latest in successful business strategies, specialty pharmacy	No	Content varies	



	services, medication safety, consumer advice, continuing education, legislation and regulation.			
Canadian Pharmacists Journal	Established in 1868, the Canadian Pharmacists Journal (CPI) is the oldest continuously published periodical in Canada. Our mission is to attract, disseminate and discuss research and contemporary health care issues and link knowledge to practice. Our vision is to become a leading journal for the application of research and knowledge into pharmacy practice, facilitating practice change towards patient-centered care.	Yes	Research and review papers pertaining to clinical, social, regulatory, historical and business topics. News of interest to the profession, opinion pieces and descriptions of innovative practice models, as well as relevant clinical practice tools,	Submission guidelines: http://www.sagepub.com/journals/Journal202168/manuscriptSubmission#tabview=manuscriptSubmission Submission link: http://mc.manuscriptcentral.com/cph
INNOVATIONS in pharmacy	A quarterly publication featuring case studies, clinical experiences, commentaries, idea papers, original research, review articles, and student projects that focus on leading edge, novel ideas for improving, modernizing, and	Yes	Case studies, clinical experiences, Commentaries, letters, idea papers, original research, review articles, student projects. Topic areas: community engagement, education, insights, leadership, pharmacy practice, policy, practice-based research, and science. http://www.pharmacy.umn.edu/innovations/about/home.html	Submissions should be sent to INNOVATIONS@umn.edu . Manuscripts may be submitted in Word format as an email attachment. No page limit for manuscripts. More information can be found at: http://www.pharmacy.umn.edu/innovations/submission/home.html



	advancing pharmacy practice, education, and policy.			
International Journal of Pharmaceutical Compounding	A bi-monthly, scientific and professional journal emphasizing quality pharmaceutical compounding. IJPC addresses pharmaceutical compounding topics relevant for compounding pharmacists.	Yes	Information, manuscripts, and letters are reviewed by the editor and members of the editorial advisory board. Scientific manuscripts related to stability, compatibility, sterility, preservative effectiveness, etc., are submitted for peer review.	Author guidelines and submission information can be found at: https://www.ijpc.com/Editorial/Submissions.cfm
Pennsylvania Pharmacist Association	The official journal of the Pennsylvania Pharmacists Association (PPA) is published quarterly and provided to members.	No	Content varies	
Pharmacy Times	Clinically-based, monthly journal providing practical information pharmacists can use in their everyday practice. Each issue contains articles and features covering medication errors, drug interactions, patient education, pharmacy technology, disease state management, patient counseling,	No, but submitted work may be subject to peer and editorial review	Content varies	



	product news, pharmacy law, and specialty pharmacy			
The Consultant Pharmacist	The official monthly peer-reviewed journal of the American Society of Consultant Pharmacists (ASCP) and is a benefit of membership. It is the only journal dedicated exclusively to the medication therapy needs of senior adults in a variety of settings: nursing facilities, assisted living facilities, the community, and specialized locations such as hospice.	Yes	Research and Reports, clinical reviews, clinical notes, case studies, forum, student forum, letters to the editor	Author guidelines: http://www.ascp.com/sites/default/files/Author%20Instructions2-20.pdf Submission link: http://tcp.msubmit.net/cgi-bin/main.plex Website: http://www.ascp.com/articles/consultant-pharmacist/nm



Appendix H: Business Plan Timeline and Template

Date	Item Due	Submit To...
July 15	Submit list of at least three (3) business plan ideas	RPD & Director of Pharmacy
July 30	Decide on business plan topic and business plan team members	RPD & Director of Pharmacy
August 15	Read Writing a Successful Business Plan (on Google Drive: Resources -> Business Plan)	N/A
October 30	First draft of: Business/Service Description Environmental Needs Assessment	Business plan team
November 30	First draft of Operating Plan Marketing Plan Financial Plan	Business plan team
December 15	Prepare Business Plan Presentation	Business plan team
December 30	Deliver Business Plan Presentation	RPD, Business plan team, and invited guests
January 30	Finalize (submit) business plan	Place final copy in Google Drive (Personal folder -> Business Plan)

RPD = Residency Program Director

Business plan team = may include VP of Pharmacy, Chair of Pharmacy Practice, and/or Preceptor(s)



Business Plan Template

Title Page

Table of Contents

Executive Summary

Business/Service Description

- Company and Site Description
- Mission Statement
- Services Currently Offered
- Future Service

Environmental and Needs Assessment

- Pharmacy Environment
- Support for New Service
- Targeted Market
- Predicted Payor Mix

Operating Plan

- Description of Service
- Implementation Logistics (Workflow, Layout)
- Timeline

Marketing Plan

- Target Market
- Pricing
- Promotion
- Place/Product

Financial Plan

- Revenue Source
- Price of Service
- Start-up Costs
- Break-even Analysis
- Return on Investment

Supporting Materials



Appendix I: PGY1 Offer Letter

[Insert Date]

[Insert Name]

[Insert Street Address]

[Insert City, State Zip]

Dear [Insert Name]:

On behalf of Wilkes University Nesbitt School of Pharmacy and Weis Markets, it is with great pleasure that we offer you the PGY1 Community-based Pharmacy Residency position with Wilkes University and Weis Markets, Inc in Nanticoke, PA.

This position will report to Kelly Sklanka, Residency Director, and Brittany Venturella, Manager Clinical, Specialty & Central Rx Services. We are excited about the prospect of having you join the Weis Markets team and hope that you will achieve a high level of professional growth and satisfaction while contributing to our business through June 2026.

You must obtain licensure to practice as a pharmacist in the state of Pennsylvania. We encourage you to seek licensure as soon as possible (prior to the start of the residency program); however, you must obtain licensure in Pennsylvania and liability insurance within 90 days of the start of the residency program. This offer is being made contingent upon receipt of both your pharmacist and immunization license (as well as current CPR certification) in Pennsylvania within 90 days of starting your position. Also, please review the enclosed policy and procedures manual (also available at wilkes.edu/WilkesResidency) accompanying your offer letter.

This letter sets forth the basic components of your employment offer effective [start date]. Your salary and benefits will be administered through the Weis Markets. As Weis Markets offers a full range of benefits to all employees, this letter is not intended to be a description of all available benefits, but instead to apprise you of the specifics of your offer. The following are components of your offer:

Salary: Your annual base salary will be \$62,000, payable on a monthly basis, based on weekly base hours of 40. You have the option to work additional hours outside of the residency as a pharmacist, you will be paid \$59.50 per hour. This will be paid within 2 weeks of your time worked.

Benefits: You will be eligible to enroll in Weis Markets benefits (see summary sheet). Please note that certain benefits require minimum tenure before you are eligible to participate. Reimbursement for the difference between the cost of COBRA and your current health insurance premium is available for up to 2 months.

Vacation: You will eligible for 2 weeks (10 days) of vacation in [residency year]

[Candidate name], while we hope that you have a long, successful, and rewarding career with Weis Markets, this offer is for “at will” employment, such that either you or the



Company may terminate the employment relationship at any time. This offer is also contingent on successfully passing a drug screen and background check.

Please sign below to acknowledge your acceptance and return a copy to me.

We look forward to hearing from you soon and are looking forward to you joining our organization. If you have any questions regarding your offer, feel free to contact Nick Cicco by phone at (570) 650-8961 or by e-mail at ncicco@weismarkets.com.

Sincerely,

Nicholas Cicco, PharmD
Vice President Pharmacy

cc: Kelly Sklanka, Brittany Venturella

I hereby accept the Wilkes University Nesbitt School of Pharmacy / Weis Markets PGY1 Community-based Pharmacy Residency position. I have read and understand the residency manual and policies and agree to comply with the policies within as a condition of my acceptance into the residency program.

Accepted and agreed to on the _____.
Date

Resident Signature



Appendix J: Disciplinary Action Policy & Performance Improvement Plan

Residents are expected to conduct themselves in a professional manner and follow all of the Wilkes University Nesbitt School of Pharmacy and Weis Markets policies and procedures and code of conduct. Disciplinary action will be taken, pursuant to the policy stated below, if the resident is deficient in one of the following areas:

- Present himself/herself in a professional manner
- Follow code of conduct and policies & procedures
- Follow the policies and procedures of the school of pharmacy or the practice site
- Follow the policies and procedures while at any outside institution connected to the pharmacy residency
- Make satisfactory progress toward completion of the residency goals and objectives. This will be determined by quarterly evaluations and from a global sense of progression as determined by the Residency Program Director (RPD) and/or preceptor(s)
- Make satisfactory progress toward completion of all residency requirements (including, but not limited to, the residency project, business plan, precepting/teaching, and patient care learning experience requirements)

DISCIPLINARY ACTION POLICY

Occurrence #1

When the need for disciplinary action arises, the involved preceptor will:

- A. Discuss the issue with the resident.
- B. In conjunction with the resident, determine an appropriate solution to correct the behavior, deficiency, or action. This solution will contain specific goals for monitoring progress, as well as a follow-up plan with a timeline to monitor and document completion of goals.
- C. All information from the above steps A and B will be documented in the resident's personnel file and on PharmAcademic™

If not involved in the above steps, the RPD must be informed of the issue and provided with copies of the documentation added to the resident's personnel file. If the resident adheres to items outlined in B, the resident will no longer be on a performance improvement plan.

Occurrence #2

If the follow-up plan does not yield satisfactory results as agreed upon after Occurrence #1, or another behavior, deficiency, or action warrants correction, the involved preceptor plus the RPD will determine a plan and course of action with timeline. Steps A-C (from Occurrence #1) must be followed.

The RPD will appoint a Discipline Advisory Committee (DAC) composed of the involved preceptor, the Director of Pharmacy, and at least one additional preceptor. The DAC will formulate a consensus opinion to provide advice and monitoring to the RPD as needed. The DAC will document all advice and monitoring for inclusion in the resident's personnel file.



Occurrence #3

If the resident fails to progress satisfactorily as outlined in Occurrence #2, or if another behavior, deficiency, or action warrants attention, the DAC and the RPD will come to consensus on a plan and course of action, up to and including dismissal from the residency program. Steps A-C (from Occurrence #1) must be followed. The DAC will remain involved in monitoring the resident's progress toward correction.

Dismissal from Residency Program

Based on the frequency or severity of the deficiency(ies), behavior(s), or action(s), the RPD may convene the Residency Advisory Committee (RAC) at any time to consider a recommendation from the RPD, up to and including, dismissal from the residency program. If and when dismissal is recommended by the DAC and the RPD as a result of Occurrence #3 (as described above), the RAC will be convened.

The final decision for dismissal from the residency program must be a majority-plus-one decision by the RAC.



PGY1 COMMUNITY PHARMACY RESIDENT PERFORMANCE IMPROVEMENT PLAN

Resident Name: _____

Date: _____

Aspect of Performance Requiring Improvement:

- Unacceptable professional / personal conduct such as not following policies and procedures of the school of pharmacy or the practice site
- Unsatisfactory progress toward completion of the residency goals and objectives
- Unsatisfactory progress toward completion of all residency requirements
- Other: _____

Improvement Need(s) Identified: _____

Specific Action(s) or Solution(s) That Need to Be Taken to Improve the Issue: (Include specific goals for monitoring progress and a plan for follow-up including a timeline to monitor/document completion of goals.)

Resident Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____

RPD Signature: _____

Date: _____



PGY1 Community-based Pharmacy Residency Program
Policy & Procedure Manual
2025-2026

[illegible]



Wilkes University
NESBITT SCHOOL OF PHARMACY

PGY1 Community-based Pharmacy Residency Program
Policy & Procedure Manual
2025-2026



Wilkes University
NESBITT SCHOOL OF PHARMACY

PGY1 Community-based Pharmacy Residency
Program
Policy & Procedure Manual
2025-2026

Appendix K: PGY1 Community-based Residency Program Standards

[PGY1 Community-based Residency Program Standards](#)



Appendix L: PGY1 Community-based Residency Program Competencies, Goals and Objectives

[PGY1 Community-based Residency Program Competencies, Goals and Objectives](#)



Appendix M: Resident Development Plan

The program utilizes the electronic development plan in PharmAcademic.

Resident Name:

Resident's Self-Reflection and Self Evaluation				
Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience.				
Self-Evaluation is related to the Program's Competency Areas				
	Initial	Quarter 1	Quarter 2	Quarter 3
Date				
Personal Strengths and Weaknesses:	From initial self-reflection: Personal Strengths: Personal areas of Improvement:			
Practice Interests/ Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:	Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to Practice Interests Career Goals:
Well-being and Resilience:	From initial self-reflection: Current well-being strategies from initial self-reflection:	Current well-being:	Current well-being:	Current well-being:



Strengths and Areas of Improvement Related to Competency Areas	R1	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R2	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R3	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R4	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:



RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas				
Date				
Strengths: Opportunities for Improvement:		Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
RPD: Planned Initial and Quarterly Changes to the Program*				
Initial		Quarter 1	Quarter 2	Quarter 3
Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:		Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:	Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:	Changes Related to Competency Areas: Changes Related to Resident's Self Reflection:

*Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and as well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.



Completion Requirements Tracker (Note: Must match requirements in other programs materials such as the program's manual) Completion Requirements MUST include: <ul style="list-style-type: none">• Required deliverables for each program type's Competency Areas, Goals, and Objectives (CAGO's)• The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program• Appendix Requirements (if the CAGO's for the residency type (e.g., PGY2) include an Appendix)	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements <i>(Programs using a separate document for the final "completion checklist" will not need to use this column.)</i>
ACHR of 87% of required objectives. Note: Program determines specific requirements				



RPD signature

Date

Resident signature

Date



Appendix N: Entering Interests Form (part of Electronic Resident Development Plan)

**ASHP PGY1 Resident
Entering Self-Assessment Form**

Resident Name:

Date:

Entering Self-Reflection

State your career goals both short term (immediately after residency) and long term (5 years)

Short term:

Long term:

Describe your current practice interests.

What are your personal strengths?

What are your personal opportunities for improvement?



What are your current strategies for maintaining well-being and resilience?

Entering Self-Evaluation of Current Skills Relative to Required Competency Areas, Goals, and Objectives (CAGO's)

Click on the following link to review the required competency areas, goals, objectives, and criteria for evaluation for PGY1 pharmacy, community-based, and managed care residency programs:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/PGY1-Harmonized-CAGO-BOD-Approved-2024.pdf>

In order to design a program that best fits your experience and skill level, it is important that your residency program director and preceptors understand your strengths and also learn of any areas in which you'd like to grow professionally. Please think about your entering skills and experience in each competency area and identify specific areas you feel are strengths as you enter your residency and areas that you feel represent your biggest opportunities for growth.

Competency Area R1: Patient Care

Aspects of patient care to consider:

- *Patient assessment and development of patient-centered care plans*
- *Communication and interpersonal skills (peers, healthcare team members, patients, caregivers)*
- *Preparation and dispensing medications in the area in which the residency program is conducted [NA for Managed Care]*
- *Medication event reporting*
- *Development of drug class review, monograph, treatment guideline/protocol, utilization management and/or order set*



Strengths:

Opportunities for growth/improvement:

Competency Area R2 Practice Advancement

Aspects of practice advancement to consider:

- *Project management (project design, project plan, managing timelines, data analysis, written results, developing conclusions and next steps)*

Strengths:

Opportunities for growth/improvement:

Competency Area R3: Leadership

Aspects of leadership to consider:

- *Self-assessment and performance improvement (goal setting, time management, ability to receive and act upon constructive feedback)*
- *Teamwork (conflict management, negotiation skills)*
- *Engagement in the pharmacy profession and/or population served*

Strengths:

Opportunities for growth/improvement:

Competency Area R4: Teaching and Education

Aspects of teaching and education:

- *Teaching (developing objectives and corresponding content)*



- *Presentation skills (confidence, rapport with various audiences, effective use of audiovisual aids, verbal and non-verbal communication)*
- *Written communication skills (assessment of literature, tailoring to the readership level appropriate to various audiences)*
- *Precepting (oversight of lower levels of learners)*

Strengths:

Opportunities for growth/improvement:

OPTIONAL: What are the results of any additional assessments that would be useful to share with your RPD and preceptors such as preferred learning style or personality assessments (e.g., DISC®, Grit Test, Myers-Briggs Type Indicator®, Strengthsfinder 2.0, The Four Tendencies Quiz, VARK®)?



Appendix O: Orientation Learning Experience



Primary Preceptors:	Danielle Kieck, PharmD Clinical Pharmacist Associate Professor of Pharmacy Practice Cell: 585-919-4147 Email: danielle.kieck@wilkes.edu
Other Supporting Preceptors:	Sophia Hoppe, PharmD Pharmacy Manager Weis 152 sophia.hoppe@weismarkets.com Rachel DiPaolantonio, PharmD Clinical Coordinator Cell: 484-866-5659 Email: rachel.dipaolantonion@weismarkets.com Nick Cicco, PharmD VP of Pharmacy Office: 570-286-3201 Cell: 570-650-8961 ncicco@weismarkets.com
Type/Duration:	Concentrated for 6 weeks
Time:	5 days/week
Sites:	Weis Pharmacy 152 – Nanticoke, PA Wilkes University Nesbitt School of Pharmacy

Learning Experience Description Synopsis

This experience offers residents the opportunity to familiarize themselves with the overall structure and function of a regional grocery store pharmacy in Nanticoke, PA. The resident will be introduced to policies and procedures that guide pharmacy and the Clinical Office at Weis Markets #152 practices. The resident will be introduced to medication use systems, medication therapy management activities, disease state management programs, point of care testing, immunizations, management, dispensing, and residency project expectations and timelines.



Expectations

Three orientation checklists are being provided to facilitate the orientation learning experience (see below). The first checklist is organized based on residency goals and objectives, the second checklist is the Weis required Pharmacist New Hire Training Schedule and Clinical Training checklist and the third checklist is the clinical services competency checklist.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	•ASHP Entering Interests Form •ASHP Entering Objective-Based Self-Evaluation •ASHP Resident Academic and Professional Record	1 9A: Welcome & Overview of manuals with RPD Pharmacist	2 9A: RPD Orientation Discuss Research, Business Plan & CQI Ideas CITI Training	3 Weis Nanticoke Orientation/Physical Assessment	4 DAY OFF	5
6	7 LMS modules Day 1 (Nanticoke)	8 PPCN/Enliven Training at Weis Nanticoke	9 Nicole MPJE	10 LMS modules Day 2 (Nanticoke)	11 Weis Training Day 1 Submit Patient Care Grid	12
13	14 Weis Training Day 2	15 Weis Training Day 3	16 Weis Training Day 4	17 Weis Training Day 5	18 Weis Training Day 6 Submit Patient Care Grid	19
20	21 Weis Training Day 7	22 Weis Training Day 8	23 Weis Training Day 9	24 WEBS camp at Wilkes	25 LiveWell orientation Submit Patient Care Grid	26
27	28 Weis Training Day 10 Finalize Resident Development Plan	29 Central Fill/Specialty	30 Central Fill/Specialty	31		

Broad Learning Activities/Focus

Before embarking on learning experiences, the resident should be able to:

1. Describe the role of pharmacists in the community setting
2. Describe the Core Elements of an MTM Service Model as illustrated by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation
3. Perform medication therapy management (MTM) and identify appropriate patients and opportunities for these services
4. Administer vaccinations in compliance with legal requirements as appropriate
5. Perform point-of-care testing and discuss findings with patients
6. Demonstrate competency in disease state management and patient education
7. Evaluate medical literature and clinical practice guidelines to develop evidence-based treatment recommendations



8. Describe the Pennsylvania Pharmacists Care Network (PPCN), a Clinically Integrated Network, the Community-Pharmacy Enhanced Services Network and the components of e-care plans

Site – Weis Markets

1. The hours for the Weis Clinical Services are 9:00 am to 7:00 pm, Monday through Friday
2. The pharmacy is open from 9:00am to 7:00pm Monday through Friday, with hours of 9:00am to 5:00pm on Saturday and 10:00am to 2:00pm on Sunday
3. Professional dress is expected daily
 - When completing patient-centered dispensing experiences, please wear the Weis Pharmacy uniform
4. The calendar in Google will be used to communicate meetings and/or training that the resident is expected to attend with the preceptor. The resident's Google calendar is expected to be up to date at all times to ensure resident is available for needed activities based on patient demand
5. In case of illness, the resident should communicate with the preceptor as soon as he/she realizes that attendance at the site will not be possible that day. This communication is preferred via telephone and/or email

Preceptor Interaction

The resident will have daily interaction with the preceptor with the exception of all-day off-site training activities. Because the focus of the entire month is orientation on different topics, residents are expected to comprehend and be able to repeat activities taught. The RPD can be reached by email or phone if the resident needs to communicate something in a timely manner.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



COMPETENCY AREA R1: Patient Care

Goal R1.3: Promote safe and effective access to medication therapy.

Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	LE / Evaluated
1.3.3	(Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	<ul style="list-style-type: none">Weis Market New Hire Training	<ul style="list-style-type: none">Written reflection on workflow and process on your systematic process for verifying prescriptions (i.e., a checklist for order of verifying and plan for integrating clinical services)	Orientation Discussion on written reflection / processes

COMPETENCY AREA R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	LE / Evaluated
3.1.2	(Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	<ul style="list-style-type: none">Identify and review current literature and discuss community pharmacy practice transformation with residency director/preceptors (including flip the pharmacy change packages)	<ul style="list-style-type: none">Written reflection on reading materials and discussions	Orientation Uploaded reflection and preceptor feedback/discussion



Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.				
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	LE / Evaluated
3.2.1	(Applying) Apply a process of ongoing self-assessment and personal performance improvement.	<ul style="list-style-type: none">• Self-reflect and summarize strengths via StrengthsFinder activity• Complete PharmAcademic™ evaluations for orientation period• Meet with residency director to review orientation learnings	<ul style="list-style-type: none">• Strengths Finder Report and reflection• Residency Development Plan	Orientation All deadlines met
3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Orientation Materials Completed: <ul style="list-style-type: none">• Clinical Orientation• Physical Assessment Checklist• APhA Immunization Certificate• PPCN Patient Care Training Completion	<ul style="list-style-type: none">• Completed orientation materials• Submit timeline plan for all residency projects - Google Calendar Up-to-date	Orientation Uploaded checklists and trainings



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. A formal summative evaluation, summative self-evaluation, and learning experience evaluation will all be completed at the end of the first six weeks. Documentation of formal evaluations will occur in PharmAcademic™ shared with preceptors and RPD. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

A key part of completing this learning experience is completion of the orientation checklist.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	End of six weeks

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.



Required Readings

Patient Care and MTM:

- Core Elements of an MTM Service, Version 2.0. Available at:
https://aphanet.pharmacist.com/sites/default/files/files/core_elements_of_an_mtm_practice.pdf
- ACCP Commentary Medication Therapy Management Services: Application of the Core Elements in Ambulatory Settings. Available at:
https://www.accp.com/docs/positions/commentaries/pos_AmCare.pdf
- OutcomesMTM™ Resources page – review trainings, FAQs, QA, and pharmacist/patient education resources
- 2023 Beers Criteria: <https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.18372>
- Timer©: Tool to Improve Medications in the Elderly via Review – Available at:
https://www.communitypharmacyfoundation.org/resources/grant_docs/CPFGrantDoc_99235.pdf
- Review ISMP – Improving Medication Safety in Community Pharmacy:
https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf

Most recent guidelines for the following disease states:

- **Hypertension:** 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. JACC. November 2017. Available at:
http://www.onlinejacc.org/content/71/19/e127?_ga=2.45488356.1316106242.1593228247-1952129814.1593228247
- **Diabetes:** Standards of Medical Care in Diabetes - 2025. Diabetes Care. January 2025. Available at:
https://diabetesjournals.org/care/issue/48/Supplement_1
- **Cholesterol:** 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/ APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Available at:
<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000624>
- ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Stone NJ, et al 2013 ACC/AHA Blood Cholesterol Guideline. Available at: <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>
- **Asthma/COPD-** GOLD guidelines and Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention 2024. <https://ginasthma.org/reports/>
- **Smoking Cessation Therapies.** Available at:
<https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2016/Jul/Smoking-Cessation-Drug-Therapy-10354>

Immunizations

- Immunizations Policies and Procedures Manual (available at site)
- CDC Immunization Schedules: <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
- CDC Website Available at: <http://www.cdc.gov/vaccines>
- Morbidity and Mortality Weekly Report: <https://www.cdc.gov/mmwr/index.html>



- Review Immunization Action Coalition: Vaccine Information for Health Care Professionals. Available at: <http://www.immunize.org>.
- PPA Toolkit: <https://www.papharmacists.com/page/ImmunizationCare>

Residency

- Review residency competencies, goals and objectives (CAGOs)
- Complete clinical orientation documents
- Review residency calendar

Flip The Pharmacy / Pennsylvania Pharmacists Care Network

- Flip the Pharmacy Change packages <https://www.flipthepharmacy.com/>
- Enroll in the PPCN Delivering Enhanced Patient Care and complete online training: https://www.papharmacists.com/general/custom.asp?page=DEPC_Training
- Be familiar with PPCN <http://papharmacistsnetwork.com/pharmacists/> and review the patient-care toolkits
- Request access to: PPCN Member Portal, you can request access by emailing Kelsey Hake with your name, preferred email, and affiliated pharmacy

Other Information

Helpful Materials/Resources

Google Drive:

This site enables the resident and preceptors to save materials for everyone to be able to access and view. An account should be established for the residency program in which each resident will have his/her own folder. Google will also serve as the location for the resident calendar.

<https://drive.google.com/drive>

Weis Outlook Email:

The resident will be provided with an Outlook email account through Weis Markets in order to be able to send and receive confidential business and proprietary information.

<https://outlook.office.com/mail/>

Pharmacy Homepage:

The resident will have access to Weis Pharmacy Homepage which contains information pertinent to pharmacy and clinic operation. It is a rich resource for patient care activities, pharmacy operations, training, and continuous quality improvement.

EPS

Pharmacy dispensing software.

<https://pdxinc.com/eps/>

Wilkes D2L Live:

The resident will be provided access to the D2L course shell for necessary classes.

<https://www.live.wilkes.edu/>



OutcomesMTM

This site provides a platform for pharmacists to document and report meaningful MTM encounters.

<http://www.outcomesmtm.com/>

EnLive Health

Enlive is the documentation platform for clinical interactions. Enlive serves as an online database and contains information pertinent to patient scheduling, documentation, and billing.

<https://app.amplicare.com/patients>

Orientation Discussions:

Week 1-2	<ul style="list-style-type: none"><input type="checkbox"/> Transitions of residency program (outgoing resident spend 1-2 full days with incoming resident), including clinical orientation.<input type="checkbox"/> Review orientation learning experience<input type="checkbox"/> Review resident and preceptor expectations<input type="checkbox"/> Review residency expectations<ul style="list-style-type: none">o Policies & Procedureso PharmAcademic™<ul style="list-style-type: none">▪ Self-evaluations review▪ Resident Development Plan/Review Entering Interest and Customized Training Plano Patient Care Grids (weekly)o Travel authorizations/reimbursemento Training programso Duty Hours expectationo Wellness check-in<input type="checkbox"/> Review scheduling template<input type="checkbox"/> Discuss Research and Teaching Certificate<input type="checkbox"/> Introduce incoming resident to staff<input type="checkbox"/> Locate resources for required readings<input type="checkbox"/> Complete HR paperwork<input type="checkbox"/> Provide paperwork/resources for patient care: NPI registry, CMMC network, FtP<input type="checkbox"/> Attend kick-off events and meet pharmacy leadership
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Weis Markets 2-6	<ul style="list-style-type: none"> <input type="checkbox"/> Program items to be issued: <ul style="list-style-type: none"> o Pharmacy logins: Outlook365, EPS, cash register, CareRx, OutcomesMTM, EnLive Health o Surface tablet / VPN Access o White coat and nametag, uniform shirts o Keys, codes <input type="checkbox"/> Review week one orientation with preceptor <ul style="list-style-type: none"> o Pharmacy practice skills review – cultural competence, reflection, self-assessment, pharmacist patient care process, physical assessment, feedback tips <input type="checkbox"/> Begin setting up Google calendar and place dates for teaching certificate, research, professional meetings and evaluations on calendar <input type="checkbox"/> Begin required readings and trainings <input type="checkbox"/> Spend 2 weeks in pharmacy completing the Weis Checklist <ul style="list-style-type: none"> o Select at least one day to open pharmacy/close pharmacy during training
Trainings	<ul style="list-style-type: none"> <input type="checkbox"/> Weis LMS Modules <input type="checkbox"/> PPCN Training <input type="checkbox"/> Payor Program Trainings <ul style="list-style-type: none"> o Highmark WholeCare o UPMC For You o Keystone/AmeriHealth <input type="checkbox"/> APhA Immunization Training <input type="checkbox"/> Diabetes Prevention Program Certificate <input type="checkbox"/> POC Testing / Physical Assessment

Discussions with RPD/patient care preceptor:

Clinical Office at Weis Markets #152:

- ☐ Review the clinic protocol and discuss with preceptor
- ☐ Participate in residency orientation processes and training for MTM
- ☐ Complete Weis Markets MTM training on the Learning Management System
- ☐ Locate CLIA certificate and lab license in the pharmacy and review legal requirements for such in Pennsylvania
 - o Review the point-of-care protocols for Weis Markets
- ☐ Review training materials in documentation platforms: EnLive, OutcomesMTM™, CareRx/Converge, EPS
- ☐ Document patient care activities and have preceptor sign off upon successful completion (including Medication Therapy Management, disease state management, immunizations, point-of-care, etc)

Immunizations:

- ☐ Review the immunization protocol for Weis Markets
- ☐ Obtain appropriate licensure to administer injections
- ☐ Demonstrate acceptable immunization administration technique to preceptor
- ☐ Complete the Clinical Services Competency Checklist
 - o Demonstrate appropriate technique for executing pertinent physical assessments necessary to evaluate your typical patient population (i.e., blood pressure, fingerstick, nasal swab)



- ☐ Explain Pennsylvania's regulations regarding scope of practice for collaborative practice agreements related to immunization administration

PPCN/Flip The Pharmacy:

- ☐ Complete Pennsylvania's Comprehensive Medication Management Collaborative Patient Care Training program
- ☐ Meet Pennsylvania Pharmacists' Care Network Director and complete orientation
- ☐ Review documentation templates for patient care activities with preceptor
- ☐ Review and discuss all Flip the Pharmacy change packages to date
- ☐

Research, Clinical Projects, Precepting & Learning:

- ☐ Complete the Good Clinical Practice (GCP) training certificate endorsed by [NIH's Office of Behavioral and Social Science Research](#)
- ☐ Identify 3 to 5 potential ideas for a project that meets the needs of the practice site as well as the resident's practice interest. Draft 1-2 objectives for each idea
- ☐ Review timeline for research project
- ☐ Review research funding opportunities
- ☐ Actively participate in research course (add timeline to calendar)
- ☐ Identify 3 to 5 potential ideas for a business plan that meets the needs of the practice site as well as the resident's practice interest
- ☐ Review timeline for business plan
- ☐ Actively participate in PLP (add schedule to calendar)
- ☐ Identify potentials ideas for a protocol that meets the needs of the practice site as well as the resident's practice interest
- ☐ Create timeline for protocol update

Conversations with Patient Centered Dispensing Pharmacists:

- ☐ Review and discuss with preceptor approach to counseling patients at point-of-sale
- ☐ Discuss with preceptors how they have established patient-centered relationship with their patients
- ☐ Discuss with preceptor how you plan to develop relationships with new patients and have them understand the role of their pharmacist
- ☐ Review and discuss the reports and tools utilized by pharmacists and managers on a regular basis
- ☐ Complete 10 patient medication reviews (including the collection of all clinically appropriate data) and document appropriately

New Hire Pharmacist Training

This list is for training reference only and does not need to be turned in. This is meant as a training aid for DMs, Training Pharmacists and Pharmacy Trainers.

DM or Home Store Training Pharmacist Actions

- ☐ Submit License, CPR Certification, and NPI to Rxdoccentral
- ☐ Hang License and CPR Certification and file copies in Operations Binder
- ☐ Obtain Photo & Badge ID
- ☐ Photo and Nameplate for Pharmacist (if applicable)
- ☐ Pharmacy Key Assignment (if applicable)
- ☐ Floater Key Process
- ☐ Assign Alarm Code
- ☐ Register Login and Override Code
- ☐ Sign POA
- ☐ Sign IMZ Protocol
- ☐ Email and Teams access
- ☐ Task management access
- ☐ Order lab coats

DM Training Topics

- ☐ LMS Review and Pharmacist Letter
- ☐ Review Weis Policies, Procedures, Legal Requirements and Dress Code
- ☐ Operations Team Breakdown and Important Contacts (Rx and Front End)
- ☐ Kronos Scheduling and Vacation
- ☐ Paychecks/Paystubs/Benefits/Mileage
- ☐ MTM Expectations
- ☐ QA Program and Expectations
- ☐ PDMP
- ☐ HighBar
- ☐ SOR and Pharmacy Operations Audit
- ☐ Power BI
- ☐ Pharmacy Reports
- ☐ Pharmacist and Technician Evaluations
- ☐ 30 Day Check-In Process

First Day of Training

- ☐ LMS Modules required to be added to EPS. Email Pharmacy Helpdesk and Tiffany Witmer when completed
 - o *HIPAA Training for Pharmacy Associates**
 - o *Code of Conduct**
 - o *Fraud, Waste and Abuse**
 - o *Quality Assurance Program**
 - o *Consent to Collection of Biometric Data**
 - o *Rx General Compliance**

- ☐ Receive EPS Login Credentials
- ☐ Confirm NPI Number in EPS
- ☐ Pharmacist Letter Setup

Pharmacy Trainer Topics

- ☐ EPS Basics
 - o Patient, Prescriber, Drug, Files
 - o Store Information Page
 - o Queues
 - o Work Queue
- ☐ EPS – Order Entry
- ☐ EPS – Data Entry
 - o Some topics to remember:
 - Backdating Prescriptions
 - Use Same NDC for Every Fill
- ☐ EPS – Fill Process
- ☐ EPS – Data Verification
 - o **Training pharmacist should cover DUR review process with new hire**
- ☐ EPS – Product Verification
- ☐ EPS – Will Call/POS
 - o Some topics to remember:
 - Change Billing
 - Credit Return and Unsell
 - Adding Rewards Points After Sale
- ☐ EPS – Miscellaneous
 - o Transfers (Incoming and Outgoing)
 - o Profiles for Animals/Vet NPI for Controls
 - o Autofill
 - o MES Report/Confidential Release Form
 - o Reprint Labels
 - o Price Override
 - o Backtag Printing
- ☐ EPS – Third Party
 - o Show how to find resources on:
 - Worker's Comp
 - Auto Claims
 - o ScriptCycle Website
- ☐ SupplyLogix
 - o Transfer procedures
 - o Cycle Counts
 - o RTV
- ☐ Inventory
 - o EPS Inventory Management
 - o Cardinal Order Express Website
 - o Warehouse Ordering

- o ANDA Pet Medication
 - o Recalls
- ☐ Immunizations
 - o Converge Rx Immunization Reporting
 - o Single Drug Batch Processing
- ☐ Phone System
 - o IVR/Voicemail Log In
- ☐ Register
 - o Some topics to remember:
 - Check procedure
 - Refund
 - MethCheck

Home Store Pharmacist Training Topics (Or Training Pharmacist if Floater)

- ☐ Location of files, storage and supplies
- ☐ Store Use Items/Department Transfer Items
- ☐ Personal Item storage
- ☐ Opening and Closing Procedures
- ☐ Daily/Weekly/Monthly Task List
- ☐ Invoice filing procedures
- ☐ Perpetual Control Inventory and CSOS
- ☐ Medicare B Paperwork
- ☐ Promethazine Storage/Policy
- ☐ Operations Binder
- ☐ Recall Process
- ☐ Clozapine Registration

Training Pharmacist Topics:

- ☐ Resources
 - o Sharepoint
 - o Clinical Pharmacology
 - o OneDrive
 - o ServiceNow
 - o Microsoft Teams
 - o Incident Reporting
 - o Omnicell
 - o Digi Smart Temps
- ☐ Pharmacist Queues (DV, PV, DUR Review)
- ☐ Outcomes/MTM overview
- ☐ DEA Box
- ☐ Retention Guidelines/Shred-It
- ☐ DEA Box
- ☐ Task Management
- ☐ Special Pharmacy Services

- o Enliven
- o Weis Rx App/Weis Website
- o Deliveries/FedEx
- o PayEezy
- o Curbside Pickup

REV 6/23



2025-2026 Clinical Services Competency Checklist

Activity	Evaluator's Initials
Cardiochek	
Blood Pressure	
Pulse and Respiratory Rate	
Blood Glucose	
A1C Now Self-Check	
Nasal Swab	
Throat Swab	
Nasopharyngeal Swab	
Body Composition Scale	
Waist Circumference	

"I hereby certify that I have been fully trained on the above clinical services and proper performance techniques."

Resident Printed Name

Date

Resident Signature

Evaluator Signature

Date



Pulse and Respiratory Rate

	Evaluator Initials		
Assessment Points	Practice 1	Practice 2	Assessment
1. Identifies location of radial artery			
2. Uses pads of fingers (not thumb)			
3. Assesses respirations without knowledge of patient			
4. Correctly calculates pulse and respiratory rates			
5. Records pulse (P) and Respiratory Rate (RR)	P: _____ RR: ____ _____	P: _____ RR: ____ _____	P: _____ RR: ____ _____

Blood Pressure

	Evaluator Initials		
Assessment Points	Practice 1	Practice 2	Assessment
1. Assesses appropriateness of cuff size			
2. Applies cuff approximately 1" above antecubital fossa			
3. Correctly determines palpable systolic blood pressure <ul style="list-style-type: none">• Palpates radial artery• Inflates cuff slowly until pulse not detected• Deflates cuff slowly until pulse detected			
4. Records palpable systolic blood pressure (PSBP)	PSBP: _____	PSBP: _____	PSBP: _____
5. Correctly determines auscultatory blood pressure <ul style="list-style-type: none">• Places stethoscope on brachial artery (not under cuff)• Inflates cuff to 20-30 mmHg higher than the PSBP• Deflates cuff slowly.			
6. Records systolic and diastolic blood pressure (BP)	BP: _____	BP: _____	BP: _____



Lymph Node Inspection

Assessment Points	Evaluator Initials	
	Practice 1	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect		
2. Sanitizes hands		
3. Moves slowly in circular motions, and uses the pads of most sensitive fingers (middle) to palpate lymph nodes		
4. Palpates preauricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, and supraclavicular lymph nodes		
5. Performs assessment bilaterally, using both hands at once		

Throat Swab

Assessment Points	Evaluator Initials			
	Practice 1	Practice 2	Practice 3	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect				
2. Sanitizes hands (optional - puts on gloves)				
3. Visualizes anatomy				
4. Assesses patient's level of apprehension (had patient close eyes and/or steadied their head if needed)				
5. Collects appropriate specimen (Starts at the base of the arch at the level of the tonsil. Follows the glossopalatine arch, striking the uvula with the side of the swab, and ends motion at opposite tonsil. Should then immediately swab in the reverse direction.)				
6. Appropriately disposes of specimen				
7. Sanitizes hands				



Nasal Swab

	Evaluator Initials			
Assessment Points	Practice 1	Practice 2	Practice 3	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect				
2. Sanitizes hands (optional - puts on gloves)				
3. Assesses patient's level of apprehension (had patient close eyes and/or steadied their head if needed)				
4. Collects appropriate specimen (Swab inserted gently to the level of the turbinates)				
5. Appropriately disposes of specimen				
6. Sanitizes hands				

Fingerstick (Whole Blood Collection)

	Evaluator Initials	
Assessment Points	Practice 1	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect		
2. Instructs patient to rub hands together to increase circulation		
3. Sanitizes hands and put on gloves		
4. Cleans site with alcohol, allows to dry		
5. Activates lancing device to puncture skin and collects specimen as directed		
6. Appropriately disposes of specimen		
7. Sanitizes hands		



Appendix P: Patient-Centered Dispensing Learning Experience

Primary Preceptors: Sophia Hoppe, PharmD
Pharmacy Manager Weis 152
sophia.hoppe@weismarkets.com

Type/Duration: Longitudinal for 44 weeks

Time: 12 hours / week

Sites: Weis Pharmacy 152 – Nanticoke, PA

Learning Experience Description Synopsis

The goal of this experience is to provide a formal and organized approach to preparing and dispensing medications. This learning experience is designed to transition the resident from a student to independent practitioner who can provide patient-centered care while dispensing medication. The experience will take place primarily at the resident's individual practice site and a local "training" store. This experience will expose the resident to the roles and responsibilities of a dispensing pharmacist and opportunities to integrate clinical interventions into the pharmacy workflow. It will also expose the resident to best practices for the medication use system. The resident will develop knowledge and skill in various aspects of dispensing, including resolving insurance rejections, using appropriate techniques to prepare and dispense medications, assessing a patient profile for clinical appropriateness of a prescription, performing effective drug utilization review at time of dispensing, providing effective patient counseling, and identifying additional patient care opportunities in the pharmacy workflow.

Resident Progression

The resident will transition to an independent practitioner who is able to fully and competently perform and manage the dispensing functions of the pharmacy by displaying competency in the following roles:

- Technician roles: ability to enter and fill prescriptions, edit patient profiles, request refills, change drug inventory, troubleshoot insurance issues
 - *It is critical to understand the role of each member of the dispensing team*
- Staffing: safe and effective use of *Workflow* by EPS and OutcomesMTM to verify, dispense and counsel on medications. Appropriately communicate to other pharmacists, physicians and patients as needed.
- Team management: effective leadership as the responsible pharmacist of a dispensing team including managing technicians, interns and students.

Orientation	Preceptor will review learning experience, activities and expectations with the resident Preceptor will model Patient-Centered Dispensing and complete training with resident
Quarter 1	Resident will staff under the guidance of the preceptor



	The resident will observe the preceptor managing the team and have support with other patient care services during dispensing
Quarter 2	Resident will staff independently while preceptor is on site Resident will recognize patients who are candidates for other clinical pharmacy services and work with preceptor on a plan for integrating this in workflow
Quarter 3	Resident will continue to staff independently and offer appropriate patient care services to patients (i.e., immunizations, adherence interventions, med sync) Resident will precept APPE students with the preceptor Resident will enroll patients in autofill, med sync and other services independently
Quarter 4	Resident should staff independently while integrating other appropriate patient care services and the added responsibility of precepting APPE students The APPE student will observe the resident performing DURs, patient, physician and other pharmacists communication and

General Expectations

- Competently and independently provide all Weis Markets clinical services in line with best practices, including but not limited to provision of medication management services, health and wellness initiatives, immunizations, disease state management (with medication management), transitions of care, advanced clinical services, and patient centered medication distribution. Include a focus on integration of clinical services into patient centered medication distribution and care transitions.
- Complete all activities per the Residency Patient-Centered Dispensing Checklist

Pharmacist Role

The role of the pharmacist is to dispense medications safely and effectively. Pharmacists in the dispensing role provide medication management services (both comprehensive and targeted medication reviews), counsel patients on their medications, administer immunizations and manage workflow/pharmacy team. The pharmacists are also responsible for proactively evaluating medications for indication, effectiveness, safety and patient adherence.

Preceptor Interaction

The resident will step in for the staffing pharmacist during their scheduled staffing time. The preceptor will be available on site for questions or concerns. As the resident progresses through the residency, there will be daily interaction with the preceptor with the exception of all day off site training activities. The RPD can be reached by email or phone if the resident needs to communicate something in a timely manner.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R1: Patient Care					
Goal R1.2: Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.2.1	(Applying) Collaborate and communicate with healthcare team members.	<ul style="list-style-type: none">• Contact prescribing physicians to resolve issues when reviewing prior authorization requests.• Provide accurate and timely responses to drug information questions from other healthcare team members.• Contact providers when resolving medication related problems prior to dispensing.	<ul style="list-style-type: none">• None [observational]	<ul style="list-style-type: none">• Preceptor observation of communication	Q1
1.2.2	(Applying) Communicate effectively with patients and caregivers.	<ul style="list-style-type: none">• Apply proper patient counseling techniques to educate patients during the dispensing process• Educate patients on medication changes using appropriate patient counseling methods.• Reflect on your counseling process and share how you measure effectiveness of your counseling technique	<ul style="list-style-type: none">• Provide three deidentified examples times you required counseling for patients during the dispensing process	<ul style="list-style-type: none">• Regularly counseling patients and requiring counseling for at least 25 patients	Q1
1.2.3	(Applying) Document patient care activities in the medical record or where appropriate.	<ul style="list-style-type: none">• Document a patient care note in the medical record every time a patient is seen in the clinic.• Document information according to collaborative practice agreement for point-of-care testing.• Document patient interactions and interventions in the eCare plan.	<ul style="list-style-type: none">• Provide three deidentified examples of eCare Plans completed during the dispensing process	<ul style="list-style-type: none">• At least 25 eCare plans submitted during Patient Centered Dispensing workflow	Q2



Goal R1.3: Promote safe and effective access to medication therapy.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.3.1	(Applying) Facilitate the medication-use process related to formulary management or medication access.	<ul style="list-style-type: none">• Discuss your process for approaching DUR and how you resolve them• Complete the pharmacist DUR and final verification on every prescription	<ul style="list-style-type: none">• Provide two examples while dispensing about how you prevented, identified and resolved a medication-use system problem (NDC, DAW, drug-drug interaction, dosage form, sound-alike, look-alike drugs, etc...)• Provide an example of a medication safety event identified, written up and coached by the resident	<ul style="list-style-type: none">• Consistently follows policy and procedures	Q1
1.3.2	(Applying) Participate in medication event reporting.	<ul style="list-style-type: none">• Demonstrate competency using pharmacy dispensing software.• Review the dispensing policy and procedure manual, and dispense prescriptions accordingly.• Apply these procedures to accurately prepare and dispense medications within workflow.• Demonstrate strategies to resolve medication access barriers such as prior authorizations, early refills, therapy changes, insurance input (private/government), and discount card use.• Develop a systematic process for prescription verification, including correct patient, medication, dosage form, dose, quantity,	<ul style="list-style-type: none">• EPS Productivity report	<ul style="list-style-type: none">• Preceptor observation of processes• Spent at least 50 hours as the dispensing pharmacist	Q1



		<p>prescriber, expiration date, and proper repackaging/labeling.</p> <ul style="list-style-type: none"> Discuss with your preceptor the pharmacy's medication-use policies and procedures, including automation and IT-related ADE risks, workflow vulnerabilities, and relevance of DUR alerts with your preceptor or pharmacy manager. 			
1.3.3	(Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	<ul style="list-style-type: none"> Identify other patient care services indicated for patients based on their medication profiles and history Manage all support personnel in the pharmacy to safely and accurately dispense prescriptions. Complete all steps in the final check of filled prescriptions to ensure accuracy. Administer medications and vaccines according to state and practice site authority. 	<ul style="list-style-type: none"> EPS Productivity report 	<ul style="list-style-type: none"> Staffs independently in the pharmacy 	Q1
Competency Area R2: Leadership					
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<ul style="list-style-type: none"> Reflect on how you prioritize and organize all tasks within workflow Discuss how to effectively implement patient care services into workflow Monitor goals of patient care services Coach team members on offered patient care services to reach established goals 	<ul style="list-style-type: none"> None [observational] 	<ul style="list-style-type: none"> Preceptor observation of resident prioritizing workflow appropriately consistently for 1 quarter 	Q1



		<ul style="list-style-type: none">• Assumes and takes on increased levels of responsibility proactively.• Apply effective workload and time management skills to appropriately meet responsibilities within the confines of a reasonable workday.• Set SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implement action steps, and take accountability for progress on assigned projects.• Identify issues or barriers and create potential solutions or management strategies.			
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Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

Weis Staffing

- ☐ Employee handbook
- ☐ Policy and procedure manual
- ☐ Quality Assurance readings (assigned as needed)

Law

- ☐ Review Pennsylvania State Laws and Rules that govern community-based practice

Flip The Pharmacy / Pennsylvania Pharmacists Care Network



- Flip the Pharmacy Change packages <https://www.flipthepharmacy.com/>
- Enroll in the PPCN Delivering Enhanced Patient Care and complete online training: https://www.papharmacists.com/general/custom.asp?page=DEPC_Training
- Be familiar with PPCN <http://papharmacistsnetwork.com/pharmacists/> and review the patient-care toolkits

Other Information

Helpful Materials/Resources

Google Drive:

This site enables the resident and preceptors to save materials for everyone to be able to access and view. An account should be established for the residency program in which each resident will have his/her own folder. Google will also serve as the location for the resident calendar.

<https://drive.google.com/drive>

Weis Outlook Email:

The resident will be provided with an Outlook email account through Weis Markets in order to be able to send and receive confidential business and proprietary information.

<https://outlook.office.com/mail/>

Pharmacy Homepage:

The resident will have access to Weis Pharmacy Homepage which contains information pertinent to pharmacy and clinic operation. It is a rich resource for patient care activities, pharmacy operations, training, and continuous quality improvement.

CareRx

Our solution gives you the ability to reach patients for specialized, targeted care by utilizing real-time aggregation of pharmacy and clinical data that is centralized in a single application, can be used-on-the-go, and is seamlessly integrated with your PDX dispensing platform

<https://pdxinc.com/carerx/>

EPS

Pharmacy dispensing software.

<https://pdxinc.com/eps/>



Appendix Q: Patient Care Learning Experience



Primary Preceptor: Danielle Kieck, PharmD
Clinical Pharmacist
Associate Professor of Pharmacy Practice
Office: 570-408-5845
Cell: 585-919-4147
Email: danielle.kieck@wilkes.edu

Type/Duration: Longitudinal / 44 weeks

Time: 20 hours/ week

Sites: Weis Pharmacy 152 – Nanticoke, PA
Wilkes University – Wilkes-barre, PA
Community Outreach Events in Luzerne Counties

Learning Experience Description Synopsis

The purpose of the Patient Care learning experience is to provide the resident with an opportunity to provide patients with direct patient care in a community-based setting. Examples of direct patient-care opportunities at Weis Markets include: medication management (including comprehensive and targeting medication services with follow-up), immunization services, medication synchronization, diabetes prevention program classes, hypertension clinic, pharmacist appointments, point-of-care testing clinic (diabetes (blood glucose and a1c) and cholesterol) and community outreach/health screening/education events.

Medication management: Residents may provide these services by participation on MTM platforms such as Enliven and OutcomesMTM Clinical platform. The learning experience will allow the resident to interact with patients through face-to-face and telephonic means. Depending on the MTM program, the resident will be required to perform a comprehensive medication review or targeted disease state review, create a personal medication record, develop a patient action plan, communicate with other members of the healthcare team, and provide any necessary education. The resident will receive training from his/her site preceptor on the proper procedures to follow. This is a longitudinal requirement that the resident will be responsible for throughout the residency year. Through this learning experience, the resident will continue to develop knowledge and confidence in the management of a variety of disease states, including diabetes, hypertension, hyperlipidemia, heart failure, COPD, and osteoporosis. This learning experience will also help the resident to improve his/her skills in verbal and written communication.



Immunizations: The training will consist of various activities including: completing assigned training, pharmacy team shadowing, participating in meetings, administering vaccines, providing education to patients and healthcare professionals, providing motivational interviewing, and problem-solving. The goal is to provide advanced training in the advocacy, facilitation, and administration of immunizations that are offered by a pharmacist in Pennsylvania. It will require resident participation in immunization delivery at the practice site and off-site locations as needed. The resident must provide proof of Hepatitis B or a signed declination statement. Additionally, the resident will be asked to complete the OSHA blood-borne pathogen training and review the exposure control plan. Residents will be asked to review policies and procedures and strictly adhere to the immunization protocol signed by the collaborative physician. The resident will also have the opportunity to attend and coordinate off-site immunization clinics.

Health & Wellness: The health and wellness is a critical area for the philosophy of the program in giving back to the community and community engagement. Sample of health and wellness experiences is, diabetes prevention program classes, in-store and community health fairs, physical assessment events, and community outreach/health screening/education events.

Disease State Management: Our payor opportunities and protocols vary each year depending on payor contracts with PPCN and Medicaid provider service opportunities. Examples of protocols the clinic has done include: mental health screenings and referrals, asthma/COPD patient management, hypertension management, diabetes management and polypharmacy appointments.

Care Transitions: Care transitions during the patient care opportunities include when a patient is discharged from a hospital or seeing multiple prescribers, our clinic supports them through medication reconciliation and coordination of care services (i.e., sending an updated medication record to all prescribers). All patients discharged on multiple medications are referred to our clinic adjacent to the pharmacy for counseling where they receive a medication record and action plan.

Telepharmacy Specialty Medication Management: Patients who receive one of the high-cost/specialty medications receive an individualized phone call from our clinical team to assess patient understanding and perform a comprehensive medication review to ensure medication optimization and adherence. Documentation occurs in the dispensing system and follow-up is typically on a quarterly basis.

Preceptor Interaction

The resident will have daily interaction with preceptors with the exception of all day off site training activities. Because the focus of the entire month is orientation on different topics, residents are expected to comprehend and be able to repeat activities taught. The RPD can be reached by email or phone if the resident needs to communicate something in a timely manner.



Resident Progression

The resident will progress each quarter in their knowledge of the residency program and practice site. Additional goals, objectives, and experiences can be added to the requirements in relation to the resident's ability and SMART goals.

The primary preceptor will model, coach and facilitate the learning experience as appropriate. Initially, beginning in Orientation, the preceptor will instruct on policies and procedures and demonstrate direct patient care skills for the resident. Discussions around the educational needs and patient care plan will occur around each patient the resident observes. Based on preceptor assessment and resident readiness, the resident will move into a role of leading the direct patient care interaction with the preceptor observing. The resident will begin with the most basic patient interactions and build to more complex cases gradually. The resident will develop and present the patient care plan independently, and the preceptor will provide feedback. The resident will progress to independently seeing patients, with preceptor interaction resident-initiated or as needed for the preceptor to monitor care plans, documentation, and follow-up. Eventually, the resident will function independently, with the preceptor auditing visits for quality assurance and feedback. Resident progress will be based on the resident's knowledge, skills, and abilities.

Residents will have the opportunity to gain experience and achieve proficiency in all patient care programs provided at the site. Residents will gain experience with a number of health conditions due to the variety of patient interactions available

The resident will familiarize themselves with the key components in carrying out a successful research project, from conceptualization to final manuscript preparation.

Orientation	Preceptor will review learning experience, activities and expectations with the resident Preceptor will model patient care services and follow-up Preceptor will observe resident administering immunizations and screening services
Quarter 1	Resident will schedule and conduct MTM services under the guidance of the preceptor Resident will administer immunizations independently, including a comprehensive screening to assess all immunizations the patient needs Preceptor will model health and wellness events at Weis Preceptor will model disease state management programs
Quarter 2	Resident will schedule and conduct MTM services independently while preceptor is on-site Resident will make follow-up and monitoring recommendations (developing full plans for medication management patients). Resident will administer immunizations independently, including a comprehensive screening to assess all immunizations the patient needs and flu clinics Resident will participate in health and wellness events at Weis. Resident will schedule and plan disease state management programs for diabetes, hypertension, cholesterol, asthma/COPD, smoking cessation, etc. under the guidance of the preceptor.
Quarter 3	Resident will schedule and conduct MTM services and see patients with focus on efficiency, including appropriate implementation of care plan, follow-up and monitoring



	<p>Resident will administer immunizations independently, including a comprehensive screening to assess all immunizations the patient needs with added responsibility of modeling service for IPPE and APPE students.</p> <p>Resident will design and participate in health and wellness events at Weis.</p> <p>Resident will schedule and plan disease state management programs for diabetes, hypertension, cholesterol, asthma/COPD, smoking cessation, etc. independently while preceptor is on site.</p> <p>Resident will precept IPPE and/or APPE students with the preceptor.</p>
Quarter 4	<p>Resident will conduct patient appointments, collaborate and communicate with patient's office staff and healthcare team independently and efficiently (including monitoring and follow-up plan) with the added responsibility of working with an IPPE and/or APPE student.</p> <p>Resident will administer immunizations independently, including a comprehensive screening to assess all immunizations the patient needs with added responsibility of modeling service for IPPE and APPE students</p> <p>Resident will design and participate in health and wellness events at Weis with the added responsibility of working with an IPPE and/or APPE Student</p> <p>Resident will schedule and plan disease state management programs for diabetes, hypertension, cholesterol, asthma/COPD, smoking cessation, etc. independently</p> <p>Resident will gain insight and appreciation for issues related to transitions of care (when available) from hospital setting or among primary care providers and specialists.</p> <p>The APPE student will observe the resident performing patient interactions and making patient, physician and other pharmacists communication.</p>

General Expectations

- Demonstrate independence at collecting information, assessing patients, identifying medication related problems with prioritization, establishing goals, developing and implementing treatment plans, and monitoring and evaluating patient's progress towards treatment goals.
- Competently and independently provide all clinical services in line with best practices, including but not limited to provision of
 - o medication management services (CMRs through OutcomesMTM™ and Enliven, adherence services, med sync, strategic counseling/follow-up)
 - o health and wellness initiatives (partner with Wilkes University for at least 4 health fairs, lead patient education classes, conduct a weekly health screening event)
 - o immunizations (recommend and administer immunizations (both flu and non-flu) that are identified during screening events, within workflow, during medication management services and health and wellness events)
 - o disease state management (with medication management) (DSMES classes, mental health screenings, POC collaborative practice agreement/protocols, and monitoring plans for common disease states)
 - o transitions of care (medication reconciliation for patients recently discharged from the hospital and with multiple physicians (PCP and specialists))
- Construct one patient case for Patient Care Pearls presentation for pharmacy staff meeting



- ☐ Organize/participate in planning one community-service event
- ☐ Attend at minimum one community service event

Pharmacist Role

The clinical pharmacist at the Weis Clinical Office at Weis Markets #152 offers and manages many clinical care programs. These programs are initiated, implemented and managed by the clinical pharmacist at the site, so it is imperative that the pharmacist tracks patient outcomes and ensures appropriate reimbursement for services.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R1: Patient Care					
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.1.1	(Analyzing) Collect relevant subjective and objective information about the patient.	<ul style="list-style-type: none">Collect relevant subjective information and patient history using appropriate screening form prior to immunization administration or providing point of care / physical assessment servicesCollect pertinent information, including past medical history, medication list, laboratory or POC test results, and from eCare plans, on each patient from the dispensing software and clinical documentation platformInterview patient regarding changes in medications and any possible side effects experienced since last clinic appointment.Conduct a medication and medical history including patient lifestyle habits, preferences and beliefs, health and functional goals, and	<ul style="list-style-type: none">Provide five deidentified written examples (snapshots) of medication management encounters (can be e-care plans)Completed Patient Care Grid	Complete all of the following: <ul style="list-style-type: none">10 Disease state payor program encounters (HTN, DM or Asthma)50 comprehensive medication reviews (CMRs)50 SDOH Screenings100 targeted interventions (TIPs)150 immunizations100 physical assessments (hypertension, blood glucose, etc.)	Q1



		<p>socioeconomic factors that affect access to medications and other aspects of care.</p> <ul style="list-style-type: none"> • Conduct a comprehensive immunization history including accessing the immunization information system. • Gather any subjective or objective information needed from other sources including other health care professionals and patient records. 			
1.1.2	(Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	<ul style="list-style-type: none"> • Identify any issues with medication therapy and discuss issues identified with preceptor. • Based on information collected while performing medication management services, identify any issues that need to be addressed. • Identify and prioritize unmet health care needs based upon professional judgment and the patient's values, preferences, priorities and goals (SDOH). 	<ul style="list-style-type: none"> • Provide five deidentified written examples (snapshots) of medication management encounters (can be e-care plans) • Completed Patient Care Grid 	<p>Complete all of the following:</p> <ul style="list-style-type: none"> • 10 Disease state payor program encounters (HTN, DM or Asthma) • 50 comprehensive medication reviews (CMRs) • 50 SDOH Screenings • 100 targeted interventions (TIPs) • 150 immunizations • 100 physical assessments (hypertension, blood glucose, etc.) 	Q1
1.1.3	(Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	<ul style="list-style-type: none"> • Design a plan of care that includes therapeutic goals and justification for those goals. (Examples can include calcium for osteoporosis prevention, 	<ul style="list-style-type: none"> • Provide five deidentified written examples (snapshots) of medication management 	<p>Complete all of the following:</p> <ul style="list-style-type: none"> • 10 Disease state payor program encounters (HTN, DM or Asthma) 	Q1



		<p>statin for DM patients, weight loss, BP reduction, A1C reduction)</p> <ul style="list-style-type: none"> • Set a monitoring plan for each patient-specific goal • Develop a patient specific plan integrating knowledge of patient specific information, ethical, quality of life, and pharmacoeconomic issues for PPCN and medication management appointments • Use knowledge of primary literature and guidelines to identify therapeutic goals for patient based on medications and disease states. 	<p>encounters (can be e-care plans)</p> <ul style="list-style-type: none"> • Completed Patient Care Grid • Provide five examples of a deidentified patient medication action plan 	<ul style="list-style-type: none"> • 50 comprehensive medication reviews (CMRs) • 50 SDOH Screenings • 100 targeted interventions (TIPs) • 150 immunizations • 100 physical assessments (hypertension, blood glucose, etc.) 	
1.1.4	(Applying) Implement care plans.	<ul style="list-style-type: none"> • Discuss recommendations with alternatives to weigh pros and cons with patients, caregivers, and/or members of the health care team • Discuss recommendations with patients at an appropriate literacy level • Communicate the plan effectively with all members of health care team and the patient • Coordinate all follow-up and referrals discussed with the health care team so that therapy goals may be achieved • Address medication- and health-related problems and execute 	<ul style="list-style-type: none"> • Provide five deidentified written examples (snapshots) of medication management encounters (can be e-care plans) • Completed Patient Care Grid • Provide five examples of a deidentified patient medication action plan 	<p>Complete all of the following:</p> <ul style="list-style-type: none"> • 10 Disease state payor program encounters (HTN, DM or Asthma) • 50 comprehensive medication reviews (CMRs) • 50 SDOH Screenings • 100 targeted interventions (TIPs) • 150 immunizations • 100 physical assessments (hypertension, blood glucose, etc.) 	Q1



		<p>preventive care strategies, including vaccine administration.</p> <ul style="list-style-type: none">• Provide education and self-management training to the patient or caregiver.• Schedule appropriate follow-up and monitoring.• Contribute to coordination of care, including the referral or transition of the patient to another healthcare professional.			
1.1.5	(Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	<ul style="list-style-type: none">• Make recommendations for appropriate laboratory tests based on patient-specific monitoring needs and program requirements• Follow the patient at appropriate intervals (phone or in person) to ensure that progress is being made• Evaluate medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback.• Evaluate clinical endpoints that contribute to the patient's overall health.• Evaluate outcomes of care including progress toward or the achievement of goals of therapy.	<ul style="list-style-type: none">• Provide at least two deidentified written e-care plans (snapshots) that you have seen on a continual basis this past year and evaluate their progress towards goals of therapy based on information you gathered through screenings, education, or other HCP• Provide at least two deidentified written charts for patients in the LiveWell program, including monitoring	<p>Complete all of the following:</p> <ul style="list-style-type: none">• Follow 5 LiveWell Patients• Completion of at least 10 follow-up encounters that tracked patient progress towards goals• Consistent tracking of patients for appropriate follow-up, documentation, communication and follow-up when needed	Q1



			and biometric test results		
1.1.6	(Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	<ul style="list-style-type: none"> Read and discuss definition of and current issues surrounding TOC Facilitate transitions of care (TOC) services during enhanced clinical services Identify new patients at the pharmacy and conduct medication reconciliation and resolve any medication issues. Ensure patient access to medications when transitioning environments of care related to formulary, utilization edits, etc. 	<ul style="list-style-type: none"> Provide example of three deidentified patient e-care plans where you identified and/or provided TOC services Completed Patient Care Grid 	Complete the following: <ul style="list-style-type: none"> 10 medication reconciliations identified through patient care opportunities 	Q1
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.2.1	(Applying) Collaborate and communicate with healthcare team members.	<ul style="list-style-type: none"> Describe strategies utilized when forming inter-professional relationships <ul style="list-style-type: none"> Samples: in store dietitian, physicians, nurses, physician associates, etc. Act professionally when interacting with patients, caregivers, and members of the health care team by dressing, communicating, and interacting in a professional manner. 	<ul style="list-style-type: none"> Provide two examples of a deidentified physician consult letters 	<ul style="list-style-type: none"> Consistent communication with healthcare providers and documentation to support 	Q1



		<ul style="list-style-type: none"> • Discuss recommendations with alternatives to weigh pros and cons of with members of the healthcare team • Draft and send physician consult letters with recommendation and monitoring plan 			
1.2.2	(Applying) Communicate effectively with patients and caregivers.	<ul style="list-style-type: none"> • Provide medication education to patients, their families, and/or caregivers via MTM telephonic outreach to patients, during patient care, etc. • Conduct an organized, patient focused interview for all patients. • Provide medication education to patients utilizing direct communication, medication action plans • Discuss recommendations with alternatives to weigh pros and cons with patients and caregivers • Communicate follow up plan to patient • Create patient action plans that include goals and monitoring 	<ul style="list-style-type: none"> • Provide two examples of a deidentified patient medication action plan • Provide at least two deidentified written e-care plans (snapshots) that you have seen on a continual basis this past year and evaluate their progress towards goals of therapy based on information you gathered 	<ul style="list-style-type: none"> • Documentation for patient encounters is consistently clear and concise at an appropriate literacy level <p>Complete all of the following:</p> <ul style="list-style-type: none"> • Follow 5 LiveWell Patients • Completion of at least 10 follow-up encounters that tracked patient progress towards goals • Consistent tracking of patients for appropriate follow-up, documentation, communication and follow-up when needed • 10 Disease state payor program encounters (HTN, DM or Asthma) • 50 comprehensive medication reviews (CMRs) • 50 SDOH Screenings • 100 targeted interventions (TIPs) 	Q1



				<ul style="list-style-type: none"> • 150 immunizations • 100 physical assessments (hypertension, blood glucose, etc.) 	
1.2.3	(Applying) Document patient care activities in the medical record or where appropriate.	<ul style="list-style-type: none"> • Document all communication in a professional and appropriate manner keeping in mind the audience • Record vaccine administration on appropriate record and system • Document patient interactions and interventions in the eCare plan. • Documents encounters in a timely manner (goal within 24 hours of encounter, but no later than 72 hours) 	<ul style="list-style-type: none"> • Provide two examples of a deidentified physician consult letters • Provide two examples of de-identified e-care plans that includes follow-up, care coordination and the patient medication action plan/medication list • Completed Patient Care Grid 	<ul style="list-style-type: none"> • Documentation for patient encounters is consistently clear and concise at an appropriate literacy level • Documentation for patient care is completed in a timely manner for at least 1 quarter. 	Q1
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.4.2	*(Creating) Prepare or revise a drug class review, monograph, treatment guideline,	<ul style="list-style-type: none"> • Prepare assigned drug class review/monograph for presentation at the appropriate organization committee. 	<ul style="list-style-type: none"> • Drug class review/monograph in written format (for dissemination to pharmacy staff) 	<ul style="list-style-type: none"> • Drug class review/monograph in written format and presented during district meeting 	Q2



	treatment protocol, utilization management criteria, and/or order set.	<ul style="list-style-type: none"> Develop or revise an existing collaborative practice agreement, statewide protocol, or standing order. 	<ul style="list-style-type: none"> Updated/developed standing order for vaccines and/or POC testing 	<ul style="list-style-type: none"> Protocol updated or developed and submitted 	
Competency Area R3: Leadership					
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
3.2.1	(Applying) Apply a process of ongoing self-assessment and personal performance improvement.	<ul style="list-style-type: none"> Identify clinical knowledge gaps and develop an action plan to help address/close knowledge gaps. Complete a self-assessment in preparation for the quarterly development plan. Complete a summative self-evaluation 	<ul style="list-style-type: none"> None [observational] 	<ul style="list-style-type: none"> Adheres to time management and evidence-based recommendations for patient care appointments and documentation consistently for at least 1 quarter 	Q1
3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<ul style="list-style-type: none"> Leverage relationships with physicians, nurses, co-workers, and students to complete entrusted responsibilities. Prioritize and organize tasks to complete entrusted responsibilities. Apply effective workload and time management skills to appropriately meet responsibilities within the confines of a reasonable workday. 	<ul style="list-style-type: none"> Monthly calendar Completed Patient Care Grid 	<ul style="list-style-type: none"> Adheres to time management for patient care appointments and documentation consistently for at least 1 quarter 	Q1



		<ul style="list-style-type: none"> Set SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implement action steps, and take accountability for progress on assigned projects. Complete daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings). 			
3.2.3	(Applying) Demonstrate responsibility and professional behaviors.	<ul style="list-style-type: none"> Prioritize patients/activities within the structure of the day. Comply with organizational policies, procedures, and required training (e.g., HIPAA compliance, etc.). Integrate the pharmacists' responsibilities within the healthcare continuum through focused medication related planning and outcomes. Interact cooperatively, collaboratively, and respectfully with others and display emotional intelligence. Take responsibility for resolving conflicts and/or errors. 	<ul style="list-style-type: none"> None [observational] 	<ul style="list-style-type: none"> Meet patient care goals and requirements consistently for at least 1 quarter 	Q1
3.2.4	(Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	<ul style="list-style-type: none"> Participate in health fairs and community outreach events 	<ul style="list-style-type: none"> Personal philosophy of community service as a community pharmacist Completed Patient Care Grid 	<ul style="list-style-type: none"> Participate in at least 10 community service/ outreach events Lead and organize at least 1 community engagement/service event 	Q1

Competency Area R4: Teaching and Education



Goal R4.1: Provide effective medication and practice-related education.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
4.1.1	* (Creating) Construct educational activities for the target audience.	<ul style="list-style-type: none">• Prepare an evidence-based topic discussion on the assigned topic for the pharmacy team.• Design and/or redesign a disease specific patient education program.• Prepare a journal club discussion.	<ul style="list-style-type: none">• Topic discussion presented to pharmacists• Patient care education presentation• Journal club discussion with pharmacy staff	Submitted at least 1 written educational materials for: <ul style="list-style-type: none">• Other health care providers• Pharmacists (clinical update)• Patients	Q2
4.1.2	* (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	<ul style="list-style-type: none">• Develop an educational document for a patient or caregiver, utilizing appropriate language for the intended audience. Provide an example document as a snapshot.• Develop an educational presentation for a patient or caregiver, utilizing appropriate language. Provide an example presentation as a snapshot.• Write a newsletter article for pharmacy department on relevant pharmacy topic• Prepare a written summary of an assigned journal article and disseminate content to an pharmacy staff on clinical topic	<ul style="list-style-type: none">• Provide 3 examples of patient written documentation that includes references to drug information• Uploaded patient written materials	Created at least 1 presentation for community Submitted at least 1 written educational materials for: <ul style="list-style-type: none">• Other health care providers• Pharmacists (clinical update)• Patients	Q2



		<ul style="list-style-type: none"> • Prepare a written presentation as a stand-alone educational resource for dissemination. • Write patient education materials (e.g., brochure, handout). • Write educational materials for pharmacists (e.g., guideline update). 			
4.1.3	<p>*(Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</p>	<ul style="list-style-type: none"> • Develop supplemental material for and lead diabetes prevention program group classes • Present an educational document for a patient or caregiver, utilizing appropriate language for the intended audience • Present an educational presentation for a patient or caregiver, utilizing appropriate language • Present an evidence-based CE accredited presentation for pharmacy staff. • Present a disease specific patient education program. • Lead a journal club discussion. • Facilitate an educational discussion with APPE and/or IPPE students on assigned topics. 	<ul style="list-style-type: none"> • Provide at least 1 example of each of the following presentations to pharmacists, patients and other health care provider 	<ul style="list-style-type: none"> • Lead at least one complete DPP education class series • Lead at least one community engagement presentation • Submit one journal club discussion <p>Submitted at least 1 presentation content for:</p> <ul style="list-style-type: none"> • Pharmacists (CE presentation) • Patients 	Q1
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation



4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.	<ul style="list-style-type: none">• Differentiate the learner's level of knowledge and/or skill and the level of preceptorship needed.• Implement the appropriate preceptor role for learners, based on your analysis.• Adjust precepting activities to accommodate learner's performance.	<ul style="list-style-type: none">• APPE rotation calendar	<ul style="list-style-type: none">• Co-precepted at least two students in patient care experience	Q3
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*Needed for accreditation: *"Indicates Objective results in a resident deliverable"*



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

MTM

- PPA Medication Management Toolkit: <https://www.papharmacists.com/page/GettingStarted>
- Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model
- De Oliveira, DR, et al. Achieving patient centeredness in pharmacy practice: openness and the pharmacist's natural attitude. JAPhA. 2006; 46(1): 56-66
- Ngoh LN. Health Literacy: a barrier to pharmacy-patient communication and medication adherence. Pharmacy Today 2009; 15(8): 45-57.

*Additional reading that describes the specific MTM programs administered by OutcomesMTM™ and Enliven will be made available to the resident on the respective pages once the resident has been granted access to the system.



Diabetes Self-Management Education and Support

- PPA Toolkit ADCES DSMES Best Practices:
<https://www.papharmacists.com/page/DSMESBestPracticesToolkit>
- DEAP FAQs:
[https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)/interested-in-learning-more-about-deap](https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap)/interested-in-learning-more-about-deap)
- 2022 Interpretive Guidance Document:
<https://www.adces.org/docs/default-source/default-document-library/2022-interpretive-guidance6-8-22e677fa36a05f68739c53ff0000b8561d.pdf>
- 2012 National DSMES Standards:
<https://www.cdc.gov/diabetes-toolkit/php/about-dsmes/national-standards-dsmes.html>
- ADCES Curriculum Book

Diabetes Prevention Program

- PPA Toolkit -DPP Best Practices:
<https://www.papharmacists.com/page/DPPBestPracticesToolkit>
- PPA Toolkit - DPP General Info: <https://www.papharmacists.com/page/DPP>
- 2017 Group Lifestyle Balance Curriculum:
<https://www12.edc.gsph.pitt.edu/DPSCDOCS/GroupLifestyleBalanceLeadersGuide-1.pdf>
- T2 Prevent Curriculum:
<https://www.cdc.gov/diabetes-prevention/php/lifestyle-change-resources/t2-curriculum.html>

Immunizations

- Immunizations Policies and Procedures Manual (available at site)
- CDC Immunization Schedules: <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
- CDC Website Available at: <http://www.cdc.gov/vaccines>
- Morbidity and Mortality Weekly Report: <https://www.cdc.gov/mmwr/index.html>
- Review Immunization Action Coalition: Vaccine Information for Health Care Professionals. Available at: <http://www.immunize.org>
- PPA Toolkit: <https://www.papharmacists.com/page/ImmunizationCare>

PPA Patient Care Toolkit: <https://www.papharmacists.com/page/Toolkitshome>

Other Information

Helpful Materials/Resources

CareRx/Converge

Our solution gives you the ability to reach patients for specialized, targeted care by utilizing real-time aggregation of pharmacy and clinical data that is centralized in a single application, can be used-on-the-go, and is seamlessly integrated with your PDX dispensing platform

<https://pdxinc.com/carerx/>

EPS



Pharmacy dispensing software.

<https://pdxinc.com/eps/>

OutcomesMTM

This site provides a platform for pharmacists to document and report meaningful MTM encounters.

<http://www.outcomesmtm.com/>

EnlivenHealth

Enliven is the documentation platform for clinical interactions. Enliven offers software solutions for pharmacies and health plans, focusing on improving patient outcomes and adherence.

<https://enlivenhealth.co/>



Appendix R: Ambulatory Care Learning Experience



Primary Preceptor: **Kimmy Nguyen, PharmD, BCACP, BC-ADM, TTS**
 Clinical Pharmacist
 Associate Professor of Pharmacy Practice
 Nesbitt School of Pharmacy, Wilkes University
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Erica Mabry, PharmD
Clinical Pharmacist
Assistant Professor of Pharmacy Practice
Nesbitt School of Pharmacy, Wilkes University
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Type/Duration: Longitudinal for 42 weeks

Time: 8 hours/ week

Site: Volunteers in Medicine
 Wilkes-Barre, PA 18766

Learning Experience Description Synopsis

The purpose of the Ambulatory Care experience is to provide an opportunity for the resident to engage in pharmacy services and collaborate with the medical team, clinic nurses, office staff and patients at Volunteers in Medicine. The resident will develop ambulatory care practice skills, reinforce and expand upon existing knowledge, and work collaboratively within an interprofessional healthcare team. The resident will be assigned to a full day per week of clinic starting after the orientation period. The resident will become proficient in managing patients independently with chronic medical conditions including but not limited to type 2 diabetes, hypertension, dyslipidemia, heart failure, community acquired infectious disease, mental health conditions in primary care, asthma/COPD, smoking cessation, and anticoagulation.

The resident will be exposed to training and experience in the following roles of the pharmacist within the clinic: identifying preventive care measures in an adult patient population, identifying drug therapy problems, providing medication recommendations and management to adults with acute and chronic



medical conditions; responsibly monitoring interventions to ensure that outcomes are met safely, delivering effective education and patient self-management strategies to appropriate patients and conducting all activities with a collaborative spirit with other healthcare professionals, medical team and pharmacy students/staff at the clinic.

Preceptor Interaction

The learning experience is precepted with input from the residency preceptor, attending physician and medical team: executive director, medical director, assistant medical director, nursing director, social worker, dental clinic, dental hygienist and all other volunteers (PAs, NPs, MDs/DOs). The resident will also collaborate with other healthcare professionals and pharmacy students during their learning experience. The preceptor will serve as a model and learning resource for the resident and will also provide opportunities for independent learning and practice whenever possible.

Resident Progression

The resident is expected to form professional, autonomous relationships with the clinic healthcare team and be able to function as an independent member. The resident will be expected to take responsibility for their own learning and development during this longitudinal rotation. The resident will reflect on and discuss the learning experience and ambulatory care patient interactions with the residency preceptor on a routine basis to review and provide insight into patient care experiences. The resident will be overseen while performing patient care as needed and as feasible to establish a comfort level with consistent feedback. Once the resident is appropriately trained in the procedures of the clinic, the resident will be expected to work autonomously in the clinic with continued supervision from the residency preceptor, building efficiency in patient interactions and documentation. The resident will be expected to interact, mentor and supervise pharmacy students (Introductory and/or Advanced) throughout the residency year.

Orientation	Preceptor will review learning experience, activities and expectations with the resident. Preceptor will have clinical orientation topic discussions.
Quarter 1	Preceptor will model patient visits and train at the clinic site, including training and documenting on the EHR. Resident will develop collaborative relationships with physicians, nurses and office staff, understanding the importance of verbal and written communication.
Quarter 2	Resident will see patients independently while preceptor is on-site. Resident will make recommendations to the healthcare team and physician under the supervision of the preceptor. Resident will work with preceptor to identify rational and cost-effective use of medications with particular focus on determining therapy for underserved patients.
Quarter 3	Resident will have their own patient schedule and see patients independently, including making appropriate drug therapy and nondrug therapy recommendations with healthcare team. Resident will make follow-up and monitoring recommendations (developing full plans for ambulatory care patients). Resident will precept IPPE and/or APPE students with the preceptor.



Quarter 4	<p>Resident will conduct patient appointments, collaborate with the office staff and healthcare team independently with the added responsibility of working with an IPPE and/or APPE student.</p> <p>Resident will gain insight and appreciation for issues related to continuity of care (when available), and identify work flow issues and interfaces among the clinic, home health and community pharmacies to ensure quality patient care.</p> <p>The APPE student will observe the resident performing patient interactions and making patient, physician and other pharmacists communication.</p>
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General Expectations

- Demonstrate independence at collecting information, assessing patients, identifying medication related problems with prioritization, establishing goals, developing and implementing treatment plans, and monitoring and evaluating patient's progress towards treatment goals
- Competently and independently provide clinical pharmacy ambulatory care services in line with best practices, including but not limited to provision of medication management services, health and wellness initiatives, disease state management (with medication management), transitions of care, and advanced clinical services with prescriptive authority (under the collaborative practice agreement)
- Construct one patient case for Patient Care Pearls presentation for pharmacy staff meeting

Pharmacist Role

The clinical pharmacist at the Volunteers in Medicine is a fully-integrated member of an interprofessional health care team with established collaborative practice agreements. The pharmacist independently manages patients for chronic medical conditions and conducts appointments that includes: identifying preventive care measures in an adult patient population, identifying drug therapy problems, providing medication recommendations and management to adults with acute and chronic medical conditions; responsibly monitoring interventions to ensure that outcomes are met safely, delivering effective education and patient self-management strategies to appropriate patients and conducting all activities with a collaborative spirit with other healthcare professionals, medical team and pharmacy students/staff at the clinic.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



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.[1] Services are provided to a diverse range of patients in collaboration with the health care team.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.1.1	(Analyzing) Collect relevant subjective and objective information about the patient.	<ul style="list-style-type: none">Collect patient information from the medical record, patient interviewObtain medication and health information and histories. This includes medication reconciliation and adherence at each visitUtilize motivational interviewing during the patient encounters to collect patient-specific information	<ul style="list-style-type: none">Provide five deidentified written examples (snapshots) of medication management appointments from the EHRTrack patient appointments/ drug therapy problems identified	<ul style="list-style-type: none">Completion of 50 patient appointments independently	Q1
1.1.2	(Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	<ul style="list-style-type: none">Review patient profile and utilize information collected to determine if there are any drug therapy problemsIdentify medication and non-medication related problems during patient care visits utilizing motivational interviewing and analysis of patient-specific information	<ul style="list-style-type: none">Provide five deidentified written examples (snapshots) of medication management appointments from the EHRTrack patient appointments/ drug therapy problems identified	<ul style="list-style-type: none">Completion of 50 patient appointments independently	Q1



		<ul style="list-style-type: none"> Lead discussion with preceptor and student pharmacists on how and why to prioritize a patient's healthcare needs 			
1.1.3	(Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	<ul style="list-style-type: none"> Develop complete, evidence-based pharmaceutical care plans including goals, appropriate drug/non-drug therapy regimens, alternative therapy options and pertinent, time-specific monitoring and follow-up Recommend appropriate pharmacologic, non-pharmacologic therapy, preventive healthcare measures (including immunizations) for treatment and/or prevention of diseases/conditions and justifying recommendations with evidence-based medicine 	<ul style="list-style-type: none"> Provide five deidentified written examples (snapshots) of medication management appointments from the EHR Provide three deidentified medication action plans Track patient appointments/ drug therapy problems identified 	<ul style="list-style-type: none"> Completion of 50 patient appointments independently 	Q1
1.1.4	(Applying) Implement care plans.	<ul style="list-style-type: none"> Present the completed pharmaceutical care plans to the medical resident and/or attending physician for approval Make recommendations for appropriate laboratory tests based on patient-specific monitoring needs and program requirements Assist medical residents and attending physicians in 	<ul style="list-style-type: none"> Provide five deidentified written examples (snapshots) of medication management appointments from the EHR Track patient appointments/ drug therapy problems identified 	<ul style="list-style-type: none"> Completion of 50 patient appointments independently 	Q1



		<p>prescribing prescription/refills and ordering medical orders (including labs)</p> <ul style="list-style-type: none"> • Arrange for patient follow-up including time to complete next visit labs and referrals 			
1.1.5	<p>(Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</p>	<ul style="list-style-type: none"> • When seeing a patient subsequently, analyze patient information from the medical record, patient interview, and assessment to evaluate effectiveness of prior pharmaceutical care plans • Adjust subsequent care plans based on follow-up information 	<ul style="list-style-type: none"> • Provide three deidentified written examples (snapshots) of follow-up appointments from the EHR that includes monitoring of progress and goals • Track patient appointments/ drug therapy problems identified • Track patient appointments/ drug therapy problems identified 	<ul style="list-style-type: none"> • Completion of 50 patient appointments independently 	Q1
1.1.6	<p>(Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.</p>	<ul style="list-style-type: none"> • Accurately identify patients in need of transitions of care and medication reconciliation at the VIM clinic • Complete medication reconciliation and document the drug therapy problems 	<ul style="list-style-type: none"> • Provide two deidentified medication reconciliation encounters for patients experiencing care transitions • Track patient transition of care appointments on tracking form 	<ul style="list-style-type: none"> • Complete a minimum of 2 medication reconciliation and document the drug therapy problems 	Q1



Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.2.1	(Applying) Collaborate and communicate with healthcare team members.	<ul style="list-style-type: none">• Communicate effectively and efficiently with other healthcare professionals• Communicate pertinent patient information and accurate medication information to the healthcare team to allow timely decision-making• Review, update and/or create collaborative practice agreements for the clinic, when applicable• Understand the appropriate time to refer patients to appropriate healthcare providers, support services, etc. and provide appropriate information for the patient to receive optimal care	<ul style="list-style-type: none">• Provide three deidentified written examples (snapshots) of documented recommendations to providers from the EHR	<ul style="list-style-type: none">• Completion of 10 physician consultation communications	Q1
1.2.2	(Applying) Communicate effectively with patients and caregivers.	<ul style="list-style-type: none">• Provide effective patient education, including discussing care plans with appropriate lay terminology, adapting information to the patient's current health literacy and employing teach-back strategies to ensure patient understanding	<ul style="list-style-type: none">• Provide three deidentified written examples (snapshots) of follow-up appointments from the EHR that includes monitoring of progress and goals	<ul style="list-style-type: none">• Completion of 50 patient appointments independently	Q1



		<ul style="list-style-type: none"> Create any necessary, unavailable patient education utilizing evidence-based literature and appropriate resources 			
1.2.3	(Applying) Document patient care activities in the medical record or where appropriate.	<ul style="list-style-type: none"> Document all pertinent clinical activities in the EHR following clinical and system policies 	<ul style="list-style-type: none"> Provide five deidentified written examples (snapshots) of medication management appointments from the EHR Track patient appointments/ drug therapy problems identified 	<ul style="list-style-type: none"> Completion of 50 patient appointments independently 	Q1
Goal R1.3: Promote safe and effective access to medication therapy.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.3.1	(Applying) Facilitate the medication-use process related to formulary management or medication access.	<ul style="list-style-type: none"> Help patients experiencing medication access issues navigate through patient assistance programs. 	<ul style="list-style-type: none"> None [observational] with preceptor 	<ul style="list-style-type: none"> Assist 10 patients with medication access by identifying resources (PAPs, coupons, etc.) 	Q1
Competency Area R4: Teaching and Education					
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation



4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.	<ul style="list-style-type: none">Mentor and supervise pharmacy students in direct patient care activities in the interprofessional setting	<ul style="list-style-type: none">None [observational] with preceptor	<ul style="list-style-type: none">Provide verbal and/or written feedback on five separate occasions to learners on their patient care skillsProvide verbal and/or written feedback on five separate occasions to learners on their clinical documentation	Q2
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Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- **Formative evaluations:** Provides ongoing feedback that can be used to improve performance and identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- **Self-Assessment:** Residents will be asked to complete a weekly reflection on strengths/struggles and a quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- **Summative evaluations:** This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA-BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- **Preceptor, Learning Experience and Residency Preceptor Director evaluations** must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

- Core topic content that the resident is expected to be familiar with through discussions and readings include but not limited to:
 - Anticoagulation
 - Asthma/COPD
 - Heart disease
 - Diabetes
 - Dyslipidemia
 - Hypertension



- o Smoking Cessation



Appendix S: Practice Management and Leadership Learning Experience



Primary Preceptors: Nick Cicco
VP of Pharmacy
Office: 570-286-3201
Cell: 570-650-8961
ncicco@weismarkets.com

Type/Duration: Longitudinal for 44 weeks

Time: 2 hours / week

Sites: Weis Pharmacy 152 – Nanticoke, PA
Weis Corporate – Sunbury, PA

Learning Experience Description Synopsis

The purpose of the practice management and leadership learning experience is to provide background, training, and experience in the following areas: development and enhancement of community pharmacy services, quality improvement of the clinical services, skills needed to create a business case for pharmacy services, professional development, and reimbursement mechanisms that make patient care services viable in the community pharmacy setting. The experience will provide a unique opportunity to participate in projects that are currently impacting the pharmacy practice. During this experience, the resident will gain experience and knowledge in the areas of practice management. Approximately 10 discussions (monthly) will occur over the course of the residency year. These discussions will help the resident gain an understanding of key pharmacy business markers; demonstrate knowledge of profitability; create marketing strategies; understand pharmacy managerial functions; and develop a basic understanding of human resource management. Additionally, the resident will be exposed to data analysis and business skill development specific to the needs of the resident's home site. Additional goals, objectives, and experiences can be added to the required in relation to the resident's level of interest.

Preceptor Interaction

The resident will have weekly interaction with the preceptor and the opportunity to reach out for questions via email on an as needed basis. The RPD can be reached by email or phone if the resident needs to communicate something in a timely manner.

Resident Progression

The resident will progress each quarter in their knowledge of the residency program and practice site. Additional goals, objectives, and experiences can be added to the requirements in relation to the resident's ability and SMART goals. The resident is expected to actively participate in all monthly discussions, including completing required readings and assignments. The resident will also complete a business plan for a new or improved service and present that business plan to the entire residency team.



Orientation	Preceptor will review learning experience, activities and expectations with the resident
Quarter 1	Resident will attend team meetings and observe how they are led Resident will participate in meetings with field operations team monthly
Quarter 2	Resident will participate in residency recruitment initiatives Resident will participate on professional association committee Resident will participate in meetings with field operations team monthly
Quarter 3	Resident will assist in interviewing and selection process Resident will propose a plan of action to bring the pharmacy into compliance with accreditation standards or to improve consistency throughout the chain. Resident will co-lead meetings with field operations team monthly
Quarter 4	Resident will develop an agenda and lead a pharmacy team meeting Resident will present final business plan to Weis management team Resident will present final research project as podium presentation to Weis management team Resident will lead meetings with field operations team monthly

General Expectations

- ☐ Attend a minimum of one managerial or pharmacy-related committee meeting
- ☐ Complete Strengthsfinder, Color Code or other professional development training offered by Weis Markets
- ☐ Lead at least 1 pharmacy team meeting – from start to finish
- ☐ Participate in residency recruitment, selection, and RAC initiatives
- ☐ Participate in a minimum of 1 professional association committee
- ☐ Create itineraries and engage in the following events during the residency year:
 - o 1 National Conference (i.e., ASHP, APhA)
 - o 1 State/Local conference, legislative day, and/or professional meeting (i.e., PPA, MESHP, PACDS)

Pharmacist Role

Weis Markets is a regional grocery store chain, and pharmacy management includes overseeing both the dispensing role and clinical patient care programs. Each pharmacy is led by a pharmacy manager, so it is important that the resident develops the skills necessary to successfully manage a pharmacy and its team. These skills include inventory management, scheduling, and staff evaluations. In addition, pharmacists conduct store visits and monitor key pharmacy performance metrics.

The Weis Clinical Pharmacy Team plays a critical role in supporting and expanding patient care services across the organization. Residents will collaborate with this team on the development and implementation of clinical initiatives, including medication therapy management, immunizations, and disease state management programs. The clinical pharmacy team, along with pharmacy managers and district leadership, serve as preceptors and mentors, ensuring that residents gain comprehensive exposure to operational and clinical leadership at all levels of the organization.



Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R1: Patient Care					
Goal R1.3: Promote safe and effective access to medication therapy.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.3.2	(Applying) Participate in medication event reporting.	<ul style="list-style-type: none">• Discuss with your preceptor the pharmacy's policies and procedures related to the incident reporting system.• Demonstrate adverse drug event reporting process.• Report any errors appropriately to the incident reporting system.• Report vaccine adverse event to Vaccine Adverse Event Reporting System (VAERS).	<ul style="list-style-type: none">• Confirmation of submission of error reporting	<ul style="list-style-type: none">• At least one error properly documented and reported	Q4
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
1.4.1	(Applying) Deliver and/or enhance a population health service, program, or process to improve		<ul style="list-style-type: none">• Aggregated error data for company in presentation format with recommendations moving forward	<ul style="list-style-type: none">• Data for company-wide errors aggregated, de-identified and	Q3



	medication-related quality measures	<ul style="list-style-type: none"> Present aggregate patient data (e.g., adverse drug events, quality data) at assigned organizational meetings. Assess current pharmacy quality measures and develop and implement a process to improve patient outcomes. 		analyzed for 1 year timeframe	
Competency Area R3: Leadership					
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
3.1.1	(Understanding) Explain factors that influence current pharmacy needs and future planning.	<ul style="list-style-type: none"> Review and discuss assigned topics related to factors that influence current pharmacy needs and future planning. Review organization's and/or pharmacy's strategic plan and describe the process for assessing the pharmacy department's current and future needs to inform future plans. Participates in pharmacy administration (e.g., budgeting, 	<ul style="list-style-type: none"> Upload any management projects and/or reflections Examples of agenda created for at least one of the meetings Example of meeting minutes took during at least one meeting 	<ul style="list-style-type: none"> Attend 10 management meetings 	Q1



		operations and systems, credentialing and privileging, quality metrics, or other relevant topics) and discuss with pharmacy leaders.			
3.1.2	(Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	<ul style="list-style-type: none">• Review and discuss assigned topics related to external factors that influence pharmacy's role in the larger healthcare environment.• Participates in pharmacy administration discussions related to external factors that influence pharmacy (e.g., board of pharmacy decisions, state and federal regulations, payors, pharmacy associations' activities, accrediting and/or regulatory organizations' quality metrics) and discuss key learnings with pharmacy leaders.	<ul style="list-style-type: none">• Uploaded CV as of June at end of residency that includes professional involvement• Reflection of role in each organization• Personal agenda for pharmacy conferences attended	<ul style="list-style-type: none">• Attend PPA/APhA or equivalent meetings• Participated in Legislative Day• Able to describe the legislative process	Q3

Additional Management Experiences

- Explain this year's pharmacy department goals and understand how these goals are developed including what makes them a SMART goal
- Define key pharmacy business markers and the reason for monitoring: GM%, Generic Subst %, Generic Profit per RX vs. Brand Profit per RX, Labor %, Generic %of Total Sales Dollars, Pharmacies % of Overall Store Sales.
- Understand the difference between GM% vs. Profit per RX. Determine what affects each, which is more important as well as what contributes to overall profitability and how can it be measured.
- Demonstrate knowledge of how to establish labor budgets and projecting gross profit.
- Formulate an asset and liabilities/expense list to determine what is needed in order to make a pharmacy profitable.
- Proficiently review negative profit reporting and make effective recommendations that can lead to greater department profitability.
- Effectively review U&C reporting and make pricing recommendations that will increase store level profitability.



- Understand electronic claims switching, its cost, and how it impacts overall profitability. Additionally, understand what services the switching company can provide (Pre & Post edits, Accounts Receivable reconciliation services, and other technology based system used to improve profitability) and whether the costs are worth their impact on profitability.
- Understand the differences between Primary vs. Secondary wholesale purchasing, the effect purchasing has on profitability, and what goes into determine a “PVA” (prime vendor agreement)
- Know what methods/ marketing can be used to attract and retain new pharmacists to a pharmacy.
- Understand scheduling techniques for a regional chain drug store. He/she will be able to discuss the balance necessary between staffing needs, hiring difficulties, and the cost of labor obstacles.
- Explain the principles of a Quality Assurance & Risk Management program: What goes into the reporting of errors and what can be done to reduce the exposure of repeating similar errors. Recognize store computer systems ability / functionality to reduce dispensing errors and how it can be continually improved.
- Review the determination of inventory that should be stocked in a pharmacy with emphasis on turns, outdate management, and stock level. He/she will understand the role inventory plays on a Profit & Loss statement.
- Review the benefit design for self-insured company including major medical, prescription benefits, and wellness initiatives; discuss financial implications, corporate structure, data ownership, marketing, and the role of the benefits department. Understand how financial incentives impact how health plans deliver services to employees of self-insured companies.



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

Books

- *The One Minute Manager* by Kenneth H. Blanchard and Spencer Johnson
- *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change* by Stephen R. Covey
- *Who Moved My Cheese?: An Amazing Way to Deal with Change in Your Work and in Your Life* by Spencer Johnson and Kenneth Blanchard
- *The Oz Principle: Getting Results Through Individual and Organizational Accountability* by Craig Hickman and Tom Smith

Articles



- American Society of Health-System Pharmacists. ASHP statement on professionalism. *Am J Health-Syst Pharm*. 2008; 65:172-174.
- Zellmer WA. Doing what needs to be done in pharmacy practice leadership: A message for residents. *Am J Health Syst-Pharm*. 2003; 60: 1903-1907.

Management vs. Leadership

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Other Resources

- Harvard Business Review. <https://hbr.org>



Appendix T: Precepting and Education Learning Experience



Primary Preceptors: Danielle Kieck, PharmD
Clinical Pharmacist
Associate Professor of Pharmacy Practice
Cell: 585-919-4147
Email: danielle.kieck@wilkes.edu

Type/Duration: Longitudinal for 44 weeks

Time: 4 hours/week

Sites: Wilkes University Nesbitt School of Pharmacy
Weis Pharmacy 152 – Nanticoke, PA

Learning Experience Description Synopsis

The purpose of this precepting and education learning experience is to have the resident focus on elements of teaching. The resident will be required to present their work to learners (i.e. students, pharmacists, other health-care professionals). The resident will develop objectives for presentation content, communicating presentation material effectively and designing appropriate measures for assessment. By the conclusion of the experience, the resident should exhibit competency in developing content material, delivering presentation content, and creating measures for assessment.

Another goal of this learning experience is to allow the resident to provide formal instruction and guidance to student pharmacists who are completing an experiential rotation (IPPE or APPE). This learning experience will take place at the resident's primary practice site and any other location(s), as applicable. The resident will develop knowledge and skill in various aspects of precepting, including the developing and/or revising an experiential course syllabus and description of practice site, identifying activities and projects for the student pharmacist to complete during the experiential rotation, assessing student pharmacist development and performance throughout the experiential rotation, and providing formal evaluation of the student pharmacist. Through this learning experience, the resident will be exposed to the roles and responsibilities of an adjunct faculty preceptor, with the goal of transitioning from the role of co-preceptor to primary preceptor.

Preceptor Interaction

The resident will meet with either the RPD or other faculty mentor on an as needed basis to discuss teaching activities/responsibilities



Resident Progression

The resident will earn the Teaching Certificate through Wilkes University, Nesbitt School of Pharmacy.

Orientation	Resident will attend select teaching responsibilities for the residency program (lecture, care lab, CE program topic)
Quarter 1	Resident will design timeline with preceptor and teaching mentor(s) for deadlines for presentations Resident will observe preceptor precepting APPE and IPPE students
Quarter 2	Resident will continue following timeline for teaching responsibilities Resident will serve as co-preceptor for IPPE student rotation experiences
Quarter 3	Resident will continue following timeline for teaching responsibilities Resident will present a patient case presentation to pharmacy team Resident will serve as co-preceptor for APPE rotation experiences Resident will serve as a primary preceptor for IPPE rotation experiences
Quarter 4	Resident will continue following timeline for teaching responsibilities Resident will present a CE to the pharmacy team at Weis regarding a professional development topic Resident will serve as primary preceptor for rotation students (IPPE/APPE) and design their rotation calendar + experiences

General Expectations

Residents will be assigned teaching responsibilities through the Wilkes University Teaching Certificate program in a variety of courses in the fall and spring semesters at Wilkes University Nesbitt School of Pharmacy.

- ☐ Teaching Certificate
- ☐ Complete presentations as follows
 - o Minimum of 1 lecture to healthcare professional students (small or large group)
 - o Minimum of 1 care lab section (or long care group)
 - o Pharmacists Training during manager meeting
 - o Minimum of 1 Continuing Education Program
 - o Minimum of 1 patient case presentation
 - o Lead monthly patient education classes (individual and group)
- ☐ Model the four preceptor roles (from ASHP modules) when working with pharmacy interns/externs/technicians, including meaningful formative and summative feedback to learners

Pharmacist Role

The pharmacist role is to facilitate effective education to a variety of populations, which include patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals



Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R4: Teaching and Education					
Goal R4.1: Provide effective medication and practice-related education.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
4.1.1	*(Creating) Construct educational activities for the target audience.	<p>For all precepting/education activities</p> <ul style="list-style-type: none">• Develop learning objectives for a presentation and discuss the process for creating objectives.• Based on learning objectives, create an assessment strategy to determine that the objectives were met. Discuss how the outcomes of your educational session were met. <p>Students</p> <ul style="list-style-type: none">• Update small group/team type learning activity• Design/update a lecture and write exam question(s) if applicable <p>HealthCare Professionals</p> <ul style="list-style-type: none">• Develop a formal continuing education seminar for healthcare providers• Develop and present quarterly education topic for dietitians <p>Patients</p> <ul style="list-style-type: none">• Develop a community engagement presentation for patients in the community	<ul style="list-style-type: none">• Teaching Certificate• Learning objectives for classroom-based activity• Learning objectives for continuing education program• Learning objectives for community engagement/outreach	<ul style="list-style-type: none">• Completion of PLP (teaching certificate) program	Q1
4.1.2	* (Creating) Create written communication to disseminate	<ul style="list-style-type: none">• Generate a response to a DI question that requires a systematic research process beyond your own knowledge (use of web database, package insert, manufacture etc.).	<ul style="list-style-type: none">• Provide an example of a Drug Information response as a snapshot.	<ul style="list-style-type: none">• Written materials created least once to each of the	Q2



	knowledge related to specific content, medication therapy, and/or practice area.	<p>Students</p> <ul style="list-style-type: none"> • Demonstrate written skills during group activities, which may include small group facilitation, OSCEs, and group topic discussions <p>HealthCare Professionals</p> <ul style="list-style-type: none"> • Demonstrate written skills during 1 continuing education presentation and quarterly dietitian education sessions <p>Patients</p> <ul style="list-style-type: none"> • Demonstrate written skills in patient education documents provided 	<ul style="list-style-type: none"> • Upload written communication utilized for students • Upload written communication utilized for HCP • Upload written communication utilized for patients 	<p>described populations:</p> <ul style="list-style-type: none"> o patients, care givers, and members of the community; o health profession students; o pharmacists; • other health care professionals. 	
4.1.3	* (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content,	<p>For all precepting/education activities</p> <ul style="list-style-type: none"> • Demonstrate appropriate public speaking skills for at least 1 large classroom-based activity and 1 continuing education program • Describe your interaction with small groups. Examples can include: care lab, patient education classes 	<ul style="list-style-type: none"> • Completed evaluations, which include public speaking skills from the presentation evaluation rubrics 	<ul style="list-style-type: none"> • Presentation delivered at least once to each of the described populations: <ul style="list-style-type: none"> o patients, care 	Q2



	medication therapy, and/or practice area.	<ul style="list-style-type: none"> Evaluate your teaching performance. Describe elements of your presentation style that you did well and describe suggestions as to how you may improve your teaching. <p>Students</p> <ul style="list-style-type: none"> Demonstrate public speaking skills during group activities, which may include small group facilitation, OSCEs, app group topic discussions <p>HealthCare Professionals</p> <ul style="list-style-type: none"> Demonstrate public speaking skills during 1 continuing education presentation and quarterly dietitian education sessions <p>Patients</p> <ul style="list-style-type: none"> Demonstrate public speaking skills during small group education session(s) Lead at least quarterly education sessions during community outreach events 		<p>giver s, and members of the community;</p> <p>o health profession</p> <p>o students; pharmacists;</p> <p>o other health care professionals</p>	
4.1.4	(Evaluating) Assess effectiveness of educational activities for the intended audience.	<ul style="list-style-type: none"> Verbally assess learner understanding at the end of a small discussion. Write assessment and/or test questions to evaluate effectiveness of learning activity. 	<ul style="list-style-type: none"> Completed exam questions in ExamSoft Evaluations from APPE students 	<ul style="list-style-type: none"> Teach one lecture in pharmacotherapeutics 	Q2



		<ul style="list-style-type: none"> • Poll audience during a presentation for engagement and assessment of educational effectiveness. • Respond to learner self-assessments by reinforcing educational objectives/topics during a presentation to aid in learning. • Assess the effectiveness of a precepting activity. 			
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Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.	<ul style="list-style-type: none"> • Differentiate the learner's level of knowledge and/or skill and the level of preceptorship needed. • Implement the appropriate preceptor role for learners, based on your analysis. • Adjust precepting activities to accommodate learner's performance. 	<ul style="list-style-type: none"> • APPE rotation calendar 	<ul style="list-style-type: none"> • Co-precepted at least two students in patient care experience 	Q3



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

Precepting

- http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/softchalk4preceptorroles_print.html
- Getting Started as a Pharmacy Preceptor

Teaching

- Make it Stick: The Science of Successful Learning
- Pharmacy Education: What Matters in Learning and Teaching

Other Information



Helpful Materials/Resources

CORE ELMS:

CORE ELMS (Experiential Learning Management System) is a software platform used by various organizations, particularly in education and healthcare, to manage and track experiential learning activities. It streamlines processes related to scheduling, communication, evaluation, and compliance tracking for students, preceptors, and sites

<https://corehighered.com/login-elms>

Wilkes D2L Live:

The resident will be provided access to the D2L course shell for the necessary classes.

<https://www.live.wilkes.edu/>



Appendix U: Practice Advancement Learning Experience



Primary Preceptors: Brittany Venturella, PharmD
Manager of Clinical, Specialty & Central Pharmacy Services
Cell: 570-713-5796
Email: brittany.venturella@weismarkets.com

Other Supporting Preceptors: Rachel DiPaolantonio, PharmD
Clinical Coordinator
Cell: 484-866-5659
Email: rachel.dipaolantonion@weismarkets.com

Kelly Sklanka, PharmD, CDCES
Clinical Pharmacist
Assistant Professor of Pharmacy Practice
Cell: 570-903-5318
Email: kelly.sklanka@wilkes.edu

Type/Duration: Longitudinal for 44 weeks

Time: 2 hours/week

Sites: Weis Pharmacy 152 – Nanticoke, PA

Learning Experience Description Synopsis

The practice advancement learning experience provides residents with the opportunity to lead and contribute to strategic initiatives aimed at advancing pharmacy practice. This may include evaluating or developing practice models such as collaborative practice agreements, standing orders, state-based protocols, or quality improvement processes. Residents may also be involved in creating a business plan to support the implementation and sustainability of these initiatives, including assessment of feasibility, cost-effectiveness, stakeholder engagement, and outcome evaluation. 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 reevaluating 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. The resident will also evaluate an existing, or develop a new collaborative practice agreement, standing order, or implement a process for a state-based protocol to expand the scope of practice for community-based pharmacists.

Preceptor Interaction

The resident will receive feedback from the preceptor on a daily and weekly basis. The resident is expected to seek preceptor feedback when gaps in performance and/or understanding are self-identified. The resident is encouraged to contact the preceptor as often as needed to have



questions/concerns addressed. The resident will receive verbal feedback as needed. The resident will focus on the goals and objectives listed below. The resident will complete, at a minimum, the activities associated with each required objective and will be formally evaluated on each objective listed below.

Resident Progression

The resident will progress each quarter in their knowledge of the residency program and practice site. Additional goals, objectives, and experiences can be added to the requirements in relation to the resident's ability and SMART goals.

Orientation	Resident will gain baseline knowledge of practice site and procedures The resident will present 3-5 ideas for business plans
Quarter 1	Resident will work with preceptor to identify project, study current system, complete ISMP self- assessment Resident will review and become familiar with the residency accreditation and CAGOs documents Resident will review and identify the PA laws around protocols and collaborative practice agreements Resident will follow timeline for business plan development.
Quarter 2	Resident will apply quality improvement tools to implement change in the system Resident will evaluate residency program according to the ASHP Accreditation Standards Resident will follow timeline for business plan development.
Quarter 3	Resident will evaluate the success of the quality improvement change Resident will begin implementation process Resident will evaluate an existing collaborative practice or standing order (can be hypothetical) and update as appropriate or develop a new protocol Resident will follow timeline for business plan development.
Quarter 4	Resident will present results of quality improvement project and protocol development to Weis leadership team Resident will submit executive summary document for approval

General Expectations

Residents will progress from knowledge to application of healthcare quality improvement concepts and implementation of clinical projects/programs.

- ☐ Discuss and create or update (as available) a protocol, policy or guideline in collaboration with the RPD
- ☐ Evaluate an existing collaborative practice or standing order (can be hypothetical) and update as appropriate or develop new
- ☐ Continuous Quality Improvement (QI) Project identified, implemented, and evaluated with approval by clinical pharmacy team
- ☐ Business Plan and associated project identified, implemented, and evaluated with approval by clinical pharmacy team
- ☐ Evaluate the residency program according to the ASHP Accreditation Standards
- ☐ Evaluate all Weis Markets residency documents and make suggestions for improvements
- ☐ Evaluate the primary site according to the ISMP Survey for Community Pharmacy Practice



Pharmacist Role

The Weis Clinical Pharmacy Team plays a central role in advancing patient care services across the organization. Team pharmacists are responsible for developing, implementing, and evaluating clinical programs such as medication therapy management, immunizations, and chronic disease state management. They lead initiatives to expand the scope of community-based pharmacy practice through collaborative practice agreements, standing orders, and state-based protocols. In addition, the team supports quality improvement efforts by identifying opportunities, designing interventions, and measuring outcomes to enhance clinical services and improve patient care across Weis Markets pharmacies.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R2: Practice Advancement					
Goal R2.1: Conduct practice advancement projects.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
2.1.1	(Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	<ul style="list-style-type: none"> Review quality related policies and procedures Review continuous quality process for pharmacy Work with the clinical pharmacy team to develop a pharmacy quality improvement plan Complete ISMP survey for community practice site Evaluate residency program with the ASHP accreditation standards and make suggestions to improve 	<ul style="list-style-type: none"> Proposal for quality improvement plan Completed ISMP evaluation Suggestions for updates to residency program 	<ul style="list-style-type: none"> A completed, approved pharmacy improvement plan Completed ISMP survey All residency materials reviewed and discussed programmatic improvements 	Q2
2.1.2	*(Creating) Develop a project plan.	<ul style="list-style-type: none"> Develop and document a business plan including all the elements as appropriate. 	<ul style="list-style-type: none"> Completed business plan 	<ul style="list-style-type: none"> Completed business plan 	Q4



2.1.3	(Applying) Implement project plan.	<ul style="list-style-type: none"> • Provide training to implement the quality improvement plan • Conduct follow-up visits to address questions and training opportunities for quality improvement project 	<ul style="list-style-type: none"> • Provide the quality improvement training plan 	<ul style="list-style-type: none"> • Implemented quality improvement project 	Q3
2.1.4	(Analyzing) Analyze project results.	<ul style="list-style-type: none"> • Analyze the outcomes of the business plan. • Analyze data for assigned project [clinical program development/enhancement /analysis, business plan, quality assurance]. 	<ul style="list-style-type: none"> • Provide the complete quality improvement project presentation 	<ul style="list-style-type: none"> • Evaluation of quality improvement project • Completed quality improvement project presentation 	Q4
2.1.5	(Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific questions related to patient care.	<ul style="list-style-type: none"> • Evaluate the quality improvement plan utilizing appropriate metrics • Determine modifications and changes to sustain quality improvement initiative 	<ul style="list-style-type: none"> • Provide the complete quality improvement project presentation 	<ul style="list-style-type: none"> • Evaluation of quality improvement project • Completed quality improvement project presentation 	Q4
2.1.6	*(Creating) Develop and present a final report.	<ul style="list-style-type: none"> • Present results of quality improvement project 	<ul style="list-style-type: none"> • Provide the complete quality improvement project presentation 	<ul style="list-style-type: none"> • Evaluation of quality improvement project • Completed quality improvement 	Q4



				project presentation	
Competency Area R3: Leadership					
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
3.2.1	(Applying) Apply a process of ongoing self-assessment and personal performance improvement.	<ul style="list-style-type: none"> Identify administrative and/or project management knowledge and skill gaps and develop an action plan to help address/close the skill gaps. 	<ul style="list-style-type: none"> Completed business plan Completed quality improvement project 	<ul style="list-style-type: none"> Completed business plan Completed quality improvement project 	Q4
3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	<ul style="list-style-type: none"> Prioritize and organize tasks to complete entrusted responsibilities. Apply effective workload and time management skills to appropriately meet responsibilities within the confines of a reasonable workday. Set SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implement action steps, and take accountability for progress on assigned projects. Complete daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings). Identify issues or barriers and create potential solutions or management strategies. 	<ul style="list-style-type: none"> None [observational] 	<ul style="list-style-type: none"> Completed projects by end of residency 	Q4



		<ul style="list-style-type: none">• Execute assigned work ensuring development of quality product(s) within assigned timelines.			
3.2.3	(Applying) Demonstrate responsibility and professional behaviors.	<ul style="list-style-type: none">• Complete assigned projects by established deadlines.• Interact cooperatively, collaboratively, and respectfully with others and display emotional intelligence.• Demonstrate responsibility to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action) through engagement	<ul style="list-style-type: none">• None [observational]	<ul style="list-style-type: none">• Completed projects by end of residency	Q4



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

- Review ISMP – Improving Medication Safety in Community Pharmacy:
https://www.ismp.org/sites/default/files/attachments/2018-02/ISMP_AROC_whole_document.pdf
- Pharmacist-Prescriber Collaboration:
https://cdn.ymaws.com/www.papharmacists.com/resource/resmgr/ppcn/collaboration_toolkit.pdf
- Point-of-Care Toolkit: <https://www.papharmacists.com/page/POCToolkit>
- IHI: <http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>
- AHRQ: <https://www.ahrq.gov/evidencenow/tools/pdsa-form.html>



Appendix V: Research Learning Experience



Primary Preceptors:	Kelly Sklanka, PharmD, CDCES Residency Program Director Assistant Professor of Pharmacy Practice Email: kelly.sklanka@wilkes.edu
Supporting Preceptors:	Erica Mabry, PharmD Assistant Professor of Pharmacy Practice Clinical Pharmacist, Volunteers in Medicine Office: 570-408-3894 Cell: 484-366-4880 Email: erica.mabry@wilkes.edu
Type/Duration:	Longitudinal for 44 weeks
Time:	2 hours/week
Sites:	Weis Pharmacy 152 – Nanticoke, PA Wilkes University Nesbitt School of Pharmacy

Learning Experience Description Synopsis

The purpose of the research learning experience is to provide background, training and experience in the following areas: formulating, developing and implementing a practice-based research project; securing approval from the Institutional Review Board (IRB); preparing a grant request; presenting the research project and results/findings through a poster presentation; preparing a manuscript of the project for publication; and assessing the long term impact and/or sustainability of the project. Most projects will be developing or improving patient care services. Final research selection will depend on agreement of the practice setting, the resident and the preceptor. Topics must be useful to the site, have an interest to the resident, have significance to the profession and have a reasonable scope that can be completed during the residency. The role of research within community pharmacy is to utilize the scientific method to advance the profession. The resident will gain insight into the importance and process of completing practice-based research as a community pharmacist and educating peers on the results of their research.

Preceptor Interaction

The resident will meet with the preceptor regularly to discuss and provide updates/feedback on progress. Meetings will occur biweekly to monthly depending on the status of the project. The preceptor will be responsible for completing quarterly summative evaluations and for providing verbal feedback to the resident as appropriate. The resident will complete quarterly evaluations of the learning experience



and the preceptor to be certain the resident is receiving the support they need to successfully complete this learning experience.

Resident Progression

The resident will familiarize themselves with the key components in carrying out a successful research project, from conceptualization to final manuscript preparation.

Orientation	Preceptor will review learning experience, activities and expectations with the resident Research team will meet and share research interests and potential topics (submit 3 ideas)
Quarter 1	Resident will complete draft concept proposal Resident will formulate research question and objectives Resident will finalize methods Resident will prepare and submit grant application
Quarter 2	Resident will complete an IRB submission Resident will submit poster presentation proposal
Quarter 3	Resident will complete data collection and analysis
Quarter 4	Resident will finalize manuscript draft Resident will present final research project as podium presentation

General Expectations

The resident will establish primary authorship for the project.

Requirements for residency graduation are as follows:

- ☐ IRB approval
- ☐ PPA, APhA or other grant application submitted
- ☐ Presentation of project in poster format
- ☐ Presentation of project in platform format
- ☐ Manuscript prepared in an acceptable submission format

Pharmacist Role

The pharmacist's role is to contribute to advancing pharmacy practice through development of an idea and systematic evaluation of the effectiveness of the project.

Competency Areas, Goals, Objectives and Activities

The goals and objectives to be taught and evaluated during this learning experience are listed in the chart below. Activities assigned to each objective are designed to give the resident an opportunity to satisfactorily progress or achieve each objective.



Competency Area R2: Practice Advancement					
Goal R2.1: Conduct practice advancement projects.					
Objective Number	Objective	Activities	Example(s) to be Included in Professional Portfolio	Determination of ACHR	Initial Quarter-Objective Evaluation
2.1.1	(Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	<ul style="list-style-type: none"> Work with research team and primary practice site to identify a practice-related topic of significance for your project 	<ul style="list-style-type: none"> Final Research Concept Sheet 	<ul style="list-style-type: none"> Concept sheet completed 	Q1
2.1.2	*(Creating) Develop a project plan.	<ul style="list-style-type: none"> Formulate the design of your project 	<ul style="list-style-type: none"> IRB protocol and approval email Submitted grant application 	<ul style="list-style-type: none"> Final research idea approved 	Q1
2.1.3	(Applying) Implement project plan.	<ul style="list-style-type: none"> Work with research team and primary practice site to implement practice-related project as specified in the design 	<ul style="list-style-type: none"> Plan and completed timeline for implementation of practice-related project 	<ul style="list-style-type: none"> Completed project implementation 	Q3
2.1.4	(Analyzing) Analyze project results.	<ul style="list-style-type: none"> Prepare a manuscript that is acceptable for submission for the practice-related 	<ul style="list-style-type: none"> Acceptable for submission manuscript Final report 	<ul style="list-style-type: none"> Completed manuscript with data analysis 	Q4



		<p>project including an assessment of the impact</p> <ul style="list-style-type: none">• Work with team to assess the impact of the project			
2.1.6	*(Creating) Develop and present a final report.	<ul style="list-style-type: none">• Present the findings of project in the form of a poster presentation at APhA Annual Conference and as a podium presentation• Prepare a manuscript for practice-related project	<ul style="list-style-type: none">• Final project poster• Final podium presentation• Acceptable for submission manuscript	<ul style="list-style-type: none">• Completed poster and podium presentations• Completed manuscript suitable for submission	Q4



Evaluation Strategy

Residents will be provided with verbal feedback regarding performance throughout the experience. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the learning experience
Summative Assessment	Preceptor	Resident	Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly

- Formative evaluations: provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely.
- Self-Assessment: Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review CRITERIA associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- Summative evaluations: This quarterly evaluation summarizes the resident's performance throughout the learning experience. Specific CRITERIA BASED comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses.
- Preceptor, Learning Experience and Residency Preceptor Director evaluations must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Required Readings

- Research Resources in Google Drive



Appendix W: Expense Report Template



Please fax forms to 570-286-8878 or email them to tdbrezgel@weismarkets.com

(*) Required entry field

Name of Traveler *		Submitted Date *	
Employee Home Address *		Week Ending Date *	
Home Store # *		Employee Contact # *	
Reason for Travel /Store #*			

TRAVEL EXPENSES	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Account	Amount to Reimburse
Date									
Fuel Expense								-519301	0.00
Lodging Expense								-519304	0.00
Airfare/Trainfare								-519301	0.00
Rental Vehicle								-519301	0.00
Parking								-519308	0.00
Tolls								-519308	0.00
Telecommunications								-519305	0.00
Meal #1								-519302	0.00
Meal #2								-519302	0.00

MILEAGE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Miles	Amount to Reimburse
Total Miles to Destination(s) (Daily Round Trip Total) *								0	
Normal Commute Miles (To/From Round Trip) *								0	
Business Miles Traveled	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Amt to Reimburse by Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Total Mileage Reimbursement	0.00
Destination 1 Pharmacy #*								Mileage Rate	
Destination 2 Pharmacy #								\$0.550	
Destination 3 Pharmacy #								-519101	
DAILY TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Sub-Total	0.00

OTHER REIMBURSEABLE BUSINESS EXPENSES							Amount to Reimburse
Date:	Retailer Name	Product or Service	Budgeted Account to Charge	Receipt (Y/N)			

						GRAND TOTAL *	0.00
--	--	--	--	--	--	---------------	------

WEIS ASSOCIATES RESPONSIBLE FOR REIMBURSEABLE EXPENSES

Traveler's Signature *		Approver's Signature *	
Date of Signature *		Date & Initial of Signature *	
Traveler's Printed Name *		Approver's Printed Name *	Richard Seipp



Appendix X: Drug Therapy Problem List



Clinical Thought Process	Drug Therapy Problem	Explanation
Indication	Unnecessary drug therapy	Medication used with no medical indication
	Unnecessary drug therapy	There is therapeutic duplication
	Needs additional drug therapy	Patient has medical conditions for which there is no medication or non-medication therapy prescribed
	Needs additional drug therapy	Immunization regimen is incomplete
Effectiveness	Ineffective drug	Medication or non-medication therapy prescribed inappropriately for a particular medical condition
	Ineffective drug	Patient not receiving full benefit of prescribed medication or non-medication therapy
	Ineffective drug / dose too low	Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
Safety	Adverse drug reaction	Medication to which the patient is allergic has been prescribed
	Adverse drug reaction	There are adverse drug or device-related events or potential for such events There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
	Adverse drug reaction	Medication or non-medication therapy has been affected by social, recreational, or nontraditional drug use by the patient or others



	Dose too high	Current medication therapy regimen contains dose too high, dosing interval too short
Adherence	Nonadherence	There are problems arising from the financial impact of medication or non-medication therapy on the patient
	Nonadherence	Patient lacks understanding of medication or non-medication therapy
	Nonadherence	Patient not adhering to medication or non-medication therapy regimen
		Other



Appendix Y: Residency Graduation Checklist

In order to successfully complete the Wilkes University Nesbitt School of Pharmacy / Weis Markets PGY1 Community-based Pharmacy Residency Program, the resident must meet the following requirements:

Checklist for Completion of Residency Program

(Updated for the 2025-2026 residency year)

Resident: _____ Completion date: _____

Criterion	Resident Initials	RPD's Initials	Date Completed
Of the 40 required objectives (underneath R1-R4 goals), a minimum of 32 objectives (80%) must be graded as Achieved for Residency (ACHR), with the remaining objectives graded as Satisfactory Progress (SP)			
Complete all assigned evaluations in PharmAcademic™			
Educational Program(s): <ul style="list-style-type: none"> Prepare and deliver at least one educational program to each of the following audiences: (1) patients, caregivers and members of the community, (2) health profession students, (3) pharmacists, and (4) other health care professionals 			
Co-precept a minimum of two (2) students at the practice site			
Residency projects completed and uploaded to the Resident's Portfolio:			
<ul style="list-style-type: none"> Prepare and submit a business plan for a new or enhance an existing service 			
<ul style="list-style-type: none"> Evaluated existing, or developed 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 			
<ul style="list-style-type: none"> Conducted a quality improvement project in the medication use system or in patient care 			
Residency research completed and uploaded to the Resident's Portfolio, including satisfactory completion of all the following:			
<ul style="list-style-type: none"> IRB approval 			
<ul style="list-style-type: none"> PPA, APHA or other grant application submitted 			
<ul style="list-style-type: none"> Presentation of project in poster format 			



• Presentation of project in platform format			
• Manuscript prepared in an acceptable submission format			
Completion of Teaching Certificate with Wilkes University			
Submitted updated Curriculum Vitae as of June 1			
Submitted final Patient Care Grid			



Appendix Z: Policy and Procedure Acknowledgment Form



**Residency Program Policy and Procedure Manual
Acknowledgement Statement**

As the resident for the Wilkes University Nesbitt School of Pharmacy / Weis Markets Community-based Pharmacy Residency Program, I acknowledge that I have read and understand the contents in the manual, and the residency program requirements.

Resident Signature: _____

Resident Printed Name: _____

Date: _____

Residency Program Director Signature: _____

Residency Program Director Printed Name: _____

Date: _____

Please return to:
Kelly Sklanka, PharmD, CDCES
Assistant Professor of Pharmacy Practice
Director of PGY1 Community-based Pharmacy Residency Program
84 W South Street
Stark Learning Center 334F
Wilkes-Barre, PA 18766



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Appendix AA: Rating Scale Definitions

All summative evaluations **must be completed within 7 days of the due date**. To help the preceptor(s) provide feedback for learning experience summative evaluations, please refer to the following criteria for Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH) listed below.

Summative Evaluations (quarterly evaluations on specific Learning Experiences) should be completed using the guidelines below. Each objective has a defined list of criteria that must be met. Please refer to Required Competency Areas, Goals and Objectives for PGY1 Community –Based Pharmacy Residencies on PharmAcademic™ (click on Criteria Button within a summative evaluation). Each rating should have accurate and objective comments documented within the evaluation that provide and explanation for the chosen rating.

Rating	Definition
Needs Improvement (NI)	Resident displays ≥ 1 of the following characteristics: <ul style="list-style-type: none">● Deficient in knowledge/skills in this area● Makes questionable, unsafe or not evidence-based decisions● Fails to complete tasks in a time appropriate manner● Often requires assistance to complete the objective● Unable to ask appropriate questions to supplement learning● Acts in an unprofessional manner
Satisfactory Progress (SP)	<ul style="list-style-type: none">● Adequate knowledge/skills in this area● Sometimes requires assistance to complete the objective● Able to ask appropriate questions to supplement learning● Requires skill development over more than one rotation
Achieved (ACH)	Resident displays all of the following characteristics: <ul style="list-style-type: none">● Fully accomplished and mastered the ability to perform the objective● Rarely requires assistance to complete the objective; minimum supervision required● No further developmental work needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none">● Resident consistently performs objective at Achieved level, as defined above, for the residency.● The preceptors and RPD will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of goals and objectives.● This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. The RPD, in conjunction with the preceptors, has the ability to mark the resident as “achieved for the residency.”



	<ul style="list-style-type: none">o This means that the goal/objective will no longer be required to be evaluated in subsequent evaluations, but that any preceptor has the opportunity to provide additional feedback as necessary.
--	--



Appendix AC: Clinical Services Competency Checklist



Clinical Services Competency Checklist

Activity	Evaluator's Initials
Cardiochek	
Blood Pressure	
Pulse and Respiratory Rate	
Blood Glucose	
A1C Now Self-Check	
Nasal Swab	
Body Composition Scale	
Waist Circumference	

"I hereby certify that I have been fully trained on the above clinical services and proper performance techniques."

Participant Printed Name

Date

Participant Signature

Evaluator Signature

Date



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Pulse and Respiratory Rate

Assessment Points	Evaluator Initials		
	Practice 1	Practice 2	Assessment
1. Identifies location of radial artery			
2. Uses pads of fingers (not thumb)			
3. Assesses respirations without knowledge of patient			
4. Correctly calculates pulse and respiratory rates			
5. Records pulse (P) and Respiratory Rate (RR)	P: _____ RR: ____	P: _____ RR: ____	P: _____ RR: ____

Blood Pressure

Assessment Points	Evaluator Initials		
	Practice 1	Practice 2	Assessment
1. Assesses appropriateness of cuff size			
2. Applies cuff approximately 1" above antecubital fossa			
4. Correctly determines palpable systolic blood pressure <ul style="list-style-type: none">• Palpates radial artery• Inflates cuff slowly until pulse not detected• Deflates cuff slowly until pulse detected			
4. Records palpable systolic blood pressure (PSBP)	PSBP:	PSBP:	PSBP:
6. Correctly determines auscultatory blood pressure <ul style="list-style-type: none">• Places stethoscope on brachial artery (not under cuff)• Inflates cuff to 20-30 mmHg higher than the PSBP• Deflates cuff slowly.			
6. Records systolic and diastolic blood pressure (BP)	BP:	BP:	BP:



Lymph Node Inspection

	Evaluator Initials	
Assessment Points	Practice 1	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect		
2. Sanitizes hands		
3. Moves slowly in circular motions, and uses the pads of most sensitive fingers (middle) to palpate lymph nodes		
4. Palpates preauricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, and supraclavicular lymph nodes		
5. Performs assessment bilaterally, using both hands at once		

Throat Swab

	Evaluator Initials			
Assessment Points	Practice 1	Practice 2	Practice 3	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect				
2. Sanitizes hands (optional - puts on gloves)				
3. Visualizes anatomy				
4. Assesses patient's level of apprehension (had patient close eyes and/or steadied their head if needed)				
5. Collects appropriate specimen (Starts at the base of the arch at the level of the tonsil. Follows the glossopalatine arch, striking the uvula with the side of the swab, and ends motion at opposite tonsil. Should then immediately swab in the reverse direction.)				
6. Appropriately disposes of specimen				
7. Sanitizes hands				



Nasal Swab

	Evaluator Initials			
Assessment Points	Practice 1	Practice 2	Practice 3	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect				
2. Sanitizes hands (optional - puts on gloves)				
3. Assesses patient's level of apprehension (had patient close eyes and/or steadied their head if needed)				
4. Collects appropriate specimen (Swab inserted gently to the level of the turbinates)				
5. Appropriately disposes of specimen				
6. Sanitizes hands				

Fingerstick (Whole Blood Collection)

	Evaluator Initials	
Assessment Points	Practice 1	Assessment
1. Tells the patient what the pharmacist is going to do and what the patient can expect		
2. Instructs patient to rub hands together to increase circulation		
3. Sanitizes hands and put on gloves		
4. Cleans site with alcohol, allows to dry		
5. Activates lancing device to puncture skin and collects specimen as directed		
6. Appropriately disposes of specimen		
7. Sanitizes hands		



Appendix AD: Competency Areas, Goals, and Objectives (CAGO) Grid



Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024)

*Indicates Objective results in a resident deliverable.

Wilkes University / Weis Markets Required Learning Experiences	Orientation	Patient-Centered Dispensing	Patient Care	Ambulatory Care	Management & Leadership	Precepting & Education	Practice Advancement
Competency Area R1: Patient Care							
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).							
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.			X	X			
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.			X	X			
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.			X	X			
R1.1.4: (Applying) Implement care plans.			X	X			
R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or			X	X			



achievement of patient outcomes, and modify care plans.							
R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.			X	X			
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.							
R1.2.1: (Applying) Collaborate and communicate with healthcare team members.		X	X	X			
R1.2.2: (Applying) Communicate effectively with patients and caregivers.		X	X	X			
R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.		X	X	X			
Goal R1.3: Promote safe and effective access to medication therapy.							
R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.		X		X			
R1.3.2: (Applying) Participate in medication event reporting.		X			X		



R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	X	X					
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).							
R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.					X		
*R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.			X				
Competency Area R2: Practice Advancement							
Goal R2.1: Conduct practice advancement projects.							
R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.							X
*R2.1.2: (Creating) Develop a project plan.							X



R2.1.3: (Applying) Implement project plan.							X
R2.1.4: (Analyzing) Analyze project results.							X
R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific questions related to patient care.							X
*R2.1.6: (Creating) Develop and present a final report.							X
Competency Area R3: Leadership							
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.							
R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.					X		
R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	X				X		
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.							
R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.	X		X				X



R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	X	X	X				X
R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.			X				X
R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.			X				
Competency Area R4: Teaching and Education							
Goal R4.1: Provide effective medication and practice-related education.							
*R4.1.1: (Creating) Construct educational activities for the target audience.			X			X	
*R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.			X			X	
*R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.			X			X	
R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.						X	



Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.							
R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.			X	X		X	



Appendix AE: Learning Experience & Primary Preceptor(s)



Wilkes University Nesbitt School of Pharmacy / Weis Markets PGY1 Community-based Pharmacy Residency Program

Enter Estimated Average Anticipated/ Expected Total Work Week Hours ---->						50				
Learning Experience #	Learning Experience Name	Type	Duration - Total Number of Weeks (Max 50)	Estimated Time Spent Per Week in Learning Experience (Hours)	Average Time Per Week Per Year (Calculated Hours)	Weekly Average time spent on R1 (Hours)	Weekly Average time spent on R2 (Hours)	Weekly Average time spent on R3 (Hours)	Weekly Average time spent on R4 (Hours)	Remaining Hours To Assign to R1 - R4
1	Orientation	Concentrated	6	45	5.40	4	0.75	0.25	0	0.40
2	Patient-Centered Dispensing	Longitudinal	44	10	8.80	8.2	0.5	1	1	-1.90
3	Patient Care	Longitudinal	44	22	19.36	15.5	1	0.5	1	1.36
4	Ambulatory Care	Longitudinal	41	8	6.56	6			1	-0.44
5	Management & Leadership	Longitudinal	44	2	1.76		1.6	2		-1.84
6	Precepting and Education	Longitudinal	44	4	3.52			0.5	2	1.02
7	Practice	Longitudinal	44	4	3.52		1.5	0.5	0	1.52



	Advancemen t									
				Totals	48.92	33.7	5.35	4.75	5	0.12
Estimated Average Anticipated/ Expected Total Work Week Hours					50	69%	11%	10%	10%	
Potential Estimated Average Number of Hours Available Weekly for Electives					1.08	% OF TIME PER COMPETENCY AREA				



Community-based Residency Core Learning Experiences					
Program Name:		Wilkes University Nesbitt School of Pharmacy / Weis Markets			
Learning Experience #	Learning Experience Name	Type (Rotational, Longitudinal, Extended, Concentrated)	Duration - Total Number of Weeks (Max 50)	Estimated Time Spent Per Week in Learning Experience (Estimated Hours per week)	Primary Preceptor
1	<i>Orientation</i>	Concentrated	4	50	D Kieck
2	<i>Patient-Centered Dispensing</i>	Longitudinal	50	10	S Hoppe
3	<i>Patient Care</i> o MTM/Immunizations/ Point-of-Care Testing/Dz State Management/Community Outreach	Longitudinal	46	22	D Kieck
4	<i>Ambulatory Care</i>	Longitudinal	40	8	K Nyugen
5	<i>Practice Management and Leadership</i>	Longitudinal	46	2	N Cicco
6	<i>Precepting and Education</i>	Longitudinal	46	4	D Kieck
7	<i>Clinical Project</i>	Longitudinal	46	2	B Venturella



8	<i>Research</i>	Longitudinal	46	2	E Mabry
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