

# **CHOC Children's Hospital**

**Department of Pharmacy Services**



**Post Graduate Year One Residency Program**

**Residency Handbook**

## **THE HOSPITAL**

Since 1964, CHOC Children's has been steadfastly committed to providing the highest quality medical care to children. Affiliated with the University of California, Irvine, our regional pediatric healthcare network includes a state-of-the-art 334-bed main hospital facility in the City of Orange, and a hospital-within-a-hospital in Mission Viejo. CHOC also offers many primary and specialty care clinics, more than 100 additional programs and services, a pediatric residency program, and four centers of excellence – The CHOC Children's Heart, Neuroscience, Orthopedic and Hyundai Cancer Institutes.

Named one of the best children's hospitals by *U.S. News & World Report*, CHOC earned the Gold Level CAPE Award from the California Council of Excellence, the only children's hospital in California to ever earn this distinction, and was awarded Magnet designation, the highest honor bestowed to hospitals for nursing excellence. Recognized for extraordinary commitment to high-quality critical care standards, CHOC is the first children's hospital in the United States to earn the Beacon Award for Critical Care Excellence.

## **HOSPITAL MISSION STATEMENT**

To nurture, advance and protect the health and well-being of children.

## **HOSPITAL VALUES**

### **Excellence**

Setting and achieving the highest standards

### **Innovation**

Advancing care through new ideas and technology

### **Service**

Understanding and exceeding customer expectations

### **Collaboration**

Working together to achieve our mission

### **Compassion**

Caring with sensitivity and respect

## **PHARMACY DEPARTMENT**

The Department of Pharmacy Services provides pharmaceutical care through decentralized teams of staff pharmacists and technicians to meet the needs of patients and health care professionals. The Department maintains state-of-the-art inpatient pharmacies and a clinic pharmacy. Pharmacy personnel consist of 25 clinical pharmacists, 4 informatics pharmacists, 31 pharmacy technicians, 2 pharmacy buyers, 2 technician supervisors, administrative assistant, clinical educator, safety & quality coordinator and 5 administrative pharmacists.

Our clinical pharmacists are highly trained in pediatric pharmacotherapy and specialize in the following areas:

- General Pediatrics
- Cardiac Intensive Care
- Neonatal Intensive Care
- Pediatric Intensive Care
- Infectious Diseases
- Oncology/Bone Marrow Transplantation
- Emergency Medicine
- Inpatient Mental Health

The Department of Pharmacy Services, through our pediatric specialists, provides a full complement of clinical services including:

- Drug information
- Pharmacokinetic monitoring
- 24 hours a day, 7 days a week, 365 days a year of pharmaceutical services
- Medication policy development
- Investigational drug program
- Professional staff development

In addition, our specialists are integral members of multidisciplinary committees, such as the Medication Nutrition Committee, Medication Safety Committee, Antimicrobial Stewardship Committee, Investigational Review Board and various Continuous Quality Improvement Committees.

## **PHARMACY DEPARTMENT MISSION AND PRIMARY FUNCTION**

The Department of Pharmacy Services of Children's Hospital of Orange County is dedicated to providing the highest quality of pharmaceutical services, integrating dispensing and clinical activities directed toward providing excellence in patient care and the advancement of education and research.

In collaboration with physicians and other allied health-care providers, promote health throughout the patient care continuum by ensuring the optimal and cost-effective use of medications.

Exercise leadership in all institutional matters related to the use of drugs.

In cooperation with physicians and other allied health care providers, actively promote programs that enhance knowledge of the optimal use of medications and support the concept of patient-focused, outcome oriented, pharmaceutical care.

Commitment to basic and clinical research activities dedicated to the advancement of pediatric treatment modalities or delivery systems through the support or initiation of institutional research activities.

## **RESIDENCY STATEMENT OF PURPOSE**

The purpose of the PGY-1 Residency at Children's Hospital of Orange County is to cultivate future leaders in pediatric pharmacy practice. Pharmacists completing this residency will master the principles of pharmacotherapy and be competent and confident practitioners capable of providing direct patient care in various subspecialties. They will understand the principles of a sound pediatric pharmacy operational system and be able to integrate these principles into their clinical practice. These pharmacists will be skilled in educating other health care professionals, patients, and the community on medication-related issues and will be capable of conducting basic clinical research to answer medication-related questions. They will demonstrate professional maturity by following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership in improving the safety of the medication-use system.

## **DESCRIPTION OF THE PGY-1 RESIDENCY**

The PGY-1 Residency Program is a one-year training program generally lasting from the 1<sup>st</sup> week of July through June 30<sup>th</sup> of the following year. The residency program is fully accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY-1 Program will be conferred to the resident at the completion of the program requirements.

The Clinical Pharmacy Manager serves as the Director of the Residency Program and the Clinical Educator serves as the Co-Director. Twenty-two other Clinical Pharmacists serve as mentors and preceptors to the resident in their respective practice areas.

The residency is designed to foster clinical expertise in pediatric pharmacotherapeutics, an understanding of the practical and administrative considerations of providing pharmaceutical care to pediatric patients and experience in teaching as well as clinical research. The resident will function as an active member of various multidisciplinary pediatric teams. He or she will be able to tailor the learning experiences to best meet his or her professional goals. The residency program consists of nine months of required rotations and three months of elective rotations.

## **ROTATION OVERVIEW**

### **Required rotations include (5 weeks):**

- Orientation (4 weeks)
- General Pediatrics
- Infectious Diseases
- Pharmacy Administration
- Oncology
- Neonatal Intensive Care
- Pediatric Intensive Care

### **Longitudinal Experiences:**

- Cystic Fibrosis Clinic – twice a month for 6 months
- Epilepsy Clinic – twice a month for 6 months
- Resident Research Project
- Investigational Drug Service
- Pharmacokinetic Drug Monitoring
- Adverse Drug Event Reporting
- Pharmacy Staffing (2 weekend days/month)

### **Elective rotations include:**

- Emergency Medicine
- Cardiovascular Intensive Care
- Bone Marrow Transplant
- Inpatient Mental Health
- Breathmobile
- Small Baby Unit
- Informatics
- Operating Room
- Other pediatric subspecialties

Additionally, residents are responsible for completing a drug monograph and a medication utilization evaluation. Residents also provide lectures and facilitate discussion at the Chapman University School of Pharmacy and serve as preceptors for pharmacy student on rotation. Other experiences include participation in formulary management, multidisciplinary committees, and staff development.

### RESIDENCY PROGRAM DIRECTOR

Allison Jun, Pharm.D., BCPPS, Clinical Pharmacy Manager  
 Graduated from the University of California, San Francisco and completed a Pharmacy Practice Residency at the University of California, Los Angeles Medical Center

### RESIDENCY PROGRAM CO-DIRECTOR

Grace Lee, Pharm.D., BCPPS, Clinical Educator & Clinical Specialist in Neurology  
 Graduated from the University of California, San Francisco and completed a Pharmacy Practice Residency at the University of Washington Medical Center

### RESIDENCY PRECEPTORS

<b>Medication Safety</b>	
Shannon Bertagnoli, Pharm.D., BCPPS*	Medication Safety & Quality Coordinator Graduated from University of Connecticut School of Pharmacy and completed a PGY-1 Residency at Children's Hospital of Orange County
<b>Neonatal Intensive Care Unit</b>	
Tina Lee, Pharm.D., BCPPS*	Clinical Specialist in Neonatology Graduated from Western University of Health Sciences and completed a PGY1 Residency at Lucille Packard Medical Center
<b>General Pediatrics</b>	
Michael Shaaw, Pharm.D., BCPS*	Clinical Specialist in General Pediatrics Graduated from the University of Maryland and completed a PGY-1 Residency at Children's National Medical Center
Jessie Chang, Pharm.D.	Clinical Specialist in Pediatrics and Neurology Graduated from the University of the Pacific and completed a PGY-1 Residency at Valley Children's Hospital
Susan Abbaszadeh, Pharm.D.	Clinical Specialist in General Pediatrics Graduated from the University of Southern California and completed a PGY-1 Residency at Valley Children's Hospital

<b>Oncology</b>	
Theresa Nguyen, Pharm.D., BCPPS*	Clinical Specialist in Oncology/Bone Marrow Transplantation Graduated from the University of the Pacific
Kara Lau, Pharm.D., BCPPS	Clinical Specialist in Oncology Graduated from the University of California, San Francisco and completed a PGY-1 Residency at Valley Children's Hospital
Tran Nguyen, Pharm.D., BCPPS	Clinical Specialist in Oncology/Bone Marrow Transplantation Graduated from the University of California San Francisco and completed a PGY-1 Residency at Valley Children's Hospital
Amy Vahdati, Pharm.D.	Clinical Specialist in Oncology/Bone Marrow Transplantation Graduated from the University of Kansas School of Pharmacy and completed a PGY-1 Residency at Children's Hospital of Los Angeles
Fionna Lam, Pharm.D.	Clinical Specialist in Oncology/Bone Marrow Transplantation Graduated from the University of Southern California and completed a PGY-1 Residency at the VA San Diego
<b>Pediatric Intensive Care Unity/CV Intensive Unit</b>	
Nerissa Alday, Pharm.D., BCPS*	Clinical Specialist in Pediatric Intensive Care and Cardiovascular Intensive Care Graduated from the University of Florida, Gainesville Campus and completed a PGY1 in Health-System Pharmacy at the Ohio State University Medical Center and a PGY2 in Pediatrics at Nationwide Children's Hospital
Peter Nguyen, Pharm.D.	Clinical Specialist in Pediatric Intensive Care and Cardiovascular Intensive Care Graduated from the University of California, San Francisco and completed a PGY-1 Residency at the University of California, Irvine Medical Center
Melody Sun, Pharm.D.	Clinical Specialist in Cardiovascular Intensive Care and Pediatric Intensive Care Graduated from the University of Southern California and completed a PGY-1 Residency at Children's Hospital of Orange County
Jeff Curless, Pharm.D.	Clinical Specialist in Pediatric Intensive Care and Cardiovascular Intensive Care Graduated from the University of Wisconsin- Madison and completed a PGY-1 at the Children's Hospital of Orange County



<b>Infectious Disease</b>	
M. Tuan Tran, Pharm.D., BCPS*	Infectious Diseases Clinical Specialist Graduated from the University of the Pacific and completed a PGY-1 Residency at the University of New Mexico Hospitals and Clinics and a PGY-2 Infectious Diseases Residency at the University of Southern California
<b>Administrative</b>	
Wyndie Tse, Pharm. D.*	Director of Pharmacy Graduated from the University of Californian, San Francisco and completed a PGY-1 at Cedars-Sinai and a PGY-2 in pharmacy administration at Long Beach Memorial
Grace Magedman, Pharm.D., DPLA	Executive Director of Pharmacy Graduated from the University of California, San Francisco
<b>Mental Health</b>	
Alice Kim, Pharm.D., MS*	Clinical Specialist in Pediatric Pharmacy Graduated from the University of Southern California
<b>Cystic Fibrosis Clinic</b>	
Katie Tu, Pharm.D., BCPS*	Ambulatory Care Pharmacy Manager Graduated from the University of Iowa and completed a PGY-1 Residency at the University of Minnesota Medical Center Fairview
<b>Epilepsy Clinic</b>	
Grace Lee, Pharm.D., BCPPS*	Clinical Educator & Clinical Specialist in Neurology Graduated from the University of California, San Francisco and completed a PGY-1 Residency at the University of Washington Medical Center
<b>Breathmobile</b>	
Shannon Bertagnoli, Pharm.D., BCPPS*	Medication Safety & Quality Coordinator Graduated from University of Connecticut School of Pharmacy and completed a PGY-1 Residency at Children's Hospital of Orange County
<b>Investigational Drug Service</b>	
Winnie Stockton, Pharm.D., BCPPS*	Investigational Drug Pharmacist Graduated from the University of Texas at Austin College of Pharmacy
<b>Emergency Department</b>	
Jennifer Yen, Pharm.D., BCPPS*	Clinical Specialist in Emergency Medicine Graduated from the University of California, San Francisco and completed a PGY-1 Residency at Johns Hopkins Hospital and PGY-2 Pediatric Residency at Children's Hospital of Orange County

\*Primary preceptor of rotation

## **RESIDENTS SALARY AND BENEFITS**

- \$48,000 per year stipend
- 26 days per year Paid Time Off (PTO) which include vacation, holidays and sick days (some of this time will be used as comp. days for working weekends)
- As a full-time employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, long term disability, life insurance, medical and dependent care reimbursement accounts, 403B plans.

## **RESIDENCY TRAVEL**

### CSHP Seminar

The resident is expected to attend the CSHP Seminar in October of each year. The Department of Pharmacy will provide a stipend toward the cost of attending the meeting. The resident will participate in the recruitment of future residency candidates.

### ASHP Midyear Clinical Meeting

The resident is expected to attend the ASHP Midyear Clinical Meeting in December of each year. The Department of Pharmacy will provide a stipend toward the cost of attending the meeting. In exchange, the resident will have responsibilities at the Midyear including, but not limited to recruiting future residency candidates, staffing at the residency showcase, and interviewing candidates.

### Western States Residency Conference

The resident is expected to attend and present his/her residency project at the Western States Residency Conference, usually held at the end of May in San Diego, California. The Department of Pharmacy will be responsible for the cost of attending this conference.

## **RESIDENTS RESPONSIBILITIES**

### Staffing

The resident is required to staff an average of two weekend days per month.

### Residency Project

Each resident is required to complete a residency research project. The project must be presented at the Western States Residency Conference and should be of benefit to CHOC Children's Department of Pharmacy Services. Each resident must have a residency preceptor to act as a mentor for the project. The Residency Director must approve the project prior to commencing.

The residency project must follow a timetable agreed upon by both the resident and the mentor. Sufficient data must be collected at the time the project is presented at the Western States Residency Conference. In addition, the project must be written up in publishable format upon completion of the residency. Should the resident fail to complete the project prior to the completion of the residency, the Residency Certificate will be withheld for up to six months to

allow for additional time for completion of the project. A Residency Certificate will not be awarded if the resident fails to complete the Residency Project after the 6-month extension period.

#### Drug Use Evaluation/Formulary Monographs/Adverse Drug Reaction Reporting

Each resident must complete a minimum of one drug use evaluation (DUE), one drug monograph for formulary addition, and actively participate in the reporting of adverse drug reactions.

#### Presentations

- Each resident is required to present a patient case or topic discussion at the end of each rotation as assigned.
- Each resident must present his/her residency project to the pharmacy staff prior to the Western States Residency Conference.
- Each resident must present a staff development module to the pharmacy staff prior to completion of the residency

#### Teaching

CHOC Children's Department of Pharmacy Services requires resident to complete a teaching certificate at the Chapman School of Pharmacy.

Additionally, CHOC offers a General Pediatric rotation for pharmacy students from the University of California, San Francisco Western University of Health Sciences, Loma Linda University, Chapman University and University of California, San Diego. The resident is expected to participate in the preceptorship of these students to refine his/her teaching skills.

#### Rotations

Upon completion of the staffing and clinical training, each resident will complete 7 required clinical rotations and 3 elective rotations. These rotations are 5 weeks in duration. In addition, each resident will have longitudinal experiences at the Cystic Fibrosis Clinic and Epilepsy Clinic. Each resident will attend clinic twice a month for approximately twelve months. The resident will also be exposed to the investigational drug services throughout the year, learning the different aspects of pharmacy participation in clinical research.

#### Evaluations

The resident is expected to become familiar with Pharmacademic during orientation. During each rotation, the resident will receive two types of evaluations by his/her preceptor, formative evaluations and a summative evaluation. The formative evaluations may also be referred to as "snapshots". The purpose of a snapshot is to evaluate a specific objective at one particular time. The snapshots help both the preceptor and the resident assess his/her handling of a specific situation and helps the resident shape his/her performance. The summative evaluation will occur at the end of the rotation and will assess the resident's progress in meeting the residency goals and objectives.

The summative evaluation is considered the "final grade" of the rotation. The rotation will be graded on a pass/fail basis. Should the resident fail the rotation or not complete the rotation, the

rotation must be repeated. Failure of a required rotation twice may lead to dismissal from the Residency Program.

The resident will also complete two evaluations at the end of each rotation, a self-evaluation and an evaluation of the preceptor and the rotation.

The Residency Director will also conduct a quarterly evaluation. The purpose of the quarterly evaluation is to keep the resident on track with his/her residency goals and objectives and assigned/required projects.

#### Residency Meetings

Residents are required to attend any scheduled Staff Meetings/Huddles. In addition, monthly CORE (Council on Residency Excellence) meetings are scheduled to discuss various therapeutic and/or administrative issues with the residency program. The residents will be required to attend all established meetings.

#### Resident's Notebook

Each resident is expected to maintain a Resident's Notebook. The notebook should contain copies of all completed projects and presentations as well as evaluations. The resident may also include additional information if desired.

#### Pharmacademic

All rotation descriptions and evaluations are available through the Pharmacademic system. The residency director, coordinator, resident and preceptors will utilize Pharmacademic to track the resident's progress throughout the residency year.

#### Residency Certificate

The resident will be awarded a Residency Certificate upon successful completion of the following requirements of the residency:

- Follow the hospital and departmental policies and procedures
- Successful completion of all required and elective rotations
- Completion of teaching certificate at Chapman University School of Pharmacy
- Completion of a minimum of one formulary monograph
- Completion of a minimum of one drug use evaluation
- Completion of a Residency Project and preparation of a manuscript in publishable format
- Presentation of the Residency Project at the Western States Residency Conference

## **ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAMS**

### **Introduction**

Purpose of this Standard: the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

**PGY1 Program Purpose:** PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation, both foreign and domestic.

Throughout the Standard use of the auxiliary verbs will and must implies an absolute requirement, whereas use of should and may denotes a recommended guideline. The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The *ASHP Regulations on Accreditation of Pharmacy Residencies* describes the policies governing the accreditation program and procedures for seeking accreditation.

### **Overview of the Standards for PGY1 Pharmacy Residencies**

The following explains the rationale and importance of the areas selected for inclusion in the standards.

#### **Standard 1: Requirements and Selection of Residents**

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

#### **Standard 2: Responsibilities of the Program to the Resident**

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

### **Standard 3: Design and Conduct of the Residency Program**

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

### **Standard 4: Requirements of the Residency Program Director and Preceptors**

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to

providing effective training of residents and being exemplary role models for residents.

### **Standard 5: Requirements of the Site Conducting the Residency Program**

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other United States of America-applied standards, and will have sufficient resources to achieve the

purposes of the residency program.

### **Standard 6: Pharmacy Services**

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate

organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

### **Standard 1: Requirements and Selection of Residents**

1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.

1.2 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.

1.3 Applicants to pharmacy residencies should be graduates or candidates for graduation of an accredited pharmacy degree program (or one in process of pursuing accreditation), or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.

1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure (or equivalent designation for the country conducting the residency, e.g., registered) in the state, country, or jurisdiction in which the program is conducted.

1.5 Consequences of residents' failure to obtain appropriate licensure (or equivalent process) either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.



1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

## **Standard 2: Responsibilities of the Program to the Resident**

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.

2.1.a. Non-traditional residency programs must describe the program's design and length used to

meet the required educational competency areas, goals, and objectives.

2.2 Programs must comply with the ASHP duty hour standards.

(<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>)

2.3 All programs in the ASHP accreditation process must adhere to the Rules for the ASHP Pharmacy Resident Matching Program, unless exempted by the ASHP Commission on Credentialing.

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.

2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.

2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.

2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency

conference), and sufficient financial support to fulfill the responsibilities of the program.

2.7 The RPD will award a certificate of residency only to those who complete the program's requirements.

2.7.a. Completion of the program's requirements must be documented.

2.8 The certificate provided to residents who complete the program's requirements must be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*,

and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.

2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.

2.9 The RPD must maintain the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies<sup>1</sup> throughout the accreditation cycle.

### **Standard 3: Design and Conduct of the Residency Program**

#### **3.1 Residency Purpose and Description**

The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

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

#### **3.2 Competency Areas, Educational Goals and Objectives**

3.2.a. The program's educational goals and objectives must support achievement of the residency's purpose.

3.2.b. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program's design:

- (1) patient care;
- (2) advancing practice and improving patient care;
- (3) leadership and management; and,
- (4) teaching, education, and dissemination of knowledge.

3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.

#### **3.3 Resident Learning**

##### **3.3.a. Program Structure**

3.3.a.(1) A written description of the structure of the program must be documented formally.

3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.

3.3.a.(1)(b) Elective experiences must also be listed in the program's design.

3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives.

3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.

3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.

3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).

3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.

##### **3.3.b. Orientation**

Residency program directors must orient residents to the residency program.

##### **3.3.c. Learning Experiences**

3.3.c.(1) Learning experience descriptions must be documented and include:

3.3.c.(1)(a) a general description, including the practice area and the roles of



pharmacists in the practice area;

3.3.c.(1)(b) expectations of residents;

3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;

3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement; and,

3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.

3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.

3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.

3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

#### 3.4 Evaluation

The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

##### 3.4.a. Initial assessment

3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.

3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

##### 3.4.b. Formative (on-going, regular) assessment

3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

3.4.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

##### 3.4.c. Summative evaluation

3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.

3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

- 3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.
- 3.4.d. Residents' development plans
- 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.
- 3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted.
- 3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.
- 3.5 Continuous Residency Program Improvement
- 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.
- 3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.
- 3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.
- 3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

#### **Standard 4: Requirements of the Residency Program Director and Preceptors**

##### 4.1 Program Leadership Requirements

- 4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
- 4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
- 4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s))] administrative duties/activities for the conduct of the residency program.
- 4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
- 4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
- 4.1.e.(2) The agreement must include definition of:
- 4.1.e.(2)(a) responsibilities of the RPD; and,
- 4.1.e.(2)(b) RPD's accountability to the organizations and/or practice site(s).
- ##### 4.2 Residency Program Directors' Eligibility
- RPDs must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
  - have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or

without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

#### 4.3 Residency Program Directors' Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:

4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;

4.3.b. demonstrating ongoing professionalism and contribution to the profession;

4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization;

#### 4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;

4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;

4.4.c. implementing use of criteria for appointment and reappointment of preceptors;

4.4.d. evaluation, skills assessment, and development of preceptors in the program;

4.4.e. creating and implementing a preceptor development plan for the residency program;

4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,

4.4.g. working with pharmacy administration.

#### 4.5 Appointment or Selection of Residency Program Preceptors

4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.

4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

#### 4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or

have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2

residency and a minimum of six months of pharmacy practice experience; or

without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

#### 4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

4.7.a. contribute to the success of residents and the program;

4.7.b. provide learning experiences in accordance with Standard3;

4.7.c. participate actively in the residency program's continuous quality improvement processes;

4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;

4.7.e. adhere to residency program and department policies pertaining to residents and services; and,

4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

#### 4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

4.8.a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;

4.8.b. the ability to assess residents' performance;

4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;

4.8.d. an established, active practice in the area for which they serve as preceptor;

4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and,

4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

#### 4.9 Preceptors-in-Training

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,

4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

#### 4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

### **Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program**

5.1 As appropriate, residency programs must be conducted only in practice settings that have sought

and accepted outside appraisal of facilities and patient care practices. The external appraisal must

be conducted by a recognized organization appropriate to the practice setting.

5.2 Residency programs must be conducted only in those practice settings where staff are committed to

seek excellence in patient care as evidenced by substantial compliance with professionally developed and United States of America-applied practice and operational standards.

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more

practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.

5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.

5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.

- 5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.
- 5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.
- 5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.
- 5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard.
- 5.4 Multiple-site residency programs must be in compliance with the ASHP Accreditation Policy for Multiple-Site Residency Programs

### **Standard 6: Pharmacy Services**

The most current edition of the ASHP Best Practices for Health-System Pharmacy, available at [www.ashp.org](http://www.ashp.org), and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g., NIOSH, OSHA, EPA) that apply to specific practices sites will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

#### **6.1 Pharmacist Executive -**

The pharmacy must be led and managed by a professional, legally qualified pharmacist.

6.2 The pharmacy must be an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following:

- 6.2.a. the scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site;
- 6.2.b. the practice site includes pharmacy in the planning of patient care services;
- 6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;
- 6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;
- 6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,
- 6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

6.3 The pharmacist executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.

6.4 The pharmacist executive must ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):

- 6.4.a. a pharmacy mission statement;
- 6.4.b. a well-defined pharmacy organizational structure;
- 6.4.c. current policies and procedures which are available readily to staff participating in service provision;
- 6.4.d. position descriptions for all categories of pharmacy personnel, including residents;
- 6.4.e. procedures to document patient care outcomes data;



- 6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;
- 6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,
- 6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).
- 6.5 Pharmacy leaders ensure pharmacy's compliance with:
  - 6.5.a. all applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,
  - 6.5.b. current practice standards and guidelines of the United States of America.
- 6.6 The medication distribution system includes the following components (as applicable to the practice setting):
  - 6.6.a. effective use of personnel (e.g., technicians);
  - 6.6.b. a unit-dose drug distribution service;
  - 6.6.c. an intravenous admixture and sterile product service;
  - 6.6.d. a research pharmacy including an investigational drug service;
  - 6.6.e. an extemporaneous compounding service;
  - 6.6.f. a system for handling hazardous drugs;
  - 6.6.g. a system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound alike, emergency preparedness programs, medical emergencies);
  - 6.6.h. a secure system for the use of controlled substances;
  - 6.6.i. a controlled floor-stock system for medications administered;
  - 6.6.j. an outpatient drug distribution service including a patient assessment and counseling area; and,
  - 6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system technologies.
- 6.7 The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients:
  - 6.7.a. membership on interdisciplinary teams in patient care areas;
  - 6.7.b. prospective participation in the development of individualized medication regimens and treatment plans;
  - 6.7.c. implementation and monitoring of treatment plans for patients;
  - 6.7.d. identification and responsibility for resolution of medication-related problems;
  - 6.7.e. review of the appropriateness and safety of medication prescriptions/orders;
  - 6.7.f. development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;
  - 6.7.g. participation as a provider of individual and population-based patient care services and disease state management, initiating and modifying drug therapy, based on collaborative practice agreements or other treatment protocols;
  - 6.7.h. a system to identify appropriately trained and experienced pharmacists and ensure quality care is provided, including when pharmacists are practicing under collaborative practice agreements (e.g., complete credentialing and privileging for pharmacists providing patient care service);
  - 6.7.i. documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients' permanent medical records;
  - 6.7.j. medication administration consistent with laws, regulations, and practice site policy;

- 6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);
- 6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,
- 6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):
  - 6.7.m.(1) developing and maintaining an evidence-based formulary;
  - 6.7.m.(2) educating health care providers on timely medication-related matters and medication policies;
  - 6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
  - 6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
  - 6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.
- 6.8 The pharmacy practice must have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy's:
  - 6.8.a.(1) facilities are designed, constructed, organized, and equipped to promote safe and efficient work;
  - 6.8.a.(2) professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,
  - 6.8.a.(3) resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).
- 6.9 Continuous Quality Improvement
  - 6.9.a. Pharmacy department personnel must engage in an on-going process to assess the quality of pharmacy services.
  - 6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.
  - 6.9.c. The pharmacy department's assessment and improvement process must include assessing and developing skills of the of pharmacy department's staff.

## **Glossary**

**Assessment.** Measurement of progress on achievement of educational objectives.

**Certification.** A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of

the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

**Clinical pharmacist.** Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in health care settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care. (American College of Clinical Pharmacy)

**Competency area.** Category of residency graduates' capabilities.

Complex condition. Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

Criteria. Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Educational Goal. Broad statement of abilities.

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

Evaluation. Judgment regarding quality of learning.

Formative assessment. On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

Interdisciplinary team. A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academy Press; 2001.)

Multiple-site residency. A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.

1. To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:

a. RPD has expertise, however the site needs development (for example, site has a good variety of

patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);

b. quality of preceptorship is enhanced by adding multiple sites;

c. increased variety of patients/disease states to allow wider scope of patient interactions for residents;

d. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;

e. synergy of the multiple sites increases the quality of the overall program;

f. allows the program to meet all of the requirements (that could not be done in a single site alone); and,

g. ability to increase the number of residents in a quality program.

2. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and

have a discussion with the finance department to ensure eligibility for CMS funding.

3. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes:

a. designating a single residency program director(RPD);

b. establishing a common residency purpose statement to which all residents at all sites are trained;



- c. ensuring a program structure and consistent required learning experiences;
- d. ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;
- e. ensuring a uniform evaluation process and common evaluation tools are used across all sites;
- f. ensuring there are consistent requirements for successful completion of the program;
- g. designating a site coordinator to oversee and coordinate the program's implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
- h. ensuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

**Non-traditional residency:** Residency program that meets requirements of a 12-month residency program in a different timeframe.

**Pharmacist Executive.** The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings this person is referred to, for example, as the director of pharmacy, the pharmacist-in-charge, the chief of pharmacy services) In a

multiple-site residency, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

**Preceptor.** An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents' performance.

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

**Residency program director.** The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

**Resident's Development Plan.** Record of modifications to residents' program based on their learning needs.

**Self-evaluation.** A process of reflecting on one's progress on learning and/or performance to determine strengths, weaknesses, and actions to address them.

**Service commitments.** Clinical and operational practice activities. May be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

**Single-site residency.** A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident's training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences offsite.

**Site.** The actual practice location where the residency experience occurs.

**Site Coordinator.** A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:

1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
2. practice at the site at least ten hours per week;
3. have the ability to teach effectively in a clinical practice environment; and,
4. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

Sponsoring organization. The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents' experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

Staffing. See "Service commitments."

Summative evaluation. Final judgment and determination regarding quality of learning.

*Approved by the ASHP Board of Directors, September 22, 2016. Developed by the ASHP Commission on Credentialing. This standard replaces the previous ASHP Accreditation Standard for International Postgraduate Year One (PGY1) Pharmacy Residency Programs approved by the ASHP Board of Directors on April 10, 2015 and the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs approved by the ASHP Board of Directors on September 19, 2014. For existing programs this revision of the accreditation standard takes effect immediately.*