



"IT ISN'T WHAT YOU DO, BUT HOW YOU DO IT"

BREAKING DOWN THE 2024 ASHP PGY₁ HARMONIZED COMPETENCY AREAS, GOALS, AND OBJECTIVE UPDATES

Katrina (Katie) Derry, PharmD, BCPS, BCCCP
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Katrina.derry@ucop.edu



DISCLOSURES

“Anyone in a position to influence the planning, review, or presentation of content in this activity, including Katrina Derry, Brent Hall, and Site lead, has disclosed he/she has no relevant financial relationships with ineligible companies.”



PRESENTATION OBJECTIVES

- Identify areas of improvement in current precepting practices
- Articulate challenges related to precepting learners
- Re-think approach to precepting using literature-based techniques
- Modify precepting techniques using evidence-based approaches
- Design learning experiences to further optimize precepting



DURING THIS SESSION YOU WILL...

- (Understand) Explain the background and rationale of the harmonized PGY1 CAGO updates and next steps for PGY2 CAGOs
- (Analyze) Contrast basic elements the PGY1 harmonized Competency Areas, Goals, and Objectives (CAGOs) with previous versions
- (Evaluate) Weigh how the harmonized CAGOs will impact your learning experience(s)
- (Create) Formulate well-written learning activities and resident progression can result in learning objective achievement
- (Create) Assemble an example learning experience using the harmonized PGY1 CAGOs



ASHP RESIDENCY GOVERNANCE DOCUMENTS

RULES

Regulations on Accreditation of Pharmacy Residencies

- Accreditation status
- Program operators & types of sites
- Types of programs
- Accreditation procedures
- Survey scheduling
- Accreditation fees

STANDARD

Standard for Postgraduate Residency Programs

- Harmonized across PGY1 and PGY2
- Establishes pharmacist-training for achievement of professional competency

DETAILS

Competency Areas, Goals, and Objectives

- Specific to program type
- Required educational experiences, knowledge, and skills residents must demonstrate for successful completion of a residency program



<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.pdf>

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf>

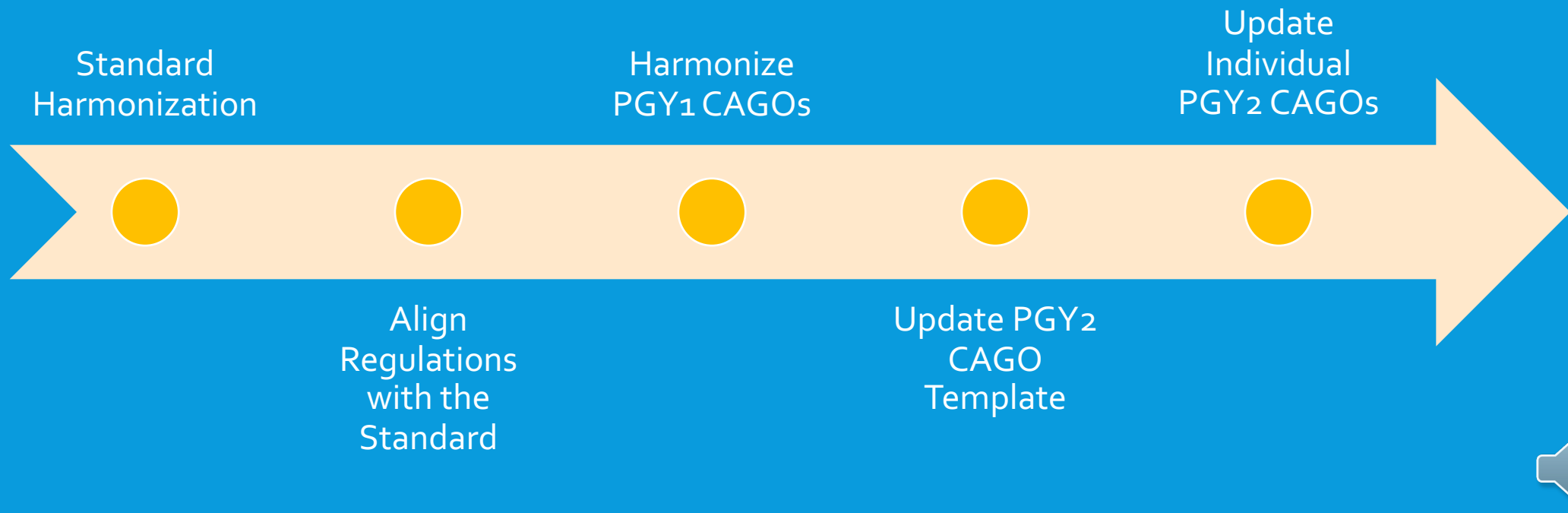
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/PGY1-Harmonized-CAGO-BOD-Approved-2024.pdf>

OTHER DEFINITIONS

- Learning experience (LE): aka rotation
- Learning experience description (LED): description of all elements of a learning experience
- Achieve: typical element of a program's defined rating scale used to track progress toward objective achievement
 - Typically: Resident can perform associated activities independently for this learning experience
- Achieve for residency: typical element of a program's defined rating scale used to track progress toward objective achievement.
 - Typically: Resident can perform associated activities independently across the scope of pharmacy practice
- Summative feedback: feedback at the end of a residency
- Formative feedback: ongoing frequent, specific, constructive feedback to residents about how they are progressing and how they can improve



WHAT IS ASHP DOING?!



BACKGROUND OF HARMONIZED CAGOS



PGY1 types

- PGY1 Pharmacy
- PGY1 Managed Care
- PGY1 Community-Based



JCPP Process



Definitions



UPDATING COMPETENCY AREAS

Prior	Current
Patient Care	Patient Care
Advancing Practice and Improving Patient Care*	Practice Advancement
Leadership and Management*	Leadership
Teaching, Education, and Dissemination of Knowledge	Teaching and Education

*Flipped in PGY1 Community-Based Pharmacy



Crosswalks

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Pharmacy-CAGOs.docx>

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Managed-Care-CAGOs.docx>

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Community-Based-CAGOs.docx>

HARMONIZATION

Non-harmonized CAGOs

	Goals (Phar/MC/Comm)	Objectives (Phar/MC/Comm)
CA 1	3 / 4 / 3	12 / 16 / 16
CA 2	2 / 5 / 2	9 / 19 / 9
CA 3	2 / 4 / 3	6 / 16 / 10
CA 4	2 / 1 / 2	6 / 4 / 5

Harmonized CAGOs

	Goals	Objectives
CA 1	4	12
CA 2	1	8
CA 3	2	6
CA 4	2	5

Elective CAGOs review: elective CAGOs should be worked into objectives through learning activities



Crosswalks

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Pharmacy-CAGOs.docx>

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Managed-Care-CAGOs.docx>

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-Crosswalk-PGY1-Community-Based-CAGOs.docx>

NEW! DELIVERABLES

Competency Area	Objective	PGY1 Pharmacy	PGY1 Community-Based Pharmacy	PGY1 Managed Care Pharmacy
Competency Area R1: Patient Care	1.4.2	Drug class review, monograph, guideline, treatment protocol, utilization management criteria, and/or orderset	Drug class review, monograph, guideline, treatment protocol, utilization management criteria, and/or orderset	*Drug class review, monograph, guideline, treatment protocol, utilization management criteria, and/or orderset
Competency Area R2: Practice Advancement	2.1.2	Project plan	Project plan	Project plan
	2.1.6	Project report for major and second project	Project report for major and second project	Project report for major and second project
Competency Area R4: Teaching & Education	4.1.1, 4.1.2, 4.1.3	1 verbal and 1 written example	1 verbal and 1 written example	1 verbal and 1 written example



*Completion requirements for Managed Care Pharmacy must include three of the above with at least two being different (e.g., two drug monographs and one utilization management criteria development).

BACKGROUND OF HARMONIZED OBJECTIVES



PGY1 types



JCPP Process

- Consistent process in delivery of patient care across the profession
- ASHP, APhA, AMCP, ACPE, HOPA, etc



Definitions



BACKGROUND OF HARMONIZED OBJECTIVES



PGY1 types



JCPP Process



Definitions

- Population health
- Learner
- Project



MATCHING GAME

CAGO Terminology

- Competency Areas
- Educational Goals
- Educational Objectives
- Criteria
- Learning activities

Answers

1

3

2

5

4

Options

1. Categories of residency graduate's capabilities
2. Observable, measurable statements describing what residents will be able to do as a result of participating in a residency program
3. Broad statement of abilities
4. What residents will do to learn and practice skills described in objectives
5. Examples that describe competent performance of education objectives



MATCHING GAME (ANSWERS)

CAGO Terminology

- Competency Areas
- Educational Goals
- Educational Objectives
- Criteria
- Learning activities

Definition

- Categories of residency graduate's capabilities
- Broad statement of abilities
- Observable, measurable statements describing what residents will be able to do as a result of participating in a residency program
- Examples that describe competent performance of education objectives
- What residents will do to learn and practice skills described in objectives



LEARNING OBJECTIVES

- Objectives
 - ✓ Observable
 - ✓ Measurable
- Criteria:
 - Examples that describe competent performance of objectives
 - Not all required
 - Can be used for feedback for resident progression *when engaged in activities specific to the learning experience*



CAGOS ARE CRITICAL TO THE STANDARD

- Achievement of objectives (from CAGOs) are a **critical factor**
 - **Critical factors:** Elements of accreditation standards that the ASHP Commission on Credentialing has determined to be **more important** and, therefore, **carry more weight** than others when they are assessed as being less than fully compliant and used to determine duration of accreditation.
- 3.1.b.1 The program's structure supports the program purpose and facilitates achievement of all required objectives.
 - **3.1.b.1.a All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement.**
 - **3.1.b.1.b If the competency areas, goals, and objectives include a required Appendix, the program structure ensures the requirements listed in the Appendix are met. (PGY2 + MC)**
 - **3.1.b.1.c The program's required learning experiences, as reflected in the program's structure (aka TE grid), are scheduled for all residents.**



NOTABLE CATEGORICAL LEARNING OBJECTIVE THEMES

- R1.1: Patient care objectives – think individual patient activities
- R1.2: Communication – Care team, family, documentation
- R1.3: Safe and effective access – Formulary meds, med event reporting, prepare/dispense/administration
- R1.4: Patient care at the population level
- R2.1: Conducting projects and/or research
- R3.1: Skills for departmental/organizational pharmacy advancement
- R3.2: Personal and professional leadership
- R4.1: Provide medication and practice-related education (loosened definition of learner)
- R4.2: Choosing the right education technique for the learner or situation



UTILIZE CROSSWALKS

PGY1 Pharmacy Crosswalk	
Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) <i>*Indicates Objective results in a resident deliverable.</i>	PGY1 Pharmacy CAGO (2015)
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) <i>*Indicates Objective results in a resident deliverable.</i>
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
R1.1.4: (Applying) Implement care plans.	R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	R1.1.4: (Applying) Implement care plans.
R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical	

PGY1 Managed Care Crosswalk	
Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) <i>*Indicates Objective results in a resident deliverable.</i>	PGY1 Managed Care CAGO (2018)
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	PGY1 Community-Based Crosswalk
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) <i>*Indicates Objective results in a resident deliverable.</i>
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
R1.1.4: (Applying) Implement care plans.	R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
	R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
	R1.1.4: (Applying) Implement care plans.

PGY1 Community-Based CAGO (2017) <i>Objectives with differing Blooms Taxonomy levels than the 2024 CAGOs indicated with red text.</i>	
R1.1.3: (Valuing and Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.	
R1.1.4: (Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.	
R1.1.5: (Valuing and Creating) Design a safe and effective individualized patient- centered care plan in collaboration with other health care professionals, the patient, and caregivers.	
R1.1.6: (Applying) Implement the care plan in collaboration with other health care professionals, the patient, and caregivers.	
R1.2.3: (Applying) Identify and provide services related to patient-centered dispensing that assist individual patients in the safe and effective use of medications.	

LEARNING ACTIVITIES

- The Standard **requires** that learning activities be specified for each educational objective in learning experience descriptions.
- Activities are what residents will do to learn and practice the skills described in objectives.
- Activities are the answer to the question, "What can residents do in the context of this learning experience that will result in outcomes necessary to achieve the educational objective?"
- Specified activities should match the Bloom's Taxonomy learning level stated in parentheses before each objective.



LEARNING ACTIVITIES ARE **CRITICAL** TO THE STANDARD

- A list of activities to facilitate achievement of objectives (from CAGOs) are a **critical factor**
- 3.2.a Learning experience descriptions are documented and include:
 - 3.2.a.1 A general description, including the practice area.
 - 3.2.a.2 The role of pharmacists in the practice area.
 - 3.2.a.3 Expectations of residents.
 - 3.2.a.4 Resident progression.
 - 3.2.a.5 Objectives assigned to the learning experience.
 - **3.2.a.6 For each Objective, a list of learning activities that facilitate its achievement.**



HARMONIZED CAGOS IMPACT YOUR LEARNING EXPERIENCE - STRUCTURE

- Updated program structure
 - Program structure (a.k.a. TE grid)
 - Standard 3.1.b.1: The program's structure supports the program purpose and facilitates achievement of all required objectives
 - **Remember: 3.1.b.1.a All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement.**
 - Objectives assignment must be done in conjunction with RPD
 - Centers around REQUIRED learning experiences



PROGRAM STRUCTURE - TAUGHT & EVALUATED (TE) GRID

2015 → 2024

2015 CAGOS	TE Count	Orientation	IM	ICU	AmCare	Cardiology	Infectious Diseases	Admin	DI and Med Safety	Staffing (long)	Residency Project (long)	Teaching (long)
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process												
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy	TE - 5		TE	TE	TE	TE	TE					
R1.1.2 Interact effectively with patients, family members, and caregivers	TE - 2		TE		TE							
R1.1.3 Collect information on which to base safe and effective medication therapy	TE - 4		TE	TE			TE			TE		
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy	TE - 3		TE		TE		TE					
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	TE - 5		TE	TE	TE	TE	TE					
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	TE - 4		TE	TE		TE	TE			TE		
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate	TE - 5		TE	TE	TE	TE	TE					
R1.1.8 Demonstrate responsibility to patients	TE - 5		TE	TE	TE	TE	TE					
R1.2 Ensure continuity of care during patient transitions												
R1.2.1 Manage transitions of care			TE		TE	TE	TE					
R1.3 Prepare, dispense, and manage medications												
R1.3.1 Prepare and dispense medications, and develop, implement, and evaluate medication policies and procedures		TE								TE		
R1.3.2 Manage aspects of the medication-use process related to oversight of dispensing		TE						TE		TE		
R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing	TE - 2	TE								TE		

Number of times an objective is taught and evaluated



PROGRAM STRUCTURE - TAUGHT & EVALUATED (TE) GRID

2015 → 2024

2015 CAGOS	TE Count	Orientation	IM	ICU	AmCare	Cardiology	Infectious Diseases	Admin	DI and Med Safety	Staffing (long)	Residency Project (long)	Teaching (long)
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication												
2024 CAGOS	TE Count	Orientation	IM	ICU	AmCare	Cardiology	Infectious Diseases	Admin	DI and Med Safety	Staffing (long)	Project (long)	Teaching (long)
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)												
R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 3		TE	TE			TE					
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE - 2		TE			TE						
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE - 5		TE	TE	TE	TE	TE					
R1.1.4 Implement care plans.	TE - 3		TE	TE	TE							
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	TE - 4			TE	TE	TE	TE					
R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	TE - 2											
R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.												
R1.2.1 Collaborate and communicate with healthcare team members.	TE - 7		TE	TE					TE	TE		
R1.2.2 Communicate effectively with patients and caregivers.	TE - 2		TE									
R1.2.3 Document patient care activities in the medical record or where appropriate.	TE - 5	TE	TE	TE								
R1.3 Promote safe and effective access to medication therapy.												
R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 4	TE								TE		
R1.3.2 Participate in medication event reporting.	TE - 3			TE					TE	TE		
R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE - 2	TE								TE		

Previously 1.2.1, now removed for LE

Previously 1.1.1

Previously 1.1.2

Previously 1.1.7



HARMONIZED CAGOS IMPACT YOUR LEARNING EXPERIENCE – OBJECTIVE UPDATES

- Updated program structure
 - Program structure (a.k.a. TE grid)
 - Standard 3.1.b.1: The program's structure supports the program purpose and facilitates achievement of all required objectives
 - Objectives assignment must be done in conjunction with RPD
 - Typically, centers around REQUIRED learning experiences
- New, removed, or updated learning objectives
 - Learning activities may need to be updated to match new or updated objectives
 - Blooms Taxonomy for learning activities may need to be updated
 - Learning activities that no longer map to an objective will need to be removed



FINDING UPDATES TO PREVIOUSLY USED OBJECTIVES - UTILIZE CROSSWALKS

PGY1 Pharmacy Crosswalk	
Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) <i>*Indicates Objective results in a resident deliverable.</i>	PGY1 Pharmacy CAGO (2015) <i>Objectives with differing Blooms Taxonomy levels than the 2024 CAGOs indicated with red text.</i>
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
R1.1.4: (Applying) Implement care plans.	R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	R1.1.8: (Applying) Demonstrate responsibility to patients.
R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical	R1.2.1: (Applying) Manage transitions of care effectively.

Updated Blooms Taxonomy

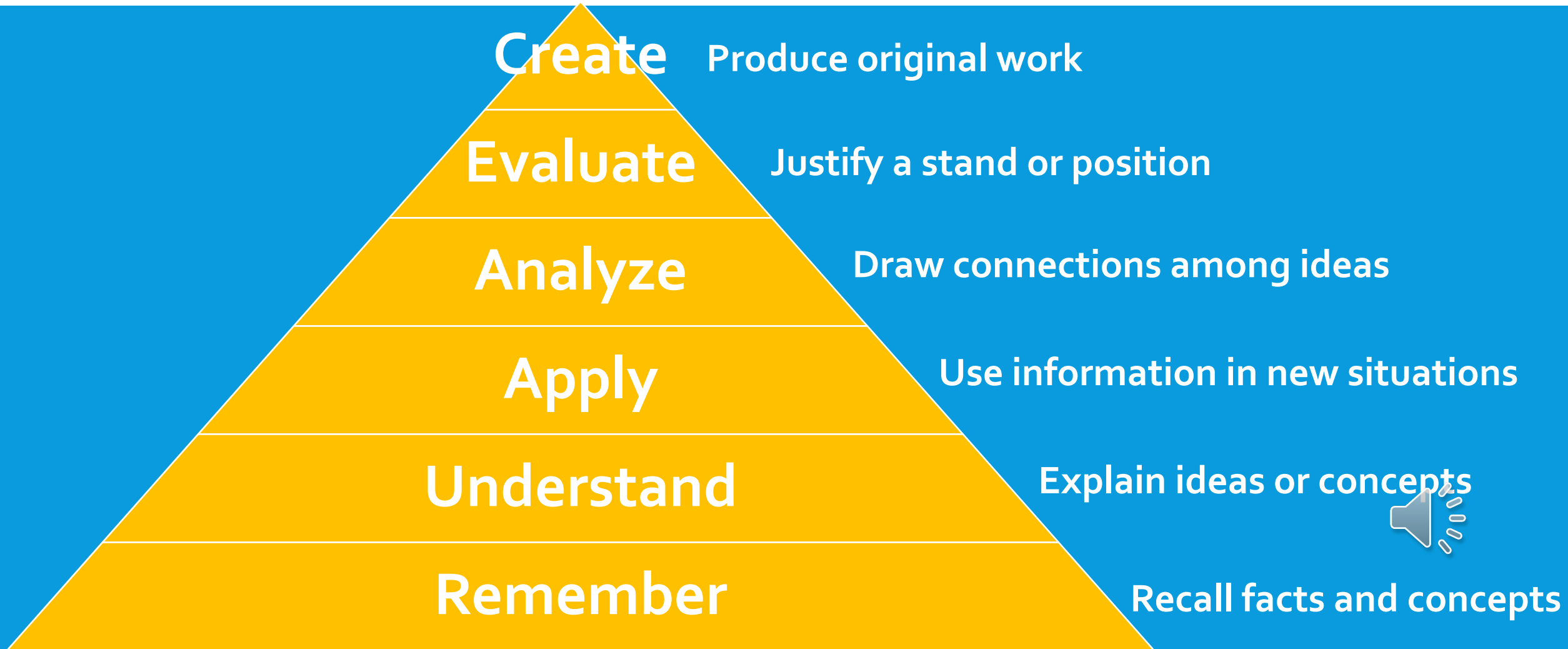


LET'S TALK LEARNING ACTIVITIES!

- This is REALLY what the CAGOs are all about!
- Various practice sites (AMCs, critical access hospitals, PBMs, community pharmacies, etc!)
- Activities make the objectives work for your program and your learning experience
- **Activities are CRITICAL**
 - For each Objective, a list of learning activities that facilitate its achievement. (std 3.2.a.6)
- Well-written activities are a way residents can achieve an objective



MATCHING BLOOMS TAXONOMY: OBJECTIVES TO ACTIVITIES



CHECK OUT EXAMPLE ACTIVITIES

PGY1 Pharmacy

Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024)
**Indicates Objective results in a resident deliverable.*

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).

R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.

R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.

R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.




R1.1.4: (Applying) Implement care plans.

R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical

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PGY1 Competency Areas


  Listen 

PGY1 Competency Areas

VIEW RELATED LINKS ↓

PGY1 Harmonized CAGO – Effective July 1, 2024

- [Crosswalk for PGY1 Pharmacy 2024 CAGO](#)
- [Crosswalk for PGY1 Community-Based 2024 CAGO](#)
- [Crosswalk for PGY1 Managed Care 2024 CAGO](#)
- [Example Activities for PGY1 Harmonized CAGO](#)



DEVELOP LEARNING ACTIVITIES FOR YOUR LEARNING EXPERIENCE

- Each objective must have **at least one** activity that facilitates the Objective's achievement
- Learning activities should
 - Start activity statement with an action verb that aligns with the Blooms Taxonomy level
 - Be followed by a subject/object (e.g., patient information)
 - Be followed by what the resident must do to achieve the associated objective for the specific practice area or learning environment (e.g., to enter patient information into the EMR).



LET'S WRITE A COUPLE LEARNING ACTIVITIES

1.1.4 (Applying) Implement Care plans

- Step 1: Find verbs that work!
 - Execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch
- Step 2: Be followed by a subject/object
 - Patient, medication orders, prescriptions, etc
- Step 3: What the resident must to do to achieve the objective
 - Orders are verified and accurate



2024 CAGOS	TE Count	Orientation	IM	IC
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 3		TE	
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE - 2		TE	
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE - 5		TE	
R1.1.4 Implement care plans.	TE - 3		TE	
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	TE - 4			
R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	TE - 2			
R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
R1.2.1 Collaborate and communicate with healthcare team members.	TE - 7		TE	
R1.2.2 Communicate effectively with patients and caregivers.	TE - 2		TE	
R1.2.3 Document patient care activities in the medical record or where appropriate.	TE - 5	TE	TE	
R1.3 Promote safe and effective access to medication therapy.				
R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 4	TE		
R1.3.2 Participate in medication event reporting.	TE - 3			
R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE - 2	TE		

From example activities: After multi-disciplinary rounds, ensure all medicate changes discussed have been ordered and verified.

LET'S WRITE A COUPLE LEARNING ACTIVITIES

2024 CAGOS	TE Count	Orientation	IM	IC
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 3		TE	
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R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 4	TE		
R1.3.2 Participate in medication event reporting.	TE - 3			
R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE - 2	TE		

1.1.2 (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals

- Step 1: Find verbs that work!
 - Appraise, argue, determine, defend, judge, select, support, critique, weigh
- Step 2: Be followed by a subject/object
 - Patient, medication orders, prescriptions, etc
- Step 3: What the resident must do to achieve the objective
 - Orders are verified and accurate



From example activities: Determine the appropriateness of medication orders (e.g., indication, dose, route, frequency, rate of administration, drug interactions, adherence, cost) prior to verifying.

ASSEMBLE A LEARNING EXPERIENCE USING THE HARMONIZED PGY₁ CAGOS

Components of a learning experience

- A general description, including the practice area. (std 3.2.a.1)
- The role of pharmacists in the practice area. (std 3.2.a.2)
- Expectations of residents. (std 3.2.a.3)
- Resident progression. (std 3.2.a.4)
- Objectives assigned to the learning experience. (std 3.2.a.5)
- **For each Objective, a list of learning activities that facilitate its achievement. (std 3.2.a.6)**

Guidance on components

- The description of the practice area including types of patients, members of the care team, patient care focus, and typical patient load
- Describes the pharmacist's daily responsibilities
- Daily/weekly/etc responsibilities and expectations including req'd presentations, topic discussions projects, assignments, or meetings
- Resident skill development over the duration of the learning experience
- At least one objective is assigned to each learning experience
- Learning activities are specific to the practice area, unique to the objective



LEARNING ACTIVITIES VS RESIDENT PROGRESSION

These two items can work in harmony

- Learning activities:
 - These are activities specific to the practice area and unique to how the resident can achieve the objective
 - Feedback mechanism:
 - Formative feedback –continually and throughout the learning experience
 - Summative feedback—feedback on the objective through the context of learning experiences at the conclusion of the learning experience (verbal + written)
- Resident progression:
 - Describes the skills you expect residents to develop over the course of the learning experience
 - Allows preceptor to build upon Blooms Taxonomy of learning activities (remember→ understand → apply, etc)
 - Feedback mechanism:
 - Formative feedback –continually and throughout the learning experience



ASHP.ORG EXAMPLE DOCUMENTS

ashp.org/professional-development/residency-information/residency-program-resources

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PRACTICE RESOURCES PROFESSIONAL DEVELOPMENT MEETINGS & CONFERENCES ADVOCACY MEMBER CENTER

Example Documents Section

Examples align with the newly published 2023 Standard - Additional examples coming soon!

- Helpful Interview and Recruitment Resources
- Learning Experience Description - PGY1 Example 1
- Learning Experience Description - PGY1 Example 2
- Learning Experience Description - PGY1 Example 3
- Learning Experience Description - PGY1 Community Example
- Learning Experience Description - PGY1 Managed Care Example
- Learning Experience Evaluation - Critical Care Example
- Learning Experience Evaluation - Internal Medicine Example
- Preceptor Evaluation - Critical Care Example
- Preceptor Evaluation - Internal Medicine Example
- Rating Scale Definition - Example 1
- Rating Scale Definition - Example 2
- Summative Evaluation - Critical Care Example
- Summative Evaluation - Internal Medicine Example
- Resident Development Plan - Example
- Development Plan - PGY1 Template
- Development Plan - PGY2 Template
- Residency Accreditation Pharmacist Licensure Policy Examples
- Residency Accreditation Policy Leave Examples
- PGY2 Resident PGY1 Completion Verification Procedures

PharmAcademic[™] Adult Medicine I

PGY1 - Pharmacy (D00003)

Faculty:

Site:

ABC Medical Center

Status: Active

Required

General Description:

Adult Medicine I is a required four-week learning experience at ABC Medical Center. There are 200 medical-surgical beds across four different patient care units in the medical center. There are two internal medicine teaching teams each comprised of an attending physician, a PGY2 or PGY3 medical resident, a primary care nurse, and a clinical pharmacist. Pharmacy residents and other health professionals in training also participate when assigned to IM teaching teams.

Common disease states in which the resident will be expected to gain proficiency through direct patient care experience include, but are not limited to:

- * Cardiovascular disorders--hypertension, heart failure, dyslipidemia, stroke
- * Renal disorders--acute renal failure, end-stage renal disease, glomerulonephrosis
- * Respiratory disorders--asthma, COPD
- * Gastrointestinal disorders--GERD, PUD, hepatitis, pancreatitis, Crohn's disease, IBD
- * Endocrine disorders--diabetes mellitus, thyroid disorders, osteoporosis
- * Infectious diseases--pneumonia, UTI, sepsis, skin and soft tissue infections, bone and joint infections, endocarditis

Role(s) of Pharmacist(s):

The clinical pharmacist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team. Routine responsibilities include reconciling medications for all patients admitted to the team based off of the admission medication history, addressing formal consults for non-formulary medication requests, pharmacy clinical consults for therapeutic drug monitoring (e.g., pharmacokinetics, anticoagulation, parenteral nutrition, etc.), and participating in multidisciplinary rounds. The pharmacist will also provide drug information and education to healthcare professionals as well as patients and caregivers.

Expectations of Residents:

The resident is expected to be on-site at minimum between 7am and 4pm for the entire Adult Medicine I learning experience. The resident may need to begin preparing earlier in the morning for patient care rounds based on resident efficiency and complexity of patients on the service. Multidisciplinary rounds begin ~8:30/9am daily Monday through Friday and last approximately 3-4 hours. The preceptor will round with the resident on the team for at least the first two weeks. The preceptor and resident will review patient care items discuss patient issues over lunch following rounds daily. The resident will spend the remainder of the afternoon following up on patient care issues, completing clinical pharmacy consults, and finishing patient care documentation. The resident and preceptor will complete topic discussions at least twice weekly in the afternoons also.

Topic discussions and primary literature will be used to help develop the resident's patient care skills for common disease states and also acquiring knowledge about diseases encountered less frequently on the service. The resident will be expected to review primary literature and evidence-based guidelines applicable for the disease states encountered during the learning experience, referencing them when making therapeutic recommendations.



NOTES FROM A SURVEYOR

- The role of pharmacists in the practice area.
 - Should always describe the type of pharmacist you would want to hire
 - This is what residents are achieving towards
 - Don't put the minimum responsibilities! Describe the type of pharmacist you are!
- Resident progression.
 - It is not: cover 10% → 25% → 50% → 100% of the service!
 - Describes the skills you expect residents to develop over the course of the learning experience
 - Ex. During the first week, residents are expected to round with the team and familiarize themselves with the inter-workings of the unit. Residents will identify a pertinent topic discussion for medical resident education.
 - Ex. During the second week, residents are expected to round with the team and verify at least 50% of orders for patients rounded on. Resident will identify resources and learning activities for medical resident education
 - Ex. During the third week, residents are expected to round with team and verify all orders for patients. Residents will have a completed first draft for medical resident education.
 - Ex. During the fourth week, residents will round and verify orders. Residents will provide medical resident education and assess effectiveness of education. Residents will field all nursing questions for patients.



YOU GOT THIS! BUT JUST IN CASE....

- Katrina.derry@ucop.edu
- ASHP Accreditation Services Office (ASO):
 - Email: ASD@ashp.org
 - Phone: 301-664-8835
- Communique newsletter: <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Communique-Newsletter>

