



Kings PGY-1 Community Pharmacy Residency Program

Residency Program Manual

Kings Pharmacy

PGY-1 Community Pharmacy Residency Manual

INTRODUCTION

On behalf Kings Pharmacy, I would like to welcome you to the PGY1 Community Pharmacy Residency Program. The residency program will include clinical experiences at Kings Pharmacy and other educational experiences throughout the year including but not limited to involvement with LIU Pharmacy, A&M Schwartz College of Pharmacy and various medical clinics through out the NYC area. Your primary experiences will be directed toward providing direct patient care, developing practice foundation skills, providing drug information and educational programs, including both didactic and experiential teaching opportunities, and learning key community pharmacy management skills. You will also be expected to plan and complete a research project, with the expectation of presenting the results at a national meeting.

Community pharmacy is a very exciting, challenging, and ever-changing field of pharmacy practice that offers tremendous opportunities for clinical practice. Kings Pharmacy is dedicated to the promotion of the profession and is at the forefront of innovation in practice. You will have tremendous exposure to different areas of community pharmacy and will greatly benefit from this residency program. As your residency director, I will be here to support and guide you during this pivotal moment of your career. I look forward to working with you and watching your development.

Sincerely,

Brooke Fidler, PharmD
Assistant Professor
LIU Pharmacy, Arnold & Marie Schwartz College of Pharmacy

Residency Program Director
Kings Pharmacy
Brooke.f@kingsrx.com

MISSION STATEMENT

Kings Community Pharmacy Residency Program is designed to foster an environment of professional growth to the resident. The resident will have extensive opportunity for direct-patient care, collaboration with other health care professionals, and enhancement of foundational, teaching and managerial skills. The resident will be involved in activities that exemplify the valuable role of the community pharmacist in healthcare. At the completion of the program, the resident should have the skills to continue to advance the field of community pharmacy.

PURPOSE STATEMENT

The Kings Community Pharmacy Residency Program is dedicated to developing community practitioners positioned to design and maintain advanced patient care services. The program will equip the resident to:

- Provide patient care in community pharmacy settings
- Gain experiences in managing/partnering/owning a pharmacy practice
- Design, implement, and maintain patient care services
- Develop skills as an effective communicator/educator
- Develop and maintain competency in traditional community pharmacist roles
- Be a leader and role model for pharmacists, other professionals, in advancing the profession
- Develop skills as an effective preceptor and instructor by working closely with Doctor of Pharmacy students

STATEMENT OF GOALS

The Kings Community Pharmacy Residency Program will provide opportunities and support for the resident to:

1. Participate in the provision of pharmaceutical care
 1. Provide direct patient care and education through:
 - i. Medication therapy management (MTM) services
 - ii. Patient counseling at the point of prescribing and/or dispensing
 2. Participate in practice management
 3. Develop, implement or enhance pharmacy services
 4. Provide drug information and consults to other providers
2. Develop educational skills including small group, large group, and clinical precepting through participation in the LIU Pharmacy Teaching Certificate Program.
3. Design and implement a major research project that will be presented at a national conference (e.g. ASHP Clinic Midyear Meeting)
4. Participate in professional development through attending local and national organization meetings, participation in pharmacy organizations, and collaboration with other providers, faculty members and students

**Kings Pharmacy
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PHARMACY PRACTICE SITE DESCRIPTIONS

Kings Pharmacy

- Kings Pharmacy is an independent community pharmacy servicing patients' for over 70 years.
- Kings Pharmacy, which is ACHC and URAC accredited, provides the resident with a unique opportunity to assist in the development and implementation of enhanced pharmacist care and disease state management programs.
- Current disease state management programs include diabetes, fertility, hepatitis-c, hypertension, transplant, immunization and medication therapy management.
- The resident will be involved in MTM services for Medicare Part D as well as establishing patient assistance program resources.
- The resident will coordinate and/or teach patient education classes and facilitate support groups.
- The resident will have the opportunity to design, market, and implement clinical services at Kings Pharmacy.
- The resident will have an office located in the Park Slope location of Kings Pharmacy.
- Additional information can be obtained at www.kingsrx.com.

Kings Pharmacy Compounding

- Compounding pharmacy provides a valuable alternative to limited strengths and dosage forms of mass-produced medications.
- The resident will be involved in and observe compounding for various medications including: Pain Management, Dental, Ophthalmic, Dermatology, Neuropathies, Wound Therapy, Gastroenterology, Pediatric, Geriatric, Hospice, Podiatry.
- The resident will learn how to prepare prescriptions using a wide variety of delivery systems to meet each patient's unique needs such as liquid solutions, suspensions, emulsions, suppositories and enemas, troches, capsules, sprays, drops, ointments and creams, injectables, transdermal gels, powders, etc.
- The resident will have exposure to Home Infusion Therapy for those patients receiving at-home medication treatments.

LIU Pharmacy, Arnold & Marie Schwartz College of Pharmacy

- Long Island University offers more than 370-degree programs on the undergraduate, graduate and doctoral levels at its six campuses.
- The resident will have the title Clinical Instructor at the Brooklyn Campus, Arnold & Marie Schwartz College of Pharmacy.
- The resident will have an opportunity to precept and teach professional PharmD clerkship students the aspects of clinical community pharmacy services during their final year rotations.
- The resident will assist in teaching some of the classes given at the college, which may include physical assessment laboratory, pharmacotherapeutics recitation, grand rounds, etc.
- The resident will have the opportunity to develop continuing education programs.
- The resident's major project preceptor is a full-time faculty member in the Division of Pharmacy Practice of LIU Pharmacy Arnold & Marie Schwartz College of pharmacy.
- Additional information can be obtained at <http://www.liu.edu/Pharmacy/Academics/PharmD>

Ambulatory Care Clinics/Physicians Offices

- The resident will have opportunity to develop their skills within the many ambulatory clinics affiliated with Kings Pharmacy.
- Kings Pharmacy has a significant presence with many NYC area hospitals and physician offices that practice in the area of diabetes, anticoagulation, HIV/Hepatitis-C, fertility, asthma, etc. The resident will have the opportunity to an ambulatory care experience.
- The resident will be expected to formulate further collaboration with local area physicians, clinics, dialysis centers, senior centers, etc.

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Program Information

ORIENTATION

The month of July is reserved to orient the resident at the practice site. Introduction of staff and other employees, computer and workflow training, and review of portfolios is conducted during the majority of this month.

The residency director will provide orientation on the first day regarding overall policies and procedures including but not limited to portfolio overview, evaluations, and the residency manual.

STIPEND AND BENEFITS

Resident stipends are determined by Kings Pharmacy and evaluated annually for cost of living increases. Residents are paid at the same time as all other employees. Additional benefits, including health insurance, are provided through Kings Pharmacy.

PORTFOLIO

Residents are required to keep and update their portfolio binder throughout the residency year. During orientation, the residency director will advise the residents on portfolio completion. The portfolios include but are not limited to the following: general residency information and documents, printed documentation of goal achievements, and evaluations.

The portfolios will be submitted to the residency director at the end of the year and will be kept on file at the Pharmacy. Residents are encouraged to make copies of their portfolios for their personal use. Original documents, such as evaluations, must remain with the Pharmacy's copy of the portfolio.

PROFESSIONAL SERVICE

Residents are required to provide professional service (staffing) in the community pharmacy practice site 8 hours per week. A specific schedule will be determined by Kings Pharmacy.

RECRUITMENT

All residents are actively involved in the marketing, recruitment, and interview process for incoming residents. Activities include but are not limited to distribution of residency materials (brochure and application), follow-up from local residency showcases, application screening, and interview scheduling.

LICENSURE

All residents must be licensed in the State of New York. Licensing in the state of New York includes successfully passing the NAPLEX, MPJE, Part III Compounding Exam and becoming a certified immunizer. If reciprocating from another state, reciprocation must occur before July 1 of the residency year. Questions regarding qualifications for licensure should be addressed to the New York Board of Pharmacy at the following contact information:

Lawrence H. Mokhiber, *Executive Secretary*. Email: pharmbd@mail.nysed.gov, Phone: 518-474-3817, ext. 130, Fax: 518-473-6995

It is the resident's responsibility to be examined and licensed. Stipend, benefits, and appointment at the PGY-1 or above level will be contingent upon having initiated the process for licensure (either through reciprocity or examination) by **July 1st**, and obtaining a valid state of New York license, no later than **September 1st**. Failure to obtain a license by this date may result in dismissal from the residency program. The resident must contact the residency program director to obtain guidance for attaining licensure. If dismissal is deferred, a plan will be set for the resident to obtain licensure no later than **January 1st**. **If the resident has taken the NYS Part III compounding exam dismissal will be deferred until the results of this exam are available.** Pending those results, if licensure is not attained the resident will be dismissed from the residency program and the resident will not receive a residency completion certificate. The resident may not dispense any medications without immediate supervision unless he/she is fully licensed.

FACULTY APPOINTMENT

Residents are given a faculty appointment at LIU Pharmacy, Arnold & Marie Schwartz College of Pharmacy and Health Sciences as a Clinical Instructor of Pharmacy Practice, Division of Pharmacy Practice.

RESIDENT RESEARCH PROJECT

The resident will complete a project by the end of their residency year. This project must be related to practice in a community pharmacy setting. The project should be completed according to the project timeline as discussed with the residency director and preceptor during July orientation. Any funds necessary to complete the project must be discussed with the residency director. The major project will be presented as a poster at a national meeting (i.e., ASHP Clinical Midyear Meeting). The major project will also be developed into a manuscript that is suitable for submission to a journal. A project or activity of the resident's choice will be presented at the New York City Residency Conference in June.

PROFESSIONAL CONDUCT/DRESS/APPEARANCE

It is the responsibility of all residents to uphold the highest degree of professional conduct at all times. Residents should display professionalism in all aspects of his/her daily practice, including being punctual, practicing personal hygiene, behaving in an ethical manner, behaving in a respectful manner, communicating respectfully with appropriate body language, accepting constructive criticism, demonstrating accountability, and wearing appropriate attire.

Name badges must be prominently displayed on the upper torso at all times and professional lab coats worn during patient care activities unless otherwise indicated. Additional attire may be required by the primary preceptor depending on activity or service provided (e.g., coat and tie or suit for legislative activities or professional presentations, etc.).

Residents will be required to strictly maintain patient confidentiality. Any consultations or interactions concerning patients will be held in private with the utmost concern for the patient. Residents will be expected to follow patient confidentiality policies within the specific practice site(s).

EXTERNAL EMPLOYMENT POLICY

The resident is aware that the Community Residency Program is his or her primary responsibility and successful completion of the program is a result of successful completion of all the program's requirements, which dictate the primary schedule of the resident. Practice, teaching, and service requirements take precedence over scheduling for external employment.

External employment may only take place at Kings Pharmacy. The resident will be compensated for any additional hours worked in the pharmacy department over the required 8 hours per week of professional service requirements.

COMPLETION OF PROGRAM REQUIREMENTS

Residents are expected to satisfactorily complete all requirements of the Kings Pharmacy Community Pharmacy Residency Program in general and those specific to the individual residency program. Only residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the initial monthly and quarterly review process. The resident, in conjunction with the primary preceptor, other preceptors, as necessary, shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

1. Residents shall be given verbal counseling by their primary preceptor or Residency Director. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the involved preceptors or Residency Program Director.

2. If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
3. If the primary preceptor or Residency Director determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the primary preceptor, Residency Director and pharmacy owner.
4. If all parties agree the action is appropriate, the action will be implemented. Action may include remedial work or termination. A decision for termination may be appealed.

TRAVEL POLICY

Funds:

Residents are funded for travel to one annual meeting. This includes the ASHP annual meeting or other national meetings or conferences as approved by director and primary preceptor.

Residents are responsible for efficiently managing their travel fund. Sharing of hotel rooms with other residents or staff will be required, when available to reduce costs. Lower cost hotel rooms will be encouraged over higher cost rooms. Meeting registrations must be submitted before the early registration expires. If the resident delays in reserving hotel rooms, airfare, or registration past early deadline dates, he/she will be responsible for the cost difference.

Meeting Attendance:

Residents are required to attend a national annual meeting. At this meeting, residents will be required to present their research projects in the poster session (submitted in October), attend all resident functions (including but not limited to residency networking meeting and residency reception), and attend continuing education programs as required by preceptor in addition to programs resident selects. At the conclusion of the meeting, the residents have one week to submit to the residency director a brief 1-2 page report of all meetings attended and what was learned from the sessions.

Meetings that may be required by the site may include APhA annual meeting or ASHP Midyear Clinical Meeting. The residency director and primary preceptor must approve additional meeting requests by the resident prior to travel.

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Resident Leave Policy

Optional leave

- A. Professional Meetings – Local/State/National/International (up to 6 days maximum)
- ACCP, APhA, NCPA, ASHP, or similar professional meeting as approved by program director
 - Program directors will determine the value of any professional meeting to their respective residents and will have final approval of professional leave including length of time reasonable for meeting attendance.
 - Presentations/posters are highly encouraged for meeting attendance. Program directors will determine if poster presentation is required for meeting attendance on a case-by-case basis.

Vacation Leave

- 2 weeks

Personal Days

- 6 days must be cleared with preceptor and director

Holiday Leave

- 6 holidays: July 4th, Labor Day, Thanksgiving, Christmas, New Year's Day, Memorial Day

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Leave of Absence Policy

1. Purpose

- To provide uniform guidelines for the continuation of pay and benefits during periods of absence due to illness, injury or personal business and to provide a smooth re-entry of the resident into the training program. The period of absence is defined as longer than 5 continuous business days not including vacation or attendance of meetings.

2. Scope

- This policy applies to the Kings Community Pharmacy resident

3. Responsibility

- It is the responsibility of the residency director to approve/deny leave of absence (LOA) requests, to explain to the resident his/her rights under this policy, and obtain the required documentation from the resident.
- It is the responsibility of the residency director to forward the approved request to the department's payroll/benefits representative in order to provide the resident with options on continuing benefits and pay.

The residency director and preceptors must carefully review each request, taking the following into consideration:

1. *Previous absences experienced by the resident. How much time has already been missed?*
2. *Will the program director be able to cover the resident's duties (clinic, teaching, research, other) during the planned absence? What essential obligations must be fulfilled?*
3. *Will the resident be able to successfully complete all essential components of the residency program within the time remaining of the initial 12 month residency period?*
4. *Can the 12-month residency period be extended to accommodate the resident to give them a full 12 month residency experience?*
5. *Funding sources (s) for the resident – If the resident's program must be extended beyond the initial 12 month period, is the department or sponsor willing/able to provide a no cost extension?*

4. Requesting a Leave of Absence

- Residents must request a leave of absence in writing. LOA may be requested for personal disability and personal business.

- Personal Disability: Includes if the resident can not perform his/her duties for more than 5 business days due to personal injury or illness
- Personal Business: Includes personal matters (care of family member, child birth, etc.)

5. Impact of LOA on Resident's pay and Benefits

- Once the resident has exhausted his/her accrued paid leave (vacation, sick, personal days which is one month) during the LOA, the resident will be placed in unpaid status. During the time spent in unpaid status, the resident will not receive pay and will be responsible to pay out of pocket 100% of the subsidy for health insurance premiums.

6. Return to Work

- The resident on leave is required to inform the residency director the date on which he/she would be able to return to work.

7. Documentation

- A doctor's statement must accompany the LOA request for personal disability. The statement must specify that the resident is physically or mentally unable to perform the responsibilities of his/her job.

8. Impact of LOA on Resident's training

- When the resident requests any type of leave of absence, the residency director is required to inform the resident of the effects that LOA will have on the ability of the resident to satisfy the criteria for completion of the residency program. If extended LOA is necessary (**defined as more than one month**) it shall be determined by the residency director and appropriate Kings representative what course of remediation will be required to meet the graduation requirements. If a LOA of **more than 6 months** is necessary dismissal from the residency program may be required and determined on a case-by-case basis by the residency director and appropriate Kings representative.

**Kings Pharmacy
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Preceptor Contact Information

Name/Title	Location	E-mail	Phone Number	Fax Number
Brooke Fidler, PharmD Residency Program Director	Kings Pharmacy and LIU Pharmacy	Brooke.f@kingsrx.com Brooke.fidler@liu.edu	718-230- 3535 ext 115 718-780- 4195	718-230- 0596
Ron Del Gaudio, RPh CEO	Kings Pharmacy	Rondell@aol.com	917-921- 5656	718-230- 0596
Dmitry Vagman, RPh	Kings Pharmacy	Dvagman@gmail.com	917-837- 2440	
Kristin Fabbio, PharmD Ambulatory Care Specialist	Interfaith Medical Center	Kristin.Fabbio@liu.edu	718-488- 1000x1981	
Rebecca Massachi, PharmD Clinical Program Director	Kings Pharmacy	Rebecca.M@kingsrx.com	718-230- 3535	
LIU DI Center	LIU Pharmacy	http://liu.brooklyn.libguides.com	718-780- 1064	

**Kings Pharmacy
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Important Websites

Kings Pharmacy	www.kingsrx.com
American Pharmaceutical Association	www.aphanet.org
American Pharmacists Association	www.aphafoundation.org
American Society of Health-System Pharmacist	ww.ashp.org
National Community Pharmacists Association	www.ncpanet.org
American Society of Health-System Pharmacists	www.ashp.org
Community Pharmacy Foundation	http://www.communitypharmacyfoundation.org
McKesson	www.mckesson.com
LIU Pharmacy	http://www.liu.edu/Pharmacy/Academics/PharmD
LIU Pharmacy International Drug Information Center (IDIC)	IDIC@brooklyn.liu.edu
New York Council of Health-System Pharmacist	www.nyschp.org
Utilization Review Accreditation Commission (URAC)	www.urac.org
Home Health Accreditation (ACHC)	www.achc.org

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Residency Activities and Percent of Time

- I. Clinical Practice (80%)
 - a. *Professional Services* (i.e., dispensing twice a week, compounding, drug information services including Kings website newsletters)
 - b. *Direct patient care services* (i.e., Medication therapy management, BP monitoring, Hepatitis-C and other patient care programs and activities, patient and provider education)
 - c. *Practice management* (i.e., Establish or enhance upon patient care programs at Kings, community service activities, residency recruitment)
 - d. *Elective opportunity* (i.e., Ambulatory clinics)

- II. *Teaching* (10%)
 - a. Teaching certificate program at LIU Pharmacy
 - b. APPE student teaching
 - c. Didactic teaching
 - i. Labs and/or recitations

- III. *Major project/research* (10%)
 - a. Mandatory residency project to present at ASHP Clinical Midyear meeting
 - i. The resident must choose a project topic within the first month (by August 1st) of the residency
 - August 1st-September 1st – develop abstract and submit paperwork to IRB
 - September 15th – abstract to be finalized
(<http://www.ashpmedia.org/mcm14/docs/Student-Poster-Submission-Rules-and-Format-Guidelines.pdf>)
 - October 1st (or date to be determined to submit to ASHP)
 - October 1st –November 1st - continue to work on project
 - November 1st – create poster and prepare for print
(<http://www.ashp.org/DocLibrary/Midyear13/Poster-Presenter-Handbook.pdf>)
 - December- preparation for midyear presentation
 - April- 1st manuscript draft suitable for publication
 - June- Final manuscript draft suitable for publication
 - b. Miscellaneous writing, CE programs and other projects of interest

**KINGS PHARMACY
PGY1 COMMUNITY RESIDENCY PROGRAM
Principles and Outcomes**

I. Principles of PGY1 Community Pharmacy Practice Residency

- *Principle 1:* Qualifications of the resident (The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.)
- *Principle 2:* Obligation of the program to the resident (The pharmacy residency program will provide an exemplary environment conducive to resident learning.)
- *Principle 3:* Obligations of the resident to the program (The resident will be committed to attaining the program’s educational goals and objectives and will support the organization’s mission and values.
- *Principle 4:* Requirements for the design and conduct of the resident program (The resident’s training will be designed, conducted, and evaluated using a systems- based approach.)
- *Principle 5:* Qualifications of the RPD and preceptors (The residency program director (RPD) and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents.)
- *Principle 6:* Minimum requirements of the site conducting the residency program (The organization conducting the residency will meet accreditation standards, regulatory requirements, and applicable national standards and will have sufficient resources to achieve the purposes of the residency program.)
- *Principle 7:* Qualifications of the pharmacy (The pharmacy will be organized effectively and will deliver comprehensive, safe, and effective services.)

**II. Required educational outcomes for PGY1 Community Pharmacy Practice Residency
(see Appendix A for descriptions)**

Outcome	Outcome description	Learning Experience	Goals
R1	Manage and improve the medication-use process.	Professional Services	R1.1, R1.2, R1.3, R5.2
R2	Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.	Direct Patient Care (Kings Pharmacy and affiliated hospitals/clinics)	R2.2, R2.3, R2.4, R2.5, R2.6, R2.7, R2.8, R2.9, R2.10, 2.11
R3	Exercise leadership and practice management skills.	Practice Management	R2.1, R3.1, R3.2, R3.3
R4	Demonstrate project management skills.	Major Project	R4.1
R5	Provide medication and practice-related information, education, and/or training.	Teaching	R5.1
R6	Utilize medical informatics	Professional Services	R6.1

III. Documentation

The resident will keep a binder that will contain documentation or artifacts of residents' activities. The binder will be kept by the program director after the resident leaves. The resident should either have a duplicate or electronic copy that will serve as a portfolio for the resident in the future. The binder should be divided into sections that include but are not limited to:

- i. Residency program information (i.e., residency manual)
- ii. Resident specific information (i.e., letter of intent, CV, transcript, contract, initial needs assessment, residency schedule and customized plan)
- iii. Residency Master Schedule
- iv. Direct patient care services (i.e., patient counseling, MTM, BP monitoring, Hepatitis-C immunizations, etc)
- v. Professional services (i.e., in-services, newsletters etc.)
- vi. Teaching (i.e., experiential and didactic teaching, teaching certificate program)
- vii. Practice management (i.e., residency recruitment, patient program development, pharmacy related meetings)
- viii. Projects (i.e., major project, miscellaneous projects)
- ix. Assessments and evaluations

IV. Program Assessment Strategy

Procedure: The Resident and all preceptors will utilize Pharmacademic for assessment (available at www.pharmacademic.com). Some evaluations may not be included in Pharmacademic. These may include but not limited to the assessment of the resident by APPE students, exit interview by RPD, initial needs assessment, as needed informal formative feedback by preceptor and/or resident, etc. The resident and preceptor will schedule a mutual time to meet and discuss the evaluations.

Preceptor Evaluation of the Resident's Attainment of Goals and Objectives

- Quarterly summative evaluations will be prepared for each learning experience with those outcomes determined
- Preceptors may choose to use snapshot evaluations for specific experiences as deemed necessary
- Each preceptor will complete his/her quarterly summative evaluation within 1 week of the end of the quarter
- Commentary for specific goals is recommended
- Each evaluation will be signed by the preceptor, resident and RPD
- Any significant areas of weakness should be identified and brought to the attention of the resident and RPD as soon as possible so a plan for improvement and remediation can take place

Resident's Self-Evaluation of the Resident's Attainment of Goals and Objectives

- The resident will complete the same quarterly summative evaluation form for each learning experience as completed by the preceptor
- Each resident will complete his/her quarterly summative evaluation within 1 week of the end of the quarter
- The resident will sign the quarterly evaluation forms and submit to the RPD for review and signature
- The resident will also update their initial residency plan quarterly which assesses their plan for each learning experience and strengths and weaknesses in those areas.

Resident's Evaluation of the Preceptor and Learning Experiences

- The resident will use the appropriate software to evaluate each learning experience and each preceptor quarterly
- Each resident will complete his/her quarterly summative evaluation within 1 week of the end of the quarter
- The resident will sign the quarterly evaluation forms and submit to the RPD for review and signature

Quarterly Evaluation Meetings

- The RPD will schedule 4 quarterly meetings
 - 1st September 30
 - 2nd December 30
 - 3rd March 30
 - 4th June 30
- If necessary, adjustments to dates will be discussed and addressed by the RPD, preceptor and resident

Rating Descriptions for Goals and Objectives

Narrative commentary should be provided throughout the evaluation process, including any areas marked as 'Needs Improvement'.

- Achieved – current level of performance is that expected at the end of the residency year
- Satisfactory – current progress is expected to result in the achievement of the objective by the end of the residency year
- Needs Improvement – current progress will not result in the achievement of the objective by the end of the residency year

APPE Students Evaluation of the Resident's Teaching

- Every 5 weeks APPE students will complete an evaluation of the resident
- The RPD will review the evaluation with the resident

V. Successful Completion of Residency Requirements

The following requirements must be met to successfully complete the residency program and receive a certificate of completion:

- Residency portfolio has been maintained and completed
- $\geq 80\%$ of the programs objectives are 'Achieved' with the remaining amount having no more than 5% 'Need Improvement' by June 30th
- All clinical practice requirements are complete
- All teaching activities are complete including teaching certificate program requirements
- All self-assessments and evaluations for learning experiences are complete
- Residency project is complete
- Preparation of a manuscript based on the resident project is suitable for publication
- Platform presentation was delivered at regional residency conference
- All residency program documents are available to the incoming resident
- Exit interview is complete

Title of Experience: Direct Patient Care Services

Practice Site: Kings Pharmacy

Preceptor: Brooke Fidler, PharmD, Dmitry Vagman, RPh

Type: Longitudinal Core Experience

Duration: July 1st - June 30th

Preceptor's e-mail address: brooke.fidler@liu.edu, dvagman@gmail.com

Description of Experience:

Activities include blood pressure monitoring, health and wellness assessment, medication therapy management services, immunizations, and patient education and counseling. The resident will be trained in various disease states in order to participate in patients' medication therapy management. The resident will be responsible for either maintaining, expanding or developing disease state management services in the scope of the pharmacy's interest that will additionally meet the needs of Kings Pharmacy patients.

Responsibilities (not all inclusive):

- Keep a monthly patient interaction log
- Create or modify fliers to promote patient care services or community outreach programs
- Establish projects that will benefit the community and the pharmacy
- Counsel patients on nonprescription and prescription medications
- Counsel patients on drug delivery devices and self monitoring products
- Blood pressure screening

Sequence and time commitment for experience: Daily/weekly; 12-15 hours per week; activities may intertwine with other activities; direction provided by preceptor (75% direct and 25% indirect)

Educational Goals: R2.2, R2.3, R2.4, R2.5, R2.6, R2.7, R2.8, R2.9, R2.10, R2.11

Title of Experience: Professional Services

Practice Site: Kings Pharmacy

Preceptor: Dmitry Vagman, RPh

Type: Longitudinal Core Experience

Duration: July 1st - June 30th

Preceptor's e-mail address: dvagman@gmail.com

Description of Experience:

Site activities including dispensing, drug information requests to patients or providers, and compounding. The resident has the opportunity to gain experience in the community pharmacy setting by practicing as a graduate intern until licensed and then as a licensed practitioner thereafter. The resident will be responsible for staffing 8 hours per week as an independent pharmacist. The resident will be trained to utilize the computer system in order to process prescriptions. The resident will also gain knowledge in community with physicians, nurses and other health care personnel by receiving phone orders regarding patient's medications. The resident will be trained in compounding oral, topical and intravenous medications. The resident will oversee the 6th year PharmD students while they are in the pharmacy. The resident will be responsible for counseling patients on all new prescriptions and on any other requested prescription. The resident will be relied upon for drug information inquiries from other pharmacists, patients, or other practitioners.

Responsibilities (not all inclusive):

- Answer drug information requests
- Independently work as a pharmacist in both dispensing and compounding medications
- Counsel patients on all new medications including prescription and nonprescription

Sequence and time commitment for experience: Distributive activities will occur two days per week at Kings Pharmacy; 8 hours per week which can be divided into two 4-hour days or at the discretion of the PIC; activities may intertwine with other activities; direction provided by preceptor (75% direct and 25% indirect)

Educational Goals: R1.1, R1.2, R1.3, R5.2, R6.1

Title of Experience: Practice Management

Practice Site: Kings Pharmacy

Preceptor: Ron Del Gaudio, RPh, Brooke Fidler, PharmD

Type: Longitudinal Core Experience

Duration: July 1st - June 30th

Preceptor's e-mail address: RonDel1@aol.com, brooke.fidler@liu.edu

Description of Experience:

Site activities include program development, marketing, implementation, and evaluation. The resident will become familiar with the political aspect of pharmacy practice by attending various local NYC meetings. The resident will work closely with the CEO and COO of Kings Pharmacy to become involved and educated on the development of business plans for a new or current service. The resident should be involved in the development of a business plan for a new service or for enhancing an established service. The resident should be involved in creating and editing educational materials for patients including the Kings Pharmacy website medical newsletter. The residency program is an integral part of Kings Pharmacy mission. As such, the resident will be involved in the residency recruitment process including travel to local colleges of pharmacy for residency showcases, updating the residency brochure, on-site interviews, etc.

Responsibilities (not all inclusive):

- Develop a new program or expand on existing programs
- Continually update the Kings Pharmacy website including medical newsletters
- Organize various community service outreach programs either in the pharmacy or at another location
- Involvement in the recruitment process for the Kings Pharmacy PGY1 Community Residency Program

Sequence and time commitment for experience: Daily/weekly; 12-15 hours per week; activities may intertwine with other activities; direction provided by preceptor (75% direct and 25% indirect)

Educational Goals: R3.1, R3.2, R3.3

Title of Experience: Major Project

Practice Site: Kings Pharmacy/LIU Pharmacy

Preceptor: Brooke Fidler, PharmD

Type: Concentrated Core Experience

Duration: July 1st – January 1st

Preceptor's e-mail address: brooke.fidler@liu.edu

Description of Experience:

The resident is required to develop and implement a residency project of their choice that is in line with the needs of Kings Pharmacy patients as well as with the scope of the pharmacy. The preceptor and CEO of Kings Pharmacy will review the project concept. The resident must apply for IRB approval from LIU Pharmacy. The resident must meet and follow the deadlines for submission of an abstract and poster to the ASHP Clinical Midyear Meeting.

Responsibilities (not all inclusive):

- Submit a project abstract and IRB application to LIU Pharmacy
- Submit a project abstract to ASHP Clinical Midyear Meeting
- Present a research poster at the ASHP meeting

Sequence and time commitment for experience: Daily/weekly; 10 hours per week or as needed; direction provided by preceptor (75% direct and 25% indirect)

Educational Goals: R4.1

Title of Experience: Teaching

Practice Site: LIU Pharmacy

Preceptor: Brooke Fidler, PharmD

Type: Longitudinal Core Experience

Duration: July 1st - June 30th

Preceptor's e-mail address: brooke.fidler@liu.edu

Description of Experience:

The resident will be exposed to academia by precepting 6th year PharmD students at Kings Pharmacy during their APPE rotation. The resident will lead MTM discussions, oversee dispensing activities, identify drug information requests, etc. The resident will also be involved in the evaluation of APPE students under the supervision of the preceptor. The resident will also be a facilitator in various recitations and/or labs at LIU Pharmacy, Brooklyn campus. The resident will be a part of the LIU Pharmacy Teaching Certificate Program.

Responsibilities (not all inclusive):

- Actively participate as preceptor to 6th year PharmD students
- Facilitate recitations and/or labs at the Brooklyn campus
- Attend meetings related to the Teaching Certificate Program at LIU Pharmacy (once a month)

Sequence and time commitment for experience: Daily; 10 hours per week or as needed; direction provided by preceptor (75% direct and 25% indirect)

Educational Goals: R 5.1

Title of Experience: Elective (i.e., Ambulatory Care Experience)

Practice Site: Kings County Hospital or TBD

Preceptor: Kristin Fabbio, PharmD

Type: Longitudinal Elective Experience

Duration: July 1st - June 30th

Preceptor's e-mail address: Kristin.fabbio@liu.edu

Description of Experience:

The resident will have opportunity to develop their skills within the many ambulatory clinics and hospitals affiliated with Kings Pharmacy and/or LIU Pharmacy, Arnold & Marie Schwartz College of Pharmacy. The site or experience may change based on the needs and wants of the incoming resident.

Responsibilities:

Specific responsibilities with the elective will change based on the site and needs and wants of the resident. This elective will be finalized prior to the resident's start date of July 1st

Sequence and time commitment for experience: Weekly; 8 hours per week

Educational Goals: R2.1, R2.2, R2.3, R2.4, R2.5, R2.6, R2.7, R2.8, R2.9, R2.10, R2.11

**Kings PGY-1 Community Residency Program
2015 Preceptor Bios**

Brooke Fidler, PharmD

Residency Program Director (Direct Patient Care, Teaching, Major Project and Practice Management)

Dr. Fidler is an assistant professor at LIU Pharmacy, Arnold & Marie Schwartz College of Pharmacy and Health Sciences since 2000. She completed her Pharm.D at the University of Rhode Island in 1999, and continued there as a pharmacy resident with a focus in community drug information and outpatient care. From 2001 to 2004 she was the residency director and coordinator of the first community pharmacy practice residency program in the New York Metropolitan area. Dr. Fidler has written for numerous publications including Drug Store News, P&T Journal and Journal of Nurse Practitioners. She is also a regular speaker for online continuing education programs with a focus on community pharmacy related topics. At Kings Dr. Fidler precepts LIU pharmacy students and is the residency director for the PGY-1 community residency program. Through APhA she is certified in immunization delivery and medication therapy management. Her specialities are in women's health, nonprescription products and smoking cessation.

Ron Del Gaudio, RPh

President & CEO (Practice Management)

After earning his bachelor's degree in pharmacy from the Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Ron Del Gaudio began his career as a pharmacist. Soon thereafter, he joined the independent drugstore chain, Kings Pharmacy. Today, after rising through the ranks, he is the company's president and owner. With a steadfast reputation for superb professional support and technical expertise, he operates two pharmacies in Brooklyn and one in Manhattan. In addition to his professional obligations, Mr. Del Gaudio gives generously of his time to a variety of health-related causes. He is a longtime board member and the current president of the Brooklyn-Queens chapter of the JDRF, and was honored by them in 2004. Also active on behalf of his profession, Mr. Del Gaudio is a member of the board of the Pharmacists Society of the State of New York (PSSNY) and is a regional representative for the New York City Pharmacists Society (NYCPS). He is on the counsel of Overseers and the Arnold & Marie Schwartz College of Pharmacy and has received the Distinguished Alumni Award. His outstanding professional achievements have been recognized by the National Federation of Italian-American Societies, which honored him as a distinguished member in 2001.

Dmitry Vagman, RPh

Pharmacist in Charge and Vice President (Professional Services and Direct Patient Care)

Dmitry graduated from Arnold and Marie Schwartz College of Pharmacy in 1996. He has 15 years of retail pharmacy experience. His specialties include all aspects of sterile and non-sterile compounding, oncology and USP 797 implementation. For the past 6 years, he has been responsible for IV admixture services, preparation of chemotherapeutic agents and human/veterinary compounding at Kings Pharmacy.

Kristin Fabbio, PharmD

Assistant Professor (Ambulatory Care and Teaching)

Dr. Kristin L. Fabbio, is an Assistant Professor of Pharmacy Practice at the Arnold and Marie Schwartz College of Pharmacy at Long Island University since 2009. Dr. Fabbio obtained her Doctor of Pharmacy degree from St John's University in Queens, NY before going on to pursue a PGY-1 residency at Erie VA Medical Center in Erie, PA and then a PGY-2 Ambulatory Care Specialty Residency at the Bay Pines VA Health Care System in Bay Pines, FL. Dr. Fabbio also precepts pharmacy students during their 6th year ambulatory care rotation. Along with her students, Dr. Fabbio provides clinical pharmacy services in the ambulatory care setting at Kings County Hospital Center in the areas of diabetes, hypertension, hyperlipidemia and anticoagulation management.

<p style="text-align: center;">Educational Outcomes, Required for Postgraduate Year One (PGY1) Community Pharmacy Practice Residencies</p>

Outcome R1: Manage and improve the medication-use process.

Goal R1.1: Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.

OBJ R1.1.1: (Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related medication-use system problems.

Goal R1.2: Identify, design, and implement quality improvement changes to the organization's (e.g., community pharmacy, corporation, health-system) medication-use system.

OBJ R1.2.1: (Comprehension) Explain the organization's medication-use system and its vulnerabilities to adverse drug events (ADEs).

OBJ R1.2.3: (Evaluation) Identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices.

OBJ R1.2.4: (Synthesis) Participate in the process by which the organization identifies the need for, develops, implements, and evaluates evidence-based treatment guidelines/protocols for specific patient populations.

OBJ R1.2.5: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the organization's medication-use system with the objective of improving quality.

Goal R1.3: Prepare and dispense medications following existing standards of practice and the organization's policies and procedures.

OBJ R1.3.1: (Synthesis) Effectively utilize technology and information systems to support preparation and dispensing of medications.

OBJ R1.3.2: (Application) Prepare medications using appropriate techniques and following the organization's policies and procedures.

OBJ R1.3.3: (Application) Dispense medication products following the organization's policies and procedures.

OBJ R1.3.4: (Application) Provide necessary medication-use counseling to the patient or caregiver at the time of dispensing.

OBJ R1.3.5: (Analysis) At the time of dispensing, recommend other appropriate patient care services to help improve patient outcomes.

Outcome R2: Provide evidence-based, patient-centered care and collaborate with other healthcare professionals to optimize patient care.

Goal R2.1: Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.

OBJ R2.1.1: (Comprehension) Explain the process by which collaborative practice agreements are developed and implemented.

OBJ R2.1.2: (Synthesis) Develop a collaborative practice agreement (may be hypothetical) that could be used in the community pharmacy.

OBJ R2.1.3: (Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.

Goal R2.2: Establish collaborative pharmacist-patient relationships.

OBJ R2.2.1: (Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.

Goal R2.3: Collect and analyze patient information to identify medication or non-medication-related problems.

OBJ R2.3.1: (Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.

OBJ R2.3.2: (Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.

OBJ R2.3.3: (Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy:

1. Medication used with no medical indication
2. Patient has medical conditions for which there is no medication or non-medication therapy prescribed
3. Medication or non-medication therapy prescribed inappropriately for a particular medical condition
4. Immunization regimen is incomplete
5. Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
6. There is therapeutic duplication

7. Medication to which the patient is allergic has been prescribed
8. There are adverse drug or device-related events or potential for such events
9. There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
10. Medication or non-medication therapy has been affected by social, recreational, or nontraditional drug use by the patient or others
11. Patient not receiving full benefit of prescribed medication or non-medication therapy
12. There are problems arising from the financial impact of medication or non-medication therapy on the patient
13. Patient lacks understanding of medication or non-medication therapy
14. Patient not adhering to medication or non-medication therapy regimen
15. Other problems not listed above

OBJ R2.3.4: (Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.

Goal R2.4: Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.

OBJ R2.4.1: (Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.

OBJ R2.4.2: (Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

Goal R.2.5: Design evidence-based monitoring plans for patients.

OBJ R2.5.1: (Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.

Goal R2.6: Design patient education for a patient's regimen and monitoring plan.

OBJ R2.6.1: (Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.

Suggested assessment activity: Review of resident's proposed pharmacist delivered education for a particular patient.

- OBJ R2.6.2: (Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.
- Goal R2.7: Recommend or communicate regimens and monitoring plans for patients.
- OBJ R2.7.1: (Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals.
- Goal R2.8: Implement regimens, monitoring plans, and provide patient education for patients.
- OBJ R2.8.1: (Application) When appropriate, order or conduct tests according to the organization's policies and procedures.
- OBJ R2.8.2: (Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.
- OBJ R2.8.3: (Complex Overt Response) When permissible, use skills to administer immunizations.
- OBJ R2.8.4: (Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.
- OBJ R2.8.5: (Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.
- Goal R2.9: Evaluate patients' progress and redesign regimens and monitoring plans.
- OBJ R2.9.1: (Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.
- OBJ R2.9.2: (Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.
- Goal R2.10: Communicate ongoing patient information to other healthcare professionals.
- OBJ R2.10.1: (Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.

OBJ R2.10.2: (Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.

Goal R2.11: Document patient care activities appropriately.

OBJ R2.11.1: (Analysis) Appropriately select patient -care activities for documentation.

OBJ R2.11.2: (Application) Use effective and efficient communication practices when documenting a patient -care activity.

OBJ R2.11.3: (Application) Record patient outcomes according to the organization's policies and procedures.

Outcome R3: Exercise leadership and practice management skills.

Goal R3.1: Exhibit essential personal skills of a practice leader.

OBJ R.3.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.

OBJ R3.1.2: (Characterization) Act ethically in the conduct of all practice-related activities.

OBJ R3.1.3: (Application) Demonstrate commitment to the profession through active participation in the activities of local, state, and/or national professional associations.

OBJ R3.1.4: (Characterization) Serve as a role model for pharmacists, pharmacy students, pharmacy technicians, and other healthcare professionals.

OBJ R3.1.5: (Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care

OBJ R3.1.6: (Comprehension) Explain the role and importance of pharmacist active engagement in the political and legislative process.

Goal R3.2: Exhibit practice leadership in organizational and management activities.

OBJ R3.2.1: (Synthesis) Participate in the pharmacy's planning processes.

OBJ R3.2.2: (Synthesis) Use knowledge of an organization's political and decision-making structure to influence the accomplishment of a practice area goal.

OBJ R3.2.3: (Application) Use group participation skills when leading or working as a member of a committee or informal work group.

OBJ R3.2.4: (Synthesis) Integrate compliance with community practice accreditation, legal, regulatory, and safety requirements into daily practice.

OBJ R3.2.5: (Synthesis) Prioritize the work load, organize the work flow, and verify the accuracy of the work of pharmacy technical and clerical personnel involved in all community pharmacy services.

OBJ R3.2.6: (Application) Observe organizational customer service policies and procedures in the conduct of daily practice activities.

OBJ R3.2.7: (Application) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.

Goal R3.3: Contribute to the development, implementation, and evaluation of a new pharmacy service or to the enhancement of an existing service.

OBJ R3.3.1: (Synthesis) Generate an idea for a new service or evaluate a current pharmacy service or program to determine if it meets the stated goals.

OBJ R3.3.2: (Synthesis) Develop a business plan for a new service or an enhanced service, if applicable.

OBJ R3.3.3: (Application) Use presentation and persuasive skills to secure approval of a plan for a new or enhanced service.

OBJ R3.3.4: (Synthesis) Contribute to the development of a marketing strategy for a new or enhanced service that is integrated with the overall marketing plan.

OBJ R3.3.5: (Comprehension) Explain the various mechanisms by which pharmacists can be paid for the patient care services they provide.

OBJ R3.3.6: (Analysis) Employ an effective strategy for obtaining compensation for a new or enhanced service from appropriate potential sources of compensation.

OBJ R3.3.7: (Synthesis) Implement a new or enhanced service according to the business and marketing plans.

OBJ R3.3.8: (Evaluation) Evaluate the new or enhanced service to determine if it meets the stated goals.

Outcome R4: Demonstrate project management skills.

Goal R4.1: Conduct a practice-related project using effective project management skills.

OBJ R4.1.1: (Synthesis) Identify a topic for a practice-related project of significance for community pharmacy.

OBJ R4.1.2: (Synthesis) Formulate a feasible design for a practice-related project.

OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a practice-related project.

OBJ R4.1.4: (Synthesis) Implement a practice-related project as specified in its design.

OBJ R4.1.5: (Synthesis) Effectively present the results of a practice-related project.

OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a practice-related project.

OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project.

Outcome R5: Provide medication and practice-related information, education, and/or training.

Goal R5.1: Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.

OBJ R5.1.1: (Application) Use effective educational techniques in the design of all educational activities.

OBJ R5.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

OBJ R5.1.3 (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

OBJ R5.1.4 (Application) Use public speaking skills to speak effectively in large and small group situations.

Goal R5.2: Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.

OBJ R5.2.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.

OBJ R5.2.2: (Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses.

OBJ R5.2.3: (Synthesis) When the drug information request requires further evaluation of the literature, formulate a systematic, efficient, and thorough procedure for retrieving drug information.

OBJ R5.2.4: (Analysis) When the drug information request requires further evaluation of the literature, assess the usefulness of biomedical literature gathered.

OBJ R5.2.5: (Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation.

Outcome R6: Utilize medical informatics.

Goal R6.1: Use information technology to make decisions and reduce error.

OBJ R6.1.1: (Comprehension) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.

OBJ R6.1.2: (Comprehension) Explain the principles and uses of databases and how one analyzes the data to produce useful information.

OBJ R6.1.3: (Evaluation) Use electronic data and information from internal information databases and external online databases and resources for the purposes of making patient care, operational, and financial decisions.