

Canadian Pharmacy Residency Board



Accreditation Standards For General (Year 1) Pharmacy Residencies **(TENTATIVE DOCUMENT TITLE)**

Last updated December 28, 2016

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Acknowledgements:

The CPRB Accreditation Standards for General (Year 1) Pharmacy Residencies draw heavily from works published by other pharmacy education and accreditation bodies, including the Association of Faculties of Pharmacy of Canada (AFPC), the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), and the Accreditation Council for Pharmacy Education (ACPE). The CPRB wishes to acknowledge in particular the support and good counsel of the American Society of Health-System Pharmacists Commission on Credentialing and the Royal College of Physicians and Surgeons of Canada. We are particularly grateful for the American Society of Health-System Pharmacists Commission's generous permission to adapt their documents for the Canadian context.

The framework used in this document was designed to align with the CPRB Accreditation Standards for Advanced (Year 2) Pharmacy Residencies (2016) and the AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy (Entry-to-Practice Pharmacy Programs) in Canada. These documents are all based on the CanMEDS Physician Competency Framework.

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1. INTRODUCTION

1.1 Definition

The Canadian Pharmacy Residency Board (CPRB) defines a general (year 1) residency in pharmacy practice, subsequently referred to as a “pharmacy residency”, as an organized, directed, accredited program that builds upon competencies of an accredited entry to practice pharmacy professional degree program. The pharmacy residency focuses on direct patient care, pharmacy operations, project management and personal practice aspects of pharmacy practice. Canadian pharmacy residencies have their roots in hospital pharmacy practice; however, contemporary pharmacy residencies are delivered in diverse practice settings. Pharmacy residencies develop clinical, interprofessional, and leadership skills that can be applied to any position in any practice setting.

1.2 Purpose of the Standard

The CPRB Accreditation Standards for General (Year 1) pharmacy residency programs outline the basic criteria to be used in evaluating such programs in organizations applying for accreditation by the CPRB. The CPRB Accreditation Standards will be uniformly applied to all pharmacy residency programs in Canada who apply for accreditation. The accreditation process considers the evaluation of both the residency program and the pharmacy services. Each standard is followed by a description of the requirements, where applicable, to meet the standard. Throughout the Accreditation Standards, where the auxiliary verb “shall” is used, an absolute requirement is implied. The use of “should” denotes a recommended guideline for compliance. Standard definitions are outlined below:

Term	Refers to (definition):
Assessment	<ul style="list-style-type: none">• The estimation of the nature, quality, or ability of something or someone. It is typically ongoing and process-oriented and focuses on identifying areas for improvement.
Clinical environment	<ul style="list-style-type: none">• The setting in which patients are assessed and receive care (e.g., patient care unit, clinic, office practice, etc.)
Coordinator (definition and role)	<ul style="list-style-type: none">• Individual accountable for the planning, organizing and executing of tasks to ensure the effective management of the residency program
Department	<ul style="list-style-type: none">• Organizational structure for oversight and/or provision of pharmacy services, as applicable to the organization in which the residency program operates
Evaluation	<ul style="list-style-type: none">• The making of a judgment about the amount, number, or value of something or someone. It is typically summative and product-oriented and focuses on a final score(s).
Extra-clinical environment	<ul style="list-style-type: none">• A practice setting that supports, and is removed from the direct patient care (clinical) service environment (e.g., drug information centre; pharmacogenetics laboratory; informatics operating centre; etc.)
General (Year 1) Pharmacy Residency	<ul style="list-style-type: none">• An organized, directed, accredited program that builds upon competencies of an accredited Canadian entry-to-practice pharmacy professional degree program
Organization	<ul style="list-style-type: none">• A corporate entity that operates the residency program (e.g. hospital, community pharmacy, family health team, health authority or region)
Primary partner	<ul style="list-style-type: none">• An organization that is primarily responsible for a jointly offered residency program
Primary preceptor	<ul style="list-style-type: none">• A qualified individual who is responsible to develop learning goals and objectives aligned with the program’s intended outcomes and who ensures that a resident is supervised in all aspects of the rotation and associated learning activities
Program Director	<ul style="list-style-type: none">• An individual accountable for the strategic planning and

	oversight of the residency program
Project Supervisor	<ul style="list-style-type: none"> An individual assigned to support the resident's project who has the necessary skills and knowledge to complete the project
Project	<ul style="list-style-type: none"> an individual or collaborative enterprise that is carefully planned and designed to achieve a particular aim.

The terms “**coordinator**”, “**department**”, “**organization**”, “**pharmacist**”, “**preceptor**”, and “**resident**”, where expressed in singular, shall also read as plural.

It is the organization's responsibility to award the certificate of residency and to confer any associated credential. In accrediting a residency program, the CPRB does not presume to certify the individual resident. Reference may be made in the residency certificate to its accredited status in accordance with the provisions of the CPRB Accreditation Standards for General (Year 1) Residencies.

1.3 Purpose of General (Year 1) Pharmacy Residency Programs

The purpose of a pharmacy residency program is to enable residents to:

- Refine professional competence in providing direct patient care, through supervised practice under the guidance of model practitioners;
- Refine competence in providing pharmacy operational services and project management skills
- Refine personal practice skills
- Develop leadership skills

Educational outcomes of a pharmacy residency program include, minimally:

- a) providing evidence-based direct patient care as a member of interprofessional teams;
- b) managing and improving the medication use systems;
- c) exercising leadership;
- d) exhibiting the ability to manage one's own practice of pharmacy;
- e) providing medication- and practice-related education; and,
- f) demonstrating project management skills.

2.0 STANDARDS FOR PROGRAM ADMINISTRATION

2.1 Qualifications

2.1.1 Organization

Standard

Pharmacy residency programs shall be conducted in organizations (such as hospitals, primary care clinics, health authorities or regions, and other pharmacy practice settings) whose governing bodies, senior management, professional staff and employees collaborate to seek excellence and have demonstrated substantial compliance with professionally developed and nationally applied criteria.

Requirement(s)

1. The organization shall meet accreditation standards, regulatory requirements, and other applicable standards:
 - a) An organization that participates in offering a pharmacy residency shall be accredited by Accreditation Canada, if eligible.
 - b) A College, School or Faculty of pharmacy that participates in offering a pharmacy residency program shall be accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).
 - c) Other organizations that participate in offering a pharmacy residency shall have demonstrated substantial compliance with applicable professionally developed and nationally applied standards.
 - d) The organization's accreditation status from the applicable credentialing body and most recent survey report shall be available for review by the accreditation survey team.
2. Two or more organizations working in cooperation may jointly provide a pharmacy residency:
 - a) The organizations shall have contractual arrangement(s) or signed agreement(s) that clearly define the responsibilities for all aspects of the residency program and that delineate the name of the jointly offered program for the purposes of conferring a residency certificate or credential. Such contract(s) or agreement(s) shall be available for review by the accreditation survey team.
 - b) Each organization governed by the agreement shall meet the Requirements of Standard 2.1.1. One organization shall be designated the primary partner, and shall be responsible for all aspects relating to accreditation, including but not limited to the application for accreditation, payment of fees, responding to accreditation survey reports, and acting as the point of contact with CPRB or its designates.
 - c) In the event that the primary partner delegates day-to-day responsibility for the residency program to its partner organization (or one of their practice sites), the partner organization (or its practice site as applicable) shall submit routine reports to the primary partner and a method of on-site inspection by a representative of the primary partner shall be in place to ensure that the terms of the agreement are being met.
 - d) All reports and inspections shall be documented and signed by representatives of all parties bound by the contract (agreement) and shall be available for review by the accreditation survey team.
3. The organization, or the primary partner defined in the agreement of a jointly offered residency program, shall maintain authority for the program and responsibility for its quality.
4. The organization shall adhere to CPRB Accreditation Policies and Procedures, including adherence to the rules of the Residency Matching Service.

5. The organization shall have sufficient resources to ensure the educational goals and outcomes of the program are met.

Required Evidence:

- a) A patient population and professional practice experience opportunities to satisfy the requirements of the residency program,
 - b) Program administration staff, professional and technical pharmacy preceptors, and administrative support staff to ensure program stability and delivery, provide adequate supervision of trainees, and to support continuous quality improvement of the program,
 - c) Non-academic support for residency trainees, consisting minimally of workspace, equipment commensurate with that made available to pharmacist employees of the organization, library/drug information access, and counseling/advising assistance.
6. The organization shall support the development of relationships between the department and other areas of the organization, as well as affiliated academic institutions or their Faculties (departments) for the purposes of advancing collaborative instruction that promotes interprofessional models of training and to advance research and patient care.

Required Evidence:

- a) Administrative endorsement of initiatives such as collaborative research or projects, committee work,
 - b) Sharing or exchange of instructional staff or space for patient care, research or education purposes.
7. The organization shall provide teaching and learning environments that promote resident safety and freedom from intimidation, harassment and other forms of abuse.

2.1.2 Department Standard

Pharmacy residencies shall be conducted in departments that have demonstrated a commitment to education and that provide an exemplary environment conducive to the goals and outcomes of the program.

Requirement(s)

1. The department shall conduct the residency program in a manner that ensures attainment of the competencies (educational outcomes) of the program takes precedence over other services the organization may obtain from the resident.
2. The department shall provide experience in a broad range of pharmacy services.
 - a) Scheduling of residents on a duty (service) roster is acceptable, provided that the activities of the duty (service) roster are in keeping with the objectives of the pharmacy residency. Tasks related to the duty (service) roster shall be evaluated in a manner similar to other academic requirements of the residency program, and the department shall not assign the resident to perform repetitive tasks solely to meet its service needs.
3. The department shall be led and managed by a professionally competent, legally qualified Director who provides effective leadership and management for the achievement of short- and long-term goals of the department and organization relating to pharmacy services delivery, and medication use.

Required Evidence:

- a) A departmental mission or vision statement,
- b) A well-written document that articulates the scope and depth of pharmacy services including available staff to deliver such services,
- c) Documentation of the department's involvement in education of staff (e.g., orientation, in-service training, continuing professional development) and students (e.g., entry-level or post-entry level professional or technical trainees),
- d) Organizational structure of the department,

- e) Short and long-term goals,
 - f) A quality improvement plan.
4. The department should have evidence of a spirit of collegiality, demonstrate mutual understanding and agreement among the preceptors and administrators on the mission, goals and objectives of the residency program, and accept the responsibilities necessary to achieve the objectives of the residency program.
Required Evidence:
- a) Active participation of preceptors and administrators on the residency advisory committee,
 - b) Defined method of balancing allocation of learning resources between pharmacy residents and advanced (year 2) pharmacy residents, pharmacy students and other health professional trainees.
5. The department shall be an integral part of the care delivery system within the organization in which the residency program operates.
Required Evidence:
- a) Pharmacy services of a scope and quality commensurate with identified needs of all patients served by the organization,
 - b) Involvement in the overall planning of patient care services,
 - c) Pharmacy services that extend to all areas of the organization in which medications for patients are prescribed, dispensed, administered, and monitored,
 - d) Pharmacists who are responsible for the procurement, preparation, distribution, and control of all medications used including special access and investigational drugs, except where those responsibilities are assigned to another party through legal agreements.
6. The department (if applicable) shall provide a safe and effective drug distribution system for all medications used within the organization in a manner consistent with the patient population(s) being served, organizational needs, and patient safety considerations.
Required Evidence:
- a) The drug distribution system, if provided, meets all applicable accreditation and provincial regulatory standards.
7. The department shall provide direct patient care services in a manner consistent with the organizational and patient (safety) needs.
Required evidence:
- a) Pharmacists are important members of the interprofessional teams that deliver care in areas where the resident practices,
 - b) In areas where residency training is provided, the pharmacy service is active at all times (i.e., 12 months a year),
 - c) Pharmacists are responsible to identify, prevent and resolve drug therapy problems for individual patients and/or groups of patients,
 - d) Pharmacists participate prospectively in the design and implementation of pharmaceutical care plans, including medication-therapy monitoring plans,
 - e) Pharmacists work collaboratively with other team members to review the appropriateness and safety of medication orders,
 - f) Pharmacists document all significant patient care recommendations and resulting actions, treatment plans, and/or progress notes in the appropriate section of the patient's health record or the organization's clinical information system, or another system with equivalent purpose (e.g., drug information or investigational drugs service),
 - g) Pharmacists provide written and oral consultations regarding medication-therapy selection and management for patients they are managing,
 - h) Management by pharmacists of diseases and/or medications is consistent with applicable laws, regulations, and practice-site policy,
 - i) A system to support continuity-of-care is used routinely,

- j) The quality of services provided in areas where residency training is completed is evaluated routinely.
8. The department shall provide or make available essential drug information services to allow the safe and optimal use of medications.

Required Evidence:

- a) Demonstrated ability to respond to drug information inquiries from the organization's (or other, as applicable) healthcare providers,
 - b) Participation in the development of medication-use and safe medication practice policies and procedures,
 - c) Reporting and monitoring of medication incidents and accidents (including reporting of adverse drug events) followed by development and implementation of appropriate modifications to the medication-use system to limit these negative outcomes,
 - d) Promotion and facilitation of the optimal use of medications through development of medication-related documents (such as educational tools, protocols, and order sets), active participation in continuing medical education for the organization's healthcare providers, and dissemination of recommendations following medication-use evaluations.
9. The department shall work in collaboration with the organization and other healthcare providers to advance the safety and quality of the medication use system.

2.1.3 Residency Program Administration

Standard

Pharmacists who hold to high professional ideals and have the desire and aptitude to teach and administer the program shall direct the residency program.

Requirement(s)

1. The residency program shall be administered and directed by a professionally competent person (“program director”) who is:
 - a) Recognized by the organization as a member of the administrative team that is responsible to lead and manage the department;
 - b) Administratively responsible and fully accountable for the residency program, including compliance with Accreditation Standards, Policies and Procedures.
2. The program director may delegate:
 - a) coordination of the program to a qualified residency coordinator(s);
 - b) administration responsibilities to one or more qualified person(s);
 - c) preceptor responsibilities to other qualified persons.
3. The program director shall have:
 - a) recognition from peers or professional organizations for leadership in the profession;
 - b) administrative experience of at least two years’ duration, where administrative experience is interpreted to mean experience as a director, manager, coordinator, supervisor, senior or lead clinician, course master (coordinator), or faculty section head;
 - c) demonstrated ability to supervise, teach, and mentor residents, through past or present participation as a preceptor, tutor, course coordinator, or professor;
 - d) membership in a professional society.
4. The residency coordinator shall:
 - a) have completed an accredited pharmacy residency (CPRB or American Society of Health-System Pharmacists [ASHP] Commission on Credentialing) or equivalent advanced practice (post-licensure) training in the field of pharmacy (e.g., Fellowship, Doctor of Pharmacy as a second professional degree, advanced [year 2] pharmacy residency, Master’s degree in advanced pharmacotherapy) OR certification in a defined area of practice (where such certification is available from a recognized organization) OR equivalent experience, where equivalent experience is interpreted as three years’ experience;
 - b) have relevant pharmacy practice experience; and
 - c) hold membership in the Canadian Society of Hospital Pharmacists
5. The program director shall ensure that residency program administrative responsibilities are assigned and fulfilled, minimally in the areas of:
 - a) development and maintenance of policies and procedures for the residency program,
 - b) strategic planning for the residency program and its operations
 - c) acquisition of resources to support and advance the residency program
 - d) marketing, recruitment, and admission of individuals qualified to undertake residency training
 - e) support, training, and supervision of residents, as well as consideration for their safety and wellness (e.g., when carrying out educational activities involving travel, patient encounters, house calls, after-hours consultations in isolated service areas)
 - f) support, training and supervision of preceptors,
 - g) development of academic content and educational approach for the residency program,
 - h) program assessment (continuous quality improvement),
 - i) assessment of learners (in terms of attainment of educational outcomes),
 - j) maintenance of program archives (records), and
 - k) monitoring of resident attendance and degree of preceptor oversight (e.g., during rotations; during longitudinal service; duty roster; non-rotational experiences such as courses, committee service, etc.).

6. A residency advisory committee shall be in place to provide general oversight and guidance to the design and operation of the program.
- a) The committee terms of reference, minutes and associated documents (e.g., position papers, projects) shall be available for review by the accreditation survey team.
 - b) The committee shall include representation from the program's residents; if there is more than one resident in the program, at least one representative shall be elected by the group.
 - c) The committee should include a representative from each participating site (facility or department) and each major component of the program.
 - d) The committee shall include representation from primary preceptors.
 - e) Committee members may be appointed or elected but must be active participants on the committee, as evidenced by regular attendance at meetings.
 - f) The committee shall have representation external to the department, interpreted as any qualified individual who does not have line accountability to the department, or a senior administrator to whom the department reports.
 - g) The committee shall communicate regularly with the department or organization and with residents.
 - h) Where two or more residency programs are operating, the residency advisory committees shall regularly communicate with each other.
 - i) Where two or more residency programs are operating within the same organization, one residency advisory committee may be aligned, integrated, or partnered with another residency advisory committee, so long as it can be demonstrated that the needs of the general (year 1) residency program are being met.
 - j) The committee shall organize appropriate remediation or probation for any resident who is experiencing difficulties meeting the appropriate level of competence.

2.1.4 Preceptors

Standard

The resident shall be precepted by individuals who have the experience, desire and aptitude to teach.

Requirement(s)

1. A preceptor shall have the knowledge, skills and practice experience to act as a role model and to assist in the development of the resident's skills.
2. A defined process shall be in place for orientation of new preceptors.
3. Continuing preceptorship development shall be made available to all instructional staff.
4. A primary preceptor shall be a qualified pharmacist designated for each learning experience (hereafter referred to as a rotation).
 - a. The primary preceptor shall be responsible to ensure that a training plan is established and that all assessments are completed.
 - b. Co-preceptors or secondary preceptors from pharmacy or from professions other than pharmacy may be appointed to assist in the delivery of the educational experience, but such preceptors shall be fully apprised of rotation objectives, resident's progress to date, and assessment expectations of the program.
 - c. The preceptor shall develop specific goals and objectives for the resident in consultation with the program director or coordinator.
 - d. The residency director or coordinator and the residency advisory committee shall review rotation goals and objectives at least every two years.
5. Time shall be allocated for instruction, observation and assessment of the resident in each rotation.
6. The preceptor shall review and confirm learning goals and objectives with the resident at the beginning of the rotation.
7. The preceptor shall provide timely and regular feedback to, and assessment of, the resident.
8. The preceptor shall be committed to self-assessment and making active use of constructive feedback provided by the resident, coordinator, program director, and (where applicable) other preceptors and members of the interprofessional team.
9. A primary preceptor for the project component (see 3.6) will be assigned to the resident.

2.1.5 Residents

Standard

Pharmacy residents shall be individuals who hold to high professional ideals and who have a commitment to continued learning beyond entry-level competencies.

Requirement(s)

1. The resident shall demonstrate a commitment to the profession by adhering to standards and participating in healthcare professions regulation.
 - a) The resident shall be registered as a pharmacist by the appropriate Canadian pharmacy regulatory authority; if not registered as a pharmacist at the time of application to the program, the resident shall become registered as a pharmacist at the earliest opportunity upon being admitted into the program.
 - b) The resident shall be a member of the Canadian Society of Hospital Pharmacists.
2. The resident shall contribute actively and constructively to the mission, vision, goals, education, and quality improvement initiatives of the residency program and the department.
3. The resident shall be committed to making active use of constructive feedback provided by preceptors, the coordinator and program director.
4. The resident shall exhibit appropriate professional behaviours and relationships in all aspects of practice, including technology-enabled communication, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality.
5. The resident shall demonstrate a commitment to excellence in all aspects of practice and to active participation in collaborative care and service delivery.

6. The resident shall demonstrate a commitment to the well-being of other health professionals to foster optimal patient care, and shall promote a culture that recognizes, supports, and responds effectively to colleagues in need.
7. The resident shall be responsible and accountable for acquiring all competencies of an accredited pharmacy residency.
8. Residents shall engage in the continuous improvement and enhancement of their professional activities through ongoing learning:
 - a) Develop, monitor, and revise a personal learning plan to enhance professional practice.
 - b) Regularly analyze their performance, using various data and other sources to identify opportunities for learning and improvement.
 - c) Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.

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2.2 Program Planning and Operation

2.2.1 Admissions Criteria, Policies and Procedures

Standard

The program shall use formal criteria, policies and procedures for evaluation, ranking and admission of qualified applicants to the residency program.

Requirement(s)

1. Each applicant's qualifications for acceptance into the residency program shall be evaluated using an established, formal, criteria-based process.
2. The Residency Program Director and Coordinator shall be responsible for selection of applicants who qualify for admission to the program.
 - a) Applicants may be offered benefits (including awards, bursaries, and/or return of service contracts or agreements or equivalent); however, an applicant's acceptance or rejection of such benefits shall not influence the decision to admit a candidate to the residency program, nor have an influence on the decision regarding a resident's graduation from the residency program.
 - b) Applicants who are accepted into the program shall receive a letter outlining their acceptance to the program. All terms and conditions (e.g., pre-requisite or concurrent coursework, internships, structured practical training, etc.) shall be clearly outlined in the letter of offer/admission. A resident's acceptance of the admission offer to the program shall be documented in writing prior to the beginning of the residency program.
3. A formal process shall be in place to assess prior learning of each resident prior to the beginning of the residency program.
4. The start and end date of the resident's course of study shall be defined prior to the resident's entry to the program.
 - a) A full-time residency shall be defined as a minimum 52 week continuous training period (including approved leave/vacation).
 - b) Residency training may occur on a part-time basis, however such a program shall be composed of a minimum of 52 weeks training (including approved leave/vacation not exceeding that which would be offered in a full-time program) offered over not more than 24 months, and breaks in residency training shall not exceed 45 working days.
 - c) The residency period may be shorted when a resident has been given credit prior learning as per 2.2.1.6 (below).
 - d) Non-residency days shall be clearly defined at the beginning of the program, and educational benefits to the resident shall take priority over services.
5. A program that grants credit for prior learning outside of an accredited residency program, or transfer credit recognizing rotations completed at another accredited residency program shall:
 - a) grant credit in an amount not exceeding 25% of the total residency training period, interpreted to mean not more than 25% of the total residency days required to achieve the full-time or part-time program as defined in Standard 2.2.1.5;
 - b) have a well-defined and documented process(s) in place for granting prior learning credit and/or transfer credit;
 - c) maintain documentation that provides evidence to support the decision to grant credit;
 - d) retain documentation in the resident's training record regarding the program requirements for which prior learning credit/transfer credit was granted;
 - e) award transfer credit only for learning objectives or rotations completed at another accredited residency program within 24 months prior to entering the Program which is granting transfer credit.

2.2.2 Educational Approach

Standard

The program shall use a systematic process to design, plan and/or organize an academic program that facilitates a resident's achievement of the intended educational outcomes.

Requirement(s)

1. The residency program director shall oversee development of learning goals and objectives for the residency program.
 - a. Learning goals and objectives shall address content from a list of topics (e.g., diseases, conditions, patient groups, service issues) in the context of all required educational outcomes of a pharmacy residency.
 - b. Learning objectives shall be clearly written, outcome-oriented, observable and measurable.
2. Rotations shall be selected to enable residents to meet all required educational outcomes of an accredited pharmacy residency.
 - a) Learning goals and objectives shall be assigned to each rotation.
 - b) The residency program coordinator and/or preceptor of each rotation shall write a detailed description (outline) of each learning experience.
3. The program shall use a variety of instructional methods (e.g., observational, case study, seminar, etc) and delivery formats for experiences (e.g., longitudinal versus block scheduling, simulation, distance technology).
4. Residency activities shall provide:
 - a. a broad exposure to contemporary pharmacy services for the prescription, use, and management of medications in the treatment of patients;
 - b. opportunities to develop interprofessional collaborative practice skills alongside other members of the health care team;
 - c. opportunities to develop skills to work effectively with patients, other healthcare professionals, administrators, educators, students, researchers, and change leaders;
 - d. opportunities to develop critical thinking, ethical and scientific reasoning, problem-solving, decision-making, time management, practice management, self-directed learning, teaching, professionalism, change management and leadership skills.
5. In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of the resident's program.
 - a. Based on the assessment of the resident's prior learning, baseline knowledge, skills, attitudes, competencies, and interests, a broad written plan for the resident's program shall be developed, setting forth customized learning goals, as well as a schedule of activities for achieving those goals. The plan should build on the resident's strengths and address the areas for development.
 - b. The resident shall be given, at the beginning of the residency program, a detailed schedule of all planned rotations.
 - c. Residency experiences shall be structured to provide a systematic approach to enhancing the resident's problem-solving and decision-making skills.
 - d. Residents shall provide service within a team (e.g., clinic, unit, consult service) that supports development of interprofessional collaborative practice skills to optimize patient safety.
 - e. Individualization of a resident's experiences to account for specific interests must not interfere with achievement of the program's learning goals and objectives.
 - f. The department shall balance the assignment of resident activities to meet program outcomes with concerns for patient safety and the resident's well-being.
 - g. Scheduling of experiences need not be limited to the systems and services of the organization that operates the residency program; however, the training environment of each rotation should meet the requirements described in this Standard.
 - h. The schedule should be written in sufficient detail to give the resident a clear understanding of each activity in a rotation or across a series of rotations.

- i. The level of responsibilities and the degree of supervision assigned during each rotation shall be consistent with the skill levels of the resident.
6. A formal process shall be in place to orient the resident to the residency program, the department and the organization.
7. When the course of study begins, the resident shall receive a manual that provides a comprehensive description of the residency program and contains, at a minimum the following elements :
 - a. Expectations of residents and preceptors,
 - b. The intended educational outcomes of the program,
 - c. Description (learning goals and objectives) of each rotation available to the resident,
 - d. Description (learning goals and objectives; schedule) of the formal academic curriculum (e.g., mandatory course work, mandatory academic half-days or full days),
 - e. Criteria for successful completion of the program,
 - f. Policies concerning professional, family, and sick leave and the effect such leaves shall have on the resident's ability to complete the program,
 - g. Policies governing scheduling of residency experiences, including duty (service) roster shifts if applicable,
 - h. Procedures for assessments of the resident, preceptor, coordinator, director,
 - i. Procedures for evaluation of the training site (rotation) and residency program,
 - j. Processes for remedial action in presence of deficiencies in the resident's progress,
 - k. Processes that shall be used to address all discrepancies in assessment, and
 - l. Policies governing intimidation and harassment and other forms of abuse

2.2.3 Assessment and Evaluation of Residents and Program Components

Standard

The pharmacy department shall conduct the program in a manner that reflects the principles of continuous quality improvement.

Requirement(s)

1. An ongoing review process shall be in place to
 - a) assess the resident's performance (formative and summative)
 - b) evaluate the preceptor's performance,
 - c) evaluate the program coordinator's and program director's performances,
 - d) evaluate rotations and learning environments (e.g., instructional delivery methods, facilities, personnel, and other resources) to ensure that they are used with optimal effectiveness and are conducive to developing the highest level of practice, and
 - e) evaluate overall performance of the residency program.
2. The resident shall use a learning portfolio or equivalent to facilitate self-assessment and provide evidence of skill development over the course of the program.
 - a) The learning portfolio should include preceptor assessments, monthly reports, quarterly or other summative assessments, self-assessments, career objectives, clinical activities during the rotations, awards, projects, and other documentation relating to a resident's progress throughout the duration of the residency program.
3. Feedback on and discussion of the assessments and evaluations shall be conducted in an open and collegial atmosphere, allowing for an unbiased discussion of the strengths and weaknesses of the resident, preceptor, instructors/teachers, and the overall operation of the program, while respecting the confidentiality of all parties.
4. The resident shall be assessed on development of competencies associated with the program.
5. Assessment tools that are competency- and criteria-based and that reflect the intended outcomes shall be available for all learning experiences in the program.
6. Residents shall be informed promptly when serious concerns exist, and they shall be given an opportunity to correct their performance.
7. With respect to the assessment process for residents, the program shall ensure that the following conditions are met:
 - a) There is a process for assessment and documentation of longitudinal development of competencies.
 - i. Clinical skills shall be assessed by direct observation and shall be documented.
 - ii. Attitudes and professionalism shall be assessed by various means, such as interviews with peers, supervisors, other healthcare professionals, and patients and their families.
 - iii. Communication abilities shall be assessed by direct observation of the resident's interactions with patients and families and with colleagues, and by review of written communications to patients or colleagues, particularly referral or consultation letters, where appropriate.
 - iv. Abilities to collaborate shall be assessed, including interpersonal skills in working with all members of the interprofessional team.
 - v. Teaching abilities shall be assessed by multiple methods, including assessments of other learners and direct observation of the resident in seminars, lectures, case presentations, and other settings.
 - vi. The resident's ability to individualize patient care on the basis of patient-specific characteristics (such as age, co-morbidities, gender, culture, and ethnicity) shall be assessed by direct observation.
 - b. Longitudinal assessment of a resident's progress shall be continuous and ongoing throughout the program and shall be facilitated by direct interaction between the resident and the program director and coordinator for this purpose, minimally twice within the residency year.

- c. The resident shall perform written self-assessments based on the learning objectives established for each rotation, in order to assist the resident in identifying any objectives that were not met during the rotation.
 - i. A resident shall review the self-assessment with the preceptor (with or without the program director/coordinator) at the time of regularly scheduled assessments.
 - d. The resident's achievements shall be regularly assessed in terms of the program and the learning goals and objectives of the rotation.
 - i. The assessment shall relate to the resident's progress in achieving goals and learning objectives.
 - ii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives.
 - iii. A written final assessment shall be completed for each rotation. The final assessment should be conducted within 1 week of completion of the rotation. The assessment meeting shall be conducted by the preceptor for each rotation or by the program director/coordinator with input from the preceptors.
 - iv. A midpoint assessment should be completed for each rotation.
 - v. A written record of the final assessment of each rotation or residency requirement (e.g., for program requirements completed using a format other than a rotation) shall be maintained and reviewed with the resident and signed by the residency coordinator and/or program director.
8. With respect to preceptors, an ongoing review process shall be in place that:
 - a) shall obtain feedback from the resident;
 - i. The resident shall complete a written evaluation of the preceptor and feedback shall be provided to the preceptor in a timely fashion.
 - ii. The resident shall evaluate the preceptor on the basis of his/her knowledge, skills and attitudes as a role model and teacher.
 - b) shall provide for the residency director and/or coordinator to review and signoff on all evaluations of the preceptor and the rotation in a timely fashion;
 - c) is an effective mechanism to provide preceptors and instructors/teachers in the program with honest and timely feedback on their performance?
9. With respect to the program director and coordinator, a process shall be in place to evaluate and provide feedback with respect to the roles of the residency program director and coordinator, as well as the site coordinators (as applicable), in coordinating and supporting the residency program.
 - a) Resident feedback shall be incorporated into the assessment process for the program director and coordinator.
10. With respect to the rotation and training environment, an ongoing review process shall obtain feedback from the resident.
 - a) At the end of the rotation (at a minimum), the resident shall complete a written evaluation of the rotation based on the structure, content and the degree to which the learning objectives were met.
 - b) The written evaluation shall be discussed with the preceptor in a timely fashion.
11. With respect to the overall performance of the residency program, the program shall have a process that meets the following needs:
 - a) To incorporate assessment and evaluation of the resident, preceptor, coordinator, director, and rotations (training environments) as part of the program's continual review and improvement process;
 - b) To communicate a resident's continual progress in achieving the program's intended outcomes from one preceptor to the next preceptor, and from one rotation to the next rotation (in order to individualize each rotation based on previous experiences);

- c) To address discrepancies of assessment (e.g., disagreement about an assessment or feedback provided by a preceptor);
 - d) To remedy the situation if deficiencies in the progress of the resident are noted;
 - e) To assess the achievement of the intended educational outcomes of the program; and
 - f) To assess early withdrawals from the residency program.
12. The program shall maintain appropriate documentation regarding each residency trainee for a period of one full accreditation cycle (until the next on-site survey), including minimally:
- a) Documentation of the evaluation, ranking and admission of qualified applicants to the program, as defined in Standard 2.2.1;
 - b) Resident's activities/schedule;
 - c) Resident's self-assessments;
 - d) Assessments of each resident for all rotations, and other program requirements completed using a format other than a rotation (e.g., projects, seminars, written learning objectives for presentations, drug information papers or manuscripts, etc);
 - e) Experience records of each resident (e.g., monthly, quarterly or biennial reports).

2.2.4 Program Completion

Standard

The organization shall attest to the requirements for successful completion of the residency program.

Requirement(s)

1. Criteria shall be in place to define successful completion of the program.
 - a) Successful completion of the program shall reflect the final status of the resident and shall not be an average over the entire residency.
 - b) Assessment regarding the resident's successful attainment of program requirements shall be based on the views of preceptors directly involved in the resident's education and shall not be the opinion of a single evaluator.
2. The organization shall recognize those who have successfully completed the residency program by providing a transcript and/or awarding an appropriate certificate of residency.
 - a) A residency certificate shall not be issued to any individual who has failed to complete the prescribed program or to meet the intent of this Standard (2.2.4).
3. The organization shall maintain, in perpetuity, a record of:
 - a) All individuals who successfully completed the program, in the form of (at a minimum) a copy of the resident's transcript letter and/or residency certificate.
 - b) All individuals who are unsuccessful in completing the program.
 - c) The academic years for which accreditation was granted.
4. Accredited programs should grant the ACPR (Accredited Canadian Pharmacy Resident) designation to residents who successfully complete the residency program.

3.0 RESIDENCY PROGRAM COMPETENCIES (EDUCATIONAL OUTCOMES)

3.1 Provide Evidence-Based Direct Patient Care as a Member of Interprofessional Teams

Standard

The resident shall be proficient in providing evidence-based pharmacy care as a member of interprofessional teams.

Requirement(s)

1. The resident is able to proficiently practice pharmacy
 - a) Place high priority on, and be accountable for, selecting and providing pharmacy services that are appropriate to the patient
 - b) Apply knowledge of clinical and pharmaceutical sciences relevant to pharmacy practice and healthcare practice in general
 - c) Effectively carry out professional duties
 - d) Demonstrate the ability to proactively communicate issues to affected stakeholders, including patients and their families, and to make recommendations to resolve those issues
2. The resident is able to integrate best available evidence into decision-making
 - a) Demonstrate proficiency in identifying, selecting, and navigating resources
 - b) Accurately appraise the literature as it relates to the clinical situation(s)
 - c) Integrate evidence into decision-making
3. The resident shall work effectively with other health care professionals
 - a) Establish and maintain inter- and intra-professional working relationships for collaborative care
 - b) Recognize overlapping and shared responsibilities with inter- and intra-professional healthcare providers for episodic or ongoing care of patients
 - c) Participate in effective and respectful shared decision-making with other care providers
 - d) Demonstrate a respectful attitude toward colleagues and members of inter- and intra-professional teams
4. The resident shall advocate for the patient in terms of meeting their health-related needs and shall be governed by the patient's desired outcome of therapy.
5. The resident shall place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug-related problems.
6. The resident shall perform patient-centred clinical assessments and establish care plans for individual patients
 - a) Establish a respectful, professional, ethical relationship with the patient;
 - b) Confirm or establish goals of care;
 - c) Identify and prioritize drug-related problems;
 - d) Elicit a history and perform assessments in an organized, thorough and timely manner;
 - e) Gather, appraise and accurately interpret relevant patient information from appropriate sources, including the patient, the family or caregivers, other health professionals, the health record, and the literature;
 - f) Prepare a care plan that includes consideration of the goals of the patient and the roles of other team members;
 - g) Implement the care plan;
 - h) Proactively monitor drug therapy outcomes and revise care plans on the basis of new information;
 - i) Document and share, verbally and in writing, information about the issue, complying with legal, regulatory, and organizational requirements or any additional measures that will optimize clinical decision-making, patient safety, confidentiality, and privacy;
 - j) Demonstrate effective, safe transfer of care during transition of a patient to a different setting or stage of care, or during a transition of responsibility for care.

3.2 Manage and Improve Medication Use Systems

Standard

The resident shall demonstrate a working knowledge of medication use system(s), as well as pharmacy and other care provider roles within the system, in order to manage and improve medication use for individual patients and groups of patients.

Requirement(s)

1. The resident shall be able to relate the advantages and limitations of key components of the medication use system used to provide medications to their patients. (Examples could include but are not limited to unit dose, traditional system, computerized medication administration records, e-prescribing, clinical decision-support tools, barcode administration, compounding, and intravenous and/or oncology admixture services.)
2. The resident shall work in cooperation with pharmacy, nursing and medical staff, as well as with other members of the organization's team, to improve medication use for individual patients and groups of patients.
3. The resident shall demonstrate an understanding of the policies and procedures used to prepare and dispense medications in accordance with their patient's needs.
4. The resident shall demonstrate an ability to assess medication orders, identify, and resolve problems.
5. The resident shall demonstrate the ability to clarify medication orders with prescribers and document appropriately.
6. The resident shall demonstrate the use of safe medication practices.

3.3 Exercise Leadership

Standard

The resident shall apply leadership and management skills to the professional practice environment in which the residency program takes place.

Requirement(s)

1. The resident shall demonstrate an understanding of the differences between management and leadership.
2. The resident shall demonstrate responsibility for and shall look for opportunities to improve patient care and safety throughout their residency.
3. Through completing an activity or project, the resident shall demonstrate
 - a. Knowledge with respect to at least one of the following areas:
 - i. Governance and organizational structure (e.g., roles of the pharmacy management team, departments)
 - ii. Human resources
 - iii. Financial management
 - iv. Continuous quality improvement
 - v. Visioning and strategic, operational, and project planning
 - vi. Change management
 - vii. Ethical and legal frameworks and standards of practice
 - b. Administrative problem solving
 - c. Effective communication (verbal and written)
4. The resident shall demonstrate respect for, pride in and commitment to the profession through both appearance and actions.

3.4 Exhibit Ability to Manage One's Own Practice of Pharmacy

Standard

The resident shall apply skill in the management of his/her own practice of pharmacy, to advance his/her own learning, to advance patient care, and to contribute to the goals of the program, department, organization and profession.

Requirement(s)

1. The resident shall consistently demonstrate efforts to refine and advance critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills that are the hallmarks of practice leaders and mature professionals.
2. The resident shall manage his or her own practice and career, setting priorities to balance time in practice and in personal life, and shall implement processes to ensure personal practice improvement.

3.5 Provide Medication- and Practice-Related Education

Standard

The resident shall effectively respond to medication- and practice-related questions, and educate others.

Requirement(s)

1. The resident shall respond effectively and in a timely manner to medication- and practice-related questions received from others:
 - a) accurately interpret medication- and practice-related questions;
 - b) conduct a literature search systematically;
 - c) critically appraise the literature;
 - d) formulate a response;
 - e) communicate, verbally and in writing, responses to requests.
2. The resident shall present effective education to a variety of students, other pharmacy residents, healthcare professionals (including students of those professions), the public, and other stakeholders.
 - a) The resident shall create an effective training/teaching plan that enables successful delivery and completion by the learner in the timeframe by:
 - Defining learning goals and objectives;
 - Selecting the instructional format and instructional media;
 - Communicating effectively with a variety of audiences, and creating an assessment plan that aligns with the learning goals.
 - b) The resident shall promote a safe learning environment for the learner.
 - c) The resident shall ensure that patient safety is maintained when learners are involved.
3. The resident shall demonstrate skill in the four roles used in practice-based teaching:
 - a) Direct instruction;
 - b) Modeling;
 - c) Coaching; and
 - d) Facilitation
4. The resident shall demonstrate scholarly writing skills, in addition to the written report of the project.

3.6 Demonstrate Project Management Skills

Standard

The resident shall use effective project management skills to undertake, conduct and successfully complete a project related to pharmacy.

Requirement(s)

1. The resident shall be involved in project development, data collection, analysis and interpretation.
2. The resident shall prepare a written report of the project in a format suitable for publication in a peer-reviewed journal.
3. The resident shall present and defend the outcomes of the project.

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