

ASHP Accreditation Standard for Specialized Pharmacy Residency Training (with Guide to Interpretation)

Introduction

Definition. A specialized pharmacy residency is defined as an organized, directed, postgraduate training program that centers on the development of the knowledge, attitudes, and skills needed to provide pharmaceutical care in a specialized area of pharmacy practice.¹

Purpose. The purpose of this Standard is to establish criteria for the training and education of pharmacists in the delivery of exemplary pharmaceutical care in specialized areas of pharmacy practice. The Accreditation Standard for Specialized Pharmacy Residency Training, together with the Supplemental Standards and Learning Objectives for each specialized area in which residency training is offered, sets forth the basic criteria to be used in the evaluation of programs applying for accreditation by the American Society of Hospital Pharmacists (ASHP).

Philosophy. Specialized pharmacy residency programs should be designed to develop expert knowledge and skills in the respective specialized area of pharmacy practice, far beyond that which might be expected from a residency in pharmacy practice. On the other hand, a specialized residency will not, per se, develop the broad skills and practice competence that a residency in pharmacy practice affords. Further, specialized pharmacy residency programs should develop professional practice patterns, habits, and a level of accountability far exceeding that obtained through clerkships or other forms of academic instruction. Although a specialized pharmacy residency program may include the requirement for the resident to complete a research project or a series of problem-solving tasks, specialized pharmacy residencies are not intended to prepare residents to become clinical scientists or clinical researchers. A specialized residency differs from a pharmacy fellowship in that the latter concentrates primarily on developing a set of skills in clinical research, whereas the primary objective of a residency is to develop professional practice skills.

Application of the Standard. The interpretive narrative following each requirement of the Standard is intended to illustrate how the Standard will be interpreted by the accreditation review teams and the ASHP Commission on Credentialing in the evaluation of specialized pharmacy residency programs.

A fundamental principle of this Standard is that a specialized pharmacy residency program is structured to ensure the achievement of certain predetermined competencies. While the Standard requires a minimum one-year, full-time practice commitment or equivalent for the residency, there is no set way in which this time is to be assigned. Each of the Supplemental Standards and Learning Objectives for specialty residency training specifies those areas in which the resident's competence must be developed, and these should serve as the principal determinants by which programs are structured. The amount of time required to accomplish a minimum level of competence in each of these areas will vary from one resident to another. It is essential that the resident's academic accomplishments, prior experience, and personal professional career goals be taken into consideration in structuring each individual's program. (See section V.)

The accreditation program is conducted under the authority of the ASHP Board of Directors. The ASHP Regulations on Accreditation of Pharmacy Residencies² set forth the policies governing the accreditation program and describe the procedures to be followed in applying for accreditation of pharmacy residency programs.

Throughout this Standard, where the auxiliary verbs *shall* and *must* are used, an absolute requirement is implied. The words *should* and *may* denote a recommended guideline for compliance.

Part I Qualifications of the Training Site

Principle I A

Specialized pharmacy residencies shall be conducted only in those practice settings where the governing bodies, personnel, and staff have committed to seek excellence in patient care, have sought and accepted

outside appraisal, and have demonstrated substantial conformance with professionally developed and nationally applied practice and operational standards.

Requirements

1. A hospital that offers, or that participates in offering, a specialized pharmacy residency shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association.
2. Other practice settings that offer, or that participate in offering, specialized residency training shall have demonstrated substantial conformance with applicable professionally developed and nationally applied standards.

Interpretation. The most recent evaluation report, including specific evaluative comments regarding pharmacy services or other drug-related matters, will serve as evidence that this requirement has been met and shall be made available to the accreditation survey team.

Principle I B

Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites, may jointly provide a specialized pharmacy residency.

Requirements

1. A specialized pharmacy residency program is dependent on an environment in which all of the learning objectives prescribed in the Supplemental Standard can be met. It is appropriate for two or more practice sites, or a sponsoring organization (e.g., college of pharmacy) and one or more practice sites, to collaborate in conducting a specialized pharmacy residency program.
2. A college of pharmacy that participates in offering a specialized pharmacy residency shall be accredited by the American Council on Pharmaceutical Education.

Interpretation. Application for accreditation of a multisite specialty residency must be submitted in the name of the principal practice site (i.e., the practice site in which the majority of the residency program is centered). In the case of a sponsoring organization (e.g., college of pharmacy) that has one or more practice settings to provide for residency training, the application for accreditation must be completed by the sponsoring organization and the principal practice site.

Further qualifications for an accredited multisite residency program are set forth in parts II, III, and IV of this Standard.

Part II Qualifications of the Residency Program Director and Preceptors

Principle II

Directors and preceptors of specialized residencies shall be individuals who maintain high professional ideals, who have distinguished themselves in practice, and who have the desire and the aptitude to teach.

Requirements

1. The director of pharmacy service in the practice site shall appoint a qualified member of his or her staff to serve as program director of the specialized pharmacy residency program.

Interpretation. The director of pharmacy service at the practice site has the ultimate responsibility for education and training of residents. Unless the director of pharmacy service is qualified according to requirements II-2 and II-3 below, he or she must appoint a program director from among those on the staff

who are qualified. The program director must be accountable to the director of pharmacy service for the services he or she provides and for the conduct of the residency program. The residency program director is responsible for ensuring that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or period of training is provided, and the resident evaluations based on the pre-established learning objectives are routinely conducted.

2. The program director shall have completed appropriate ASHP-accredited residency training or have equivalent experience, shall have earned the Doctor of Pharmacy or other appropriate advanced degree in pharmacy, and shall have two years of experience in the specialized area of pharmacy practice in which he or she serves as program director; alternatively, if lacking an advanced degree or postgraduate training, he or she shall have had four years of experience in the specialized area of pharmacy practice in which he or she serves as program director.

Interpretation. Formal training in the area of specialization, such as postgraduate residency training or fellowship training, is allowable in meeting the years of experience requirement.

Any additional or more stringent requirements for the program director, as set forth in the Supplemental Standard, must be met.

3. The program director shall have demonstrated outstanding capabilities as a practitioner and as a teacher in the specialized area of pharmacy practice; further, he or she shall have made significant contributions to the development or improvement of the area of specialization in which he or she practices.

Interpretation. The program director serves as the resident's role model in the specialized area of pharmacy practice, as well as overall coordinator of the resident's education and training. Furthermore, the program director is expected to maintain ongoing responsibility and accountability for the provision of pharmaceutical care in the specialized area of training. It is critical, therefore, that the program director's skills as a practitioner and educator be exemplary. This may be characterized by the following:

- Having a progressive, documented record, demonstrating improvements in and contributions to the respective area of specialized pharmacy practice.
- Having received formal recognition by peers as a model practitioner.
- Holding appointments on the appropriate drug policy committees of the institution.
- Having demonstrated an ability to teach, including holding a faculty appointment in a college of pharmacy, college of medicine, or other college that awards a professional practice degree (baccalaureate or higher) in the health field. (An adjunct appointment or clinical appointment is acceptable.)
- Having demonstrated and documented evidence of the ability to direct and manage a pharmacy practice residency.
- Having a sustained record of contributing to the total body of knowledge in the specialized area of pharmacy practice through publications or formal presentations at professional meetings, to include publications in refereed national professional practice publications or scholarly papers at national conclaves.
- Regularly serving as a reviewer of contributed papers or manuscripts submitted for publication.

4. Multisite residency programs shall have one designated residency program director, whose appointment shall be agreed to in writing by each of the participating practice sites.

Interpretation. The residency program director for multisite residencies is the individual held accountable for the conduct and the quality of the residency program. If a department of pharmacy and college of pharmacy constitute the two organizations providing for residency training, then the director of pharmacy shall, in cooperation with the dean, delegate oversight for the program to a qualified individual within the

pharmacy department or the college of pharmacy, provided that a clear line of accountability is established for the program between the director of pharmacy and this individual.

In the case of multisite, college-sponsored programs, the directors of pharmacy, in cooperation with the dean, must appoint a qualified individual to be program director.

5. The residency program director shall have considerable latitude in delegating preceptorial responsibilities for specific segments of the residency program to qualified pharmacy practitioners. The preceptors must have demonstrated outstanding strengths in the area of practice for which he or she serves as preceptor.

Interpretation. Each rotation or period of training must have a qualified pharmacist preceptor. Evaluation of a preceptor's qualifications shall be based on professional education and experience in the area of practice for which he or she shall serve as preceptor. All preceptors should have completed an ASHP-accredited residency and hold the Pharm.D. degree or have equivalent qualifications; further, all are expected to practice routinely in the area in which they serve as preceptor. The Standard does not preclude the use of physician preceptors in select elective rotations; however, a pharmacy practitioner must supervise the residency training experience as well as directly observe and provide evaluation of the resident's performance.

Part III Selection and Qualifications of the Resident

Principle III

The applicant must be a highly motivated pharmacist having a sufficient foundation of broad skills and competence in pharmacy practice necessary for further professional development in a specialized area of pharmacy practice.

Requirements

1. The resident shall be a graduate of an accredited college of pharmacy and be licensed, or be eligible for licensure, in the state or jurisdiction in which the residency program is located. The resident should hold the Doctor of Pharmacy degree and should have completed an ASHP-accredited residency training program or have an equivalent level of prior experience in pharmacy practice.

Interpretation. The applicant must be a graduate of a college of pharmacy accredited by the American Council on Pharmaceutical Education or otherwise be eligible for licensure. The entering resident will be expected to have completed a comprehensive clerkship and externship program, such as is required in contemporary Doctor of Pharmacy curricula, or have had sufficient cumulative life experience to equal this entrance requirement.

A pharmacist who specializes in a focused area of pharmacy practice must have a sound foundation in the broader aspects of pharmacy services to relate to the goals and objectives set forth in each specialized supplemental standard. It is clear that an ASHP-accredited residency in pharmacy practice³ provides the applicant with the level of knowledge and skills needed to provide the fundamentals of pharmacy practice on which specialty training can be built. For that reason, a resident entering an ASHP-accredited specialized residency program should have completed an ASHP-accredited residency in pharmacy practice or have attained competencies similar to those expressed in the Draft Goals and Objectives for Residencies in Pharmacy Practice.^a It is the program director's responsibility to assess applicants' baseline knowledge and skills and to ascertain that they qualify for admission.

Any additional or more stringent requirements for the resident, as set forth in the Supplemental Standard, must be met; further, nothing in this Standard and the Supplemental Standard shall prevent individual residency programs from setting more stringent entry-level requirements.

2. The residency program director shall establish a formal procedure for evaluating applicants' qualifications.

Interpretation. Typical admission criteria should include, but not be limited to, prior residency experience (including the evaluation of the resident's goals and objectives from previous residency training), academic

transcripts, and submission of formal letters of recommendation from current and prior preceptors and faculty (including those individuals who provided residency and clerkship training), and from former employers. Personal interviews should be conducted. Residency applicants should be evaluated by all members of the staff who have major preceptorial responsibilities.

3. Final acceptance of the applicant shall be the responsibility of the director of pharmacy.

Interpretation. The director of pharmacy services is ultimately responsible for the pharmacy residency program. In the case of multisite residencies or those provided by a sponsoring organization and one or more practice sites, a mechanism shall be in place that permits the individuals who have responsibility for coordinating the residency programs to agree cooperatively upon selection of applicants.

Part IV Residency Training Program and Pharmacy Service

Principle IV A

The training and education of residents in the provision of pharmaceutical care shall be of paramount importance in the overall structure and organization of a specialized pharmacy residency program.

Requirement

1. The pharmacy practice site shall conduct the residency in such a way as to ensure that any services the resident is required to provide complement, rather than compete with, the educational and experiential objectives of the program.

Interpretation. A specialized residency in pharmacy practice involves active participation by the resident in the provision of pharmaceutical care. This is best achieved when the resident is directly involved in making judgments regarding the specialized pharmaceutical care needs of patients. Having responsibility adds understanding, confidence, and purpose and builds upon the resident's academic knowledge and professional background. A substantial portion of this participation must, of necessity, involve hands-on experience, since only through actual provision of care and involvement in decision-making processes can the resident be expected to gain an understanding of the knowledge, skills, and judgments required to carry out the specialized pharmaceutical care needs of patients. Through actual experience the resident learns how specialty practitioners provide pharmaceutical care and how their services are best coordinated with other disciplines involved with drug use throughout the practice site. Thus, the residency program should concentrate on developing the resident's ability to conceptualize, integrate, and transform accumulated experiences and knowledge into improved use of drugs in cooperation with the patient and other health care providers.

A residency is a full-time obligation; hence, the resident shall manage activities external to the residency so as not to interfere with the goals and objectives of the program as defined in this Standard.

Principle IV B

Specialized residency programs shall be predicated on the knowledge, attitudes, and skills required for contemporary pharmacy practice. The practice site offering the residency shall provide an exemplary training environment; further, the scope of pharmacy services at the site must be adequate to make possible the attainment of the residency program objectives set forth below.

Requirements

1. An accredited specialized pharmacy residency program shall develop the resident's competence in those areas set forth in the Learning Objectives that are specified in the Supplemental Standard for the specialized area in which the residency program is provided.

Interpretation. Using the Supplemental Standard and Learning Objectives, individualized learning objectives must be developed for each resident as required in section V and should specify the attitudes,

skills, and knowledge the resident is expected to gain from each activity. These objectives then serve to guide the resident, as well as the program director and rotation preceptors responsible for the resident's experience, in the evaluation of achievement. The overall goals of the residency program must be in concert with the mission and needs of the pharmacy department.

2. The specialized area in which residency training is provided shall be an integral part of the health care organization's total program of pharmacy services, be organized in accordance with the principles of sound management under the direction of a legally qualified pharmacist, and have sufficient personnel and facilities for residency training. It shall comply with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice.

Interpretation. Any practice site that proposes to offer a pharmacy practice or specialty residency must offer a level of service sufficient in scope and quality to create an environment throughout the site that is conducive to the support of such a program. The ASHP Statement on the Pharmacist's Clinical Role in Organized Health-Care Settings⁴ and the ASHP Technical Assistance Bulletin on Assessment of Departmental Directions for Clinical Practice in Pharmacy⁵ provide guidance in determining the extent to which pharmacy provides these services to inpatients. Moreover, in order to provide pharmaceutical care, pharmacists and residents must have access to patients' charts (or databases) and opportunity for chart notation. The document ASHP Guidelines for Obtaining Authorization for Documenting Pharmaceutical Care in Patient Medical Records⁶ provides assistance in this area.

It is not acceptable to simulate residency experiences to substitute for nonexistent pharmacy services, nor is it acceptable to substitute academic courses for segments of the program that clearly require practice experience. The specialized pharmacy service area in which residency training is provided must comply with the provisions of part IV of the ASHP Accreditation Standard for Residency in Pharmacy Practice³ that apply to the specialized area and any additional or more stringent requirements of the respective Supplemental Standard.

Essential aspects of administration and facilities needed in any practice site, and particularly one offering an ASHP-accredited residency, are outlined in the ASHP Guidelines: Minimum Standard for Pharmacies in Institutions.⁷ Several key elements of management that the practice site must have in place include

- A table of organization delineating the reporting lines of pharmacy service personnel, and corresponding written position descriptions.
- A mission statement and strategic plan that include vision, values, and strategic goals and objectives that are clearly defined and documented. All staff members must be familiar with the intent and substance of these. As a department head in the institution, the pharmacy director is responsible for determining departmental objectives, with corresponding timetables, when appropriate, and these should be in accord with the established goals of the practice site.
- Pertinent legal and regulatory requirements that must be met, and maintenance of documentation pertaining to compliance with such requirements.
- Written policies and procedures for the pharmacy service, which must be kept current and supported with appropriate administrative mechanisms to ensure routine compliance.
- Application of computer technology to pharmacy operations.

Additionally, a member of the pharmacy staff shall be a member of and actively participate in all committees of the medical staff or practice site (e.g., pharmacy and therapeutics committee, quality assurance committee, institutional review board) responsible for establishing policies concerning drugs, drug therapy, drug delivery devices, and any other drug-related matters pertaining to the specialized area of pharmacy practice.

3. There shall be an adequate number of pharmacists who practice regularly in the specialized area in which residents are being trained to ensure proper supervision and training of the residents.

Interpretation. The pharmacy service must have a sufficient complement and diversity of professional and technical staff to ensure that the department can provide the level of service required within the practice site and to which it is committed. While this Standard imposes no fixed ratio of full-time staff to residents, the number of well-qualified specialists on the staff must be adequate to provide supervision and guidance to the resident in each area of training outlined in the Supplemental Standard. One of these must serve as program director of the residency program. There is a fine line between the amount of preceptor supervision required during the resident's training and the degree of autonomy needed by the resident to provide direct patient care. Hence, pharmacy preceptors and the resident must work together closely to ensure that this fundamental element of the training program is met without compromising patient care through inadequate supervision.

Those who provide specialized pharmacy services must be accountable to the health care organization's pharmacy department head for those services.

All staff pharmacists shall be currently licensed to practice in one of the jurisdictions of the United States. Professional staff members, including the residents, should seek professional enrichment and must demonstrate their interest in maintaining competency. Ways in which these objectives may be met include, but are not limited to, the following: attending continuing-education programs, reading the professional literature, and participating in local, state, or national professional organizations.

The supportive-staff complement should be sufficient to handle all technical functions that can be appropriately assigned to them. The ASHP Technical Assistance Bulletin on Outcome Competencies and Training Guidelines for Institutional Pharmacy Technician Training Programs provides examples of functions that should be routinely delegated to technicians. It should be the goal of the department that all technical personnel have completed a formally organized training program.

4. In the case of specialized residencies that involve more than one major training site (as described in principle I B of this Standard), the pharmacy service in each shall qualify under the provisions of this Standard.

Interpretation. The Society will apply the interpretive commentaries noted in requirements IV A-1 through IV B-4 above in reviewing the pharmacy service in any major training site. Sites used for periods of one month or less will not be considered major training sites. Such sites may account for no more than three months of the total residency program, and the involvement of any such site is subject to approval by the Society.

Further, nothing in this Standard shall exclude from consideration for accreditation those health care organizations that contract with outside vendors for pharmaceutical services (e.g., colleges of pharmacy and contract management firms), provided that the quality of the contracted services otherwise meets the intent of this Standard.

5. The resident shall complete an appropriate project.

Interpretation. An investigation of some particular pharmacy issue must be completed as one of the requirements for the residency. This may be in the form of original research, a problem-solving exercise, or development, enhancement, or evaluation of some aspect of pharmacy services. The residency director may require the resident to undertake one major project or several short-term projects.

Final reports, following an accepted manuscript style, shall be submitted by the resident prior to completion of the program, and the residency director shall require a formal presentation by the resident of obtained results.

All such projects shall be directed toward useful outcomes and should not merely be academic exercises for the sole purpose of satisfying this requirement.

Part V Development of Individualized Learning Objectives

Principle V

The residency program shall be established from clearly defined and measurable outcome learning objectives.

Requirements

1. A set of individualized learning objectives shall be documented for each resident at the beginning of the program. These resident objectives shall be developed using the learning objectives outlined in the respective ASHP Supplemental Standard to reflect the resident's entering knowledge, skills, and abilities.

Interpretation. Each incoming resident shall be evaluated to assess current knowledge, skills, and abilities. Based on this evaluation, the respective Supplemental Standard and Learning Objectives shall be modified to establish a set of individualized learning objectives for each resident. The Learning Objectives should stress outcomes rather than the process by which those outcomes are achieved and should serve to guide the residents, program director, and preceptors in the development of experiential learning and the assessment of its outcomes.

For residents who have not completed a prior ASHP-accredited residency or who have not had significant pharmacy practice experience, the program director must develop a process to assess the resident's competence in the four core areas of pharmacy practice (acute, ambulatory care, drug information and drug policy development, and practice management) specified in the ASHP Accreditation Standard for Residency in Pharmacy Practice.³ Moreover, where appropriate to the setting, specific learning objectives must be added to the respective specialized set of required objectives to address any fundamental pharmacy practice deficiencies identified.

2. An organized plan shall be developed and documented that defines the program structure and the types of learning experiences necessary to accomplish the individual resident's learning objectives established in requirement V-1.

Interpretation. The plan shall be developed by the residency program director and the preceptors, with input from the resident, as needed. The relative emphasis in specific areas of training should vary according to each resident's past experience and shall be guided by the resident's individualized learning objectives, as specified in principle V-1 above, not by the uniqueness of the site's services. Each plan shall be evaluated regularly and modified accordingly.

3. Each resident's activities shall be scheduled in advance and planned to make possible the attainment of the predetermined program goals and learning objectives.

Interpretation. The program director and preceptors, in cooperation with the resident, shall develop a training schedule that is based on the broad plan and is designed to achieve the predetermined goals and learning objectives for the residency program. The schedule shall be written in sufficient detail to give each resident a clear understanding of assignments and activities and must reflect the predetermined goals and learning objectives the program director expects each resident to achieve.

Part VI Evaluation of Resident and Residency Program

Principle VI

The residency program must be evaluated to assess resident learning, preceptor performance, and the training environment.

Requirements

1. Continuous feedback to and communication with the resident shall be provided by the preceptor during each training segment, and a final evaluation, based on pre-established learning objectives, shall be conducted after every period of training.

Interpretation. Periodic evaluation throughout the course of the training segment is an essential means by which to provide residents with an assessment of ongoing performance. Therefore, both during and at the end of each period of training, the preceptor must evaluate the resident on the basis of pre-established learning objectives for that training segment. Strategies for assessing the accomplishment of each resident's objectives should be developed prior to each resident learning experience and communicated to the resident. In this way participants in the precepting/learning process will be fully informed of expectations and criteria used to measure success. All final evaluations must directly evaluate the learning objectives and be documented, reviewed with the resident by the preceptor, and signed by the resident and the program director. An assessment of the resident's communication skills (oral and written) and ability to interrelate with other health care professionals is required. When deficiencies are noted, appropriate remedial action must be taken.

2. The resident shall assess each period of training and corresponding preceptor.

Interpretation. The resident shall provide an overall assessment of the period of training and of precepting and mentoring techniques used by the preceptor responsible for the training segment; further, this shall be documented and reviewed by the resident with the program director and preceptor.

3. Each resident shall undertake periodic written self-evaluation; further, these evaluations shall be reviewed with the resident by the appropriate preceptor(s) and the residency program director.

Interpretation. Written self-evaluation reports shall be required of each resident by the residency program director and must be completed at least quarterly during the course of the training program. Each report shall be compared with the preceptor's evaluation of the resident to assist the resident, the preceptor, and the program director in identifying any unmet objectives that were established for the period of time covered by the report.

Part VII Experimentation and Innovation

Principle VII

Experimentation and innovation in developing and implementing postgraduate residency training programs shall be encouraged.

Requirement

1. Experimental and innovative approaches to developing and implementing residency programs and alternative methods to meeting this Standard should be pursued; these activities must be adequately planned and coupled with an appropriate evaluation system.

Interpretation. The intent is to provide programs with an opportunity to explore new mechanisms to meet this Accreditation Standard while maintaining excellence in established program area.

Particular areas of experimentation and innovation include, but are not limited to, structure and process of training segments, scheduling, program length, and affiliation with academic programs or differentiated practice sites. Program directors and preceptors desiring to explore program alternatives or methods that depart from current requirements in the Standard should provide assurances that quality in the residency program is not affected adversely; further, consultation with the ASHP Accreditation Services Division is strongly encouraged.

Part VIII Certificate

Principle VIII

The pharmacy practice residency graduate's completion of the program shall be attested to by the accredited practice site(s).

Requirements

1. The practice site(s) and, if applicable, the sponsoring organization (e.g., college of pharmacy) shall recognize those pharmacists who have successfully completed the residency in a specialized area of pharmacy practice by awarding an appropriate certificate of residency.

Interpretation. It is the program director's prerogative and responsibility to award the certificate of residency. In accrediting a residency program, ASHP does not certify the individual resident. Reference may be made in the residency certificate to its ASHP-accredited status, in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies.²

2. No certificate shall be issued to any individual who has failed to complete the practice site's prescribed program or to meet the intent of this Standard.

Interpretation. In issuing a certificate of residency to a pharmacist, the practice site attests that the individual has achieved the predetermined goals and objectives of the residency program in a specialized area of pharmacy practice. If the site knowingly issues an unearned certificate of residency, its accreditation by ASHP shall be subject to revocation.

References

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^aDraft Goals and Objectives for Residencies in Pharmacy Practice, under review by the Commission on Credentialing.

Approved by the ASHP Board of Directors, April 27, 1994. Developed by the ASHP Commission on Credentialing. This revision of the Accreditation Standard takes effect April 27, 1995. Until that time, the current Standard, which was approved April 28, 1988, is in force.

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