

PHARMACIST & TECHNICIAN CE:

Improving Patient Care by Ensuring Well-Being and Resilience in Health-System Pharmacy

by Christina Y. Martin, PharmD, MS

The US healthcare workforce is reporting alarming rates of depression, post-traumatic stress disorder, and poor work-life balance contributing to clinician burnout. At the individual clinician level, it presents as emotional exhaustion (e.g. compassion fatigue), depersonalization (e.g. cynicism), and a low sense of accomplishment. At the healthcare system level, it is associated with medical errors and loss of productivity.¹⁻⁷

Burnout Explained

The focus on clinician burnout as a public health problem is gaining significant momentum.¹⁻³ Burnout impacts patient care and disrupts the healthcare workforce. Studies have demonstrated associations between clinician burnout and lower patient satisfaction, increased health care-associated infections, and increased malpractice claims.⁴⁻⁷ As a consequence, it is believed that there is a bi-directional relationship between burnout and medical errors with studies showing correlation between poor well-being in healthcare professionals and worsening patient safety and, inversely, involvement with a medical error and worsening burnout and depressive symptoms.⁸ Burnout has also been associated with a loss of productivity in the health care workforce ranging from work absenteeism to professional attrition. In medicine, professional attrition extrapolated at the national level in the United States is equivalent to the annual elimination of seven graduating classes of medical schools from the medical profession.⁹

When talking about burnout, it is important to differentiate between stress and burnout. The two terms are often interchanged in conversation; however,

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Learning Objectives

- Define burnout and its relation to the pharmacy profession.
- Describe why clinician burnout is a patient care and healthcare workforce problem.
- Identify strategies to impact well-being and resilience in pharmacists, residents, student pharmacists and pharmacy technicians.

there are key differences to highlight. Stress is a physical, mental, or emotional factor that causes bodily or mental tension. A lack of stress may result in boredom and display as disinterest, while too much stress may result in burnout and display as anxiety or exhaustion.¹⁰ In between no stress and distress is a termed coined by 20th century Hungarian-Canadian endocrinologist Hans Seley – eustress. Whereas distress (“negative stress”) is extreme anxiety, sorrow, or pain that feels unpleasant, decreases performance, and may result in mental & physical problems, eustress is a moderate or normal psychological stress (“positive stress”) that motivates, focuses energy, and leaves one feeling excited often resulting in improved performance. Left unregulated, frequent and repeated distressful events may result in burnout. While it may seem that the term burnout only emerged in the 21st century, it was actually defined decades ago by American psychologist Herbert Freudenberger. Freudenberger connected the term with those who work in helping professions that experience prolonged high levels of stress and mental exhaustion. While the problem is not new, some research demonstrates that the rate of burnout amongst healthcare professionals has been increasing in recent years.¹¹

A growing body of evidence demonstrates workforce burnout amongst

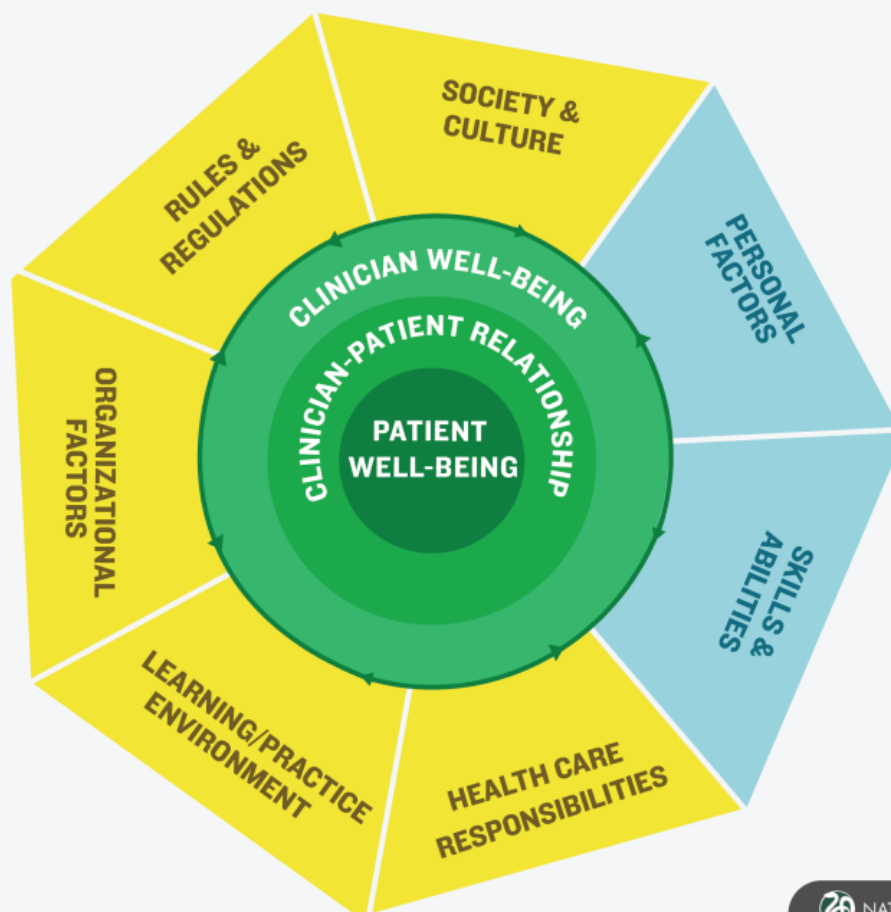
physicians, nurses, and social workers. While it is no doubt experienced by pharmacists, residents, student pharmacists and pharmacy technicians, robust evidence highlighting the issue in the pharmacy profession is still in its infancy. In the pharmacy profession, burnout has been evaluated in dispensing roles¹², pharmacy faculty and students¹³⁻¹⁴, and limited specialty areas¹⁵. Most recently a publication revealed that 53.2% of health-system pharmacists reported at least one burnout domain.¹⁶ Therefore, based on formal and anecdotal evidence, burnout is believed to be a profession-wide dilemma and one that needs addressing.

The drivers of burnout are multifactorial.^{2,17} When contextualizing the causes, experts consider both individual and external factors as risk factors that compromise well-being and resilience and may contribute to burnout. For example, lack of social support at home or poor work-life integration are considered individual factors, whereas regulatory burden and lack of autonomy in the workplace are considered external factors.¹⁸ Focusing on the individual suggests that burnout arises when individuals are unable to adapt to the learning and practice environment; focusing on the organization suggests that it is the environment that should adapt to promote quality of care and clinician well-being. A full listing of

FIGURE 1. Factors Affecting Clinician Well-Being and Resilience

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

This conceptual model depicts the factors associated with clinician well-being and resilience; applies these factors across all health care professions, specialties, settings, and career stages; and emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand well-being, rather than as a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. Subsequent layers of the model, and an interactive version of the model, are in development in conjunction with the Action Collaborative's other working groups and will be made available shortly.



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these factors can be found in Figure 1. Factors Affecting Clinician Well-Being and Resilience.

The current conceptual model is broad enough to define the issue across all healthcare professions and satisfactorily encompasses multiple environments (education and practice), multiple stages of development of the health professional (student, resident/fellow, early-mid-late career), and multiple healthcare professionals (e.g. medicine, nursing, pharmacy, etc.) while attempting to define the problem without stigmatizing a particular segment. The colors are intentional to show that the combination of individual factors (blue) and external factors (yellow) lead to clinician well-being – a positive clinician-patient relationship and patient well-being (green).

Research indicates that external factors contribute to burnout to a greater extent than individual factors^{3,19}, though what is felt by individual practitioners could be caused by a combination of factors, and this combination may evolve over one's professional journey. For example, student pharmacist well-being may be influenced by financial stressors of paying for college (personal factors), retaining knowledge of new clinical information (skills & abilities), and integrating into pharmacy practice (learning/practice environment) where a more seasoned professional well-being may be influenced by attainment and maintenance of licensure and certification (rules & regulations), expanding pharmacist scope of practice (organizational factors), and work-life integration (personal factors). Research is needed to understand

what factors are influenced at various career stages of the pharmacy workforce. In applying the conceptual model to practice, the tool should be used to understand well-being, rather than as a diagnostic or assessment. As more information emerges on causes of burnout and implementation of evidence-based solutions, the model will be revised and its use may be expanded.

To Care is Human

The National Academy of Medicine (NAM) established an Action Collaborative on Clinician Well-Being and Resilience (i.e., the "Action Collaborative") in January 2017 after several physician groups presented their concerns and it was identified to move the issue forward as an awareness campaign and incorporated it to their national research agenda. The



goals of the Action Collaborative are to 1) raise the visibility of clinician anxiety, burnout, depression, stress, and suicide; 2) improve baseline understanding of challenges to clinician well-being; and 3) advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver. In contrast to centering the collaborative on clinician burnout, the emphasis was deliberately selected to support and improve clinician well-being and resilience. The American Society of Health-System Pharmacists (ASHP) is an inaugural sponsor of the Action Collaborative. The first public meeting on Establishing Clinician Well-Being as a National Priority occurred on July 14, 2017 and, since then, a total of three public meetings have been conducted on the topic.

The anticipated impact of the Action Collaborative has been likened to that of the 1999 *To Err is Human: Building a Safer Health System* Institute of Medicine (now NAM) report¹⁹, which highlighted medical errors and their consequences, and the solution-based follow up report released in 2001, *Crossing the Quality Chasm: A New Health System for the 21st Century*.²⁰ In-progress is a consensus study to examine components of the clinical training and work environment that can contribute to burnout, as well as potential systems interventions to mitigate those outcomes. To quote current NAM President, Dr. Victor Dzau, “we look forward to learning

more when the study concludes at the end of 2019. Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions — providing the very best care to patients.”¹

Towards Well-being and Resilience

Burnout is a complex problem with interconnected and interdependent risk factors. There is no single solution to this problem. Our colleagues within the Action Collaborative have expressed that ‘we can’t resilience our way out of this.’ Commitment to addressing and preventing burnout needs to be adopted by everyone from the top level executive to the front line clinician.

The immediate response after learning about burnout and its risk factors is how can it be prevented and more importantly, how can a resilient pharmacy workforce be cultivated and sustained? The answer to this question is still evolving; however, just as the issue itself is complex, so too will be the solutions required to address it. An important realization is that burnout is a local issue that requires local solutions and a genuine commitment from leadership to address it. Next, it requires shared accountability between individuals and organizations to identify meaningful and

effective actions.

Resources are available that outline an approach and a framework for executive leadership to apply within organizations when seeking to understand and improve well-being and resilience.²¹⁻²² An important first step is to acknowledge and assess the presence of burnout. Forming a committee – or community – around the topic will help identify impediments and opportunities to test system-level changes. Testing should be conducted through small, rapid-cycle tests of change to learn what may or may not work for system-level changes that align with the organizations’ values and, ultimately, help strengthen the culture. Change management can be an energy-consuming process for both leaders and teams, so do not forget to use rewards and incentives wisely throughout the process. Identify rewards to recognize achievements; these rewards may vary between financial, institution, social types and helpful to identify the motivations behind the individuals on the team. The American Medical Association has created guidance through their STEPS Forward work on creating a wellness culture, specifically at the Resident/Fellow program level.²³ When looking to create a wellness culture, there are five steps to consider: creating a framework; developing a program; fostering well-being at the individual level; empowering faculty and trainees to confront burnout; and creating a sustainable culture of wellness, well-being,

and resilience.

Where does one start with assessing burnout and well-being? There are several validated instruments which one can use to identify and quantify burnout both individually and in teams.²⁴ The most commonly used survey instrument to measure burnout in healthcare practitioners is the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), which looks at the three domains of emotional exhaustion, depersonalization, and low sense of personal accomplishment. A recent NAM discussion paper details the considerations to help an individual or institution select the appropriate instrument for measuring burnout.²⁴ There are also validated instruments available to measure well-being, if choosing to follow the NAM intentionality of focusing on measuring well-being and resilience in individuals and on teams.²⁴ Self-assessment and conversations with peers and supervisors may also be another early signal for identifying burnout in oneself. ASHP offers an online resource center and networking community to assist its members with not only recognizing burnout in themselves and their teams, but in also identifying solutions to care for the pharmacy workforce.

Additional resources have been developed to address external factors that impact well-being and resilience, such as burdensome clinical documentation requirements and optimization of the care team.²⁵⁻²⁶ There is some early evidence of associations between high performing teams and improved clinician well-being. More research is needed to fully understand this relationship; however, it is not too early to consider the key features of a high performing team include:

1. Mutual trust and psychological safety
2. Effective communication
3. Clear roles
4. Shared, measurable goals

Other system and organization-based interventions are being researched to support well-being and resilience and will be added to the body of evidence over the next few years. NAM anticipates collecting and sharing case studies to help leaders and clinicians by providing them with a better understanding and ideas for tangible and

actionable solutions to support workforce well-being in their local settings. These case studies will represent a diverse cohort of outpatient clinics, academic and non-academic medical centers, community hospitals and feature diversity in practice area and stage of career development.

At the individual level, various approaches can be applied to monitor stress levels and bolster resilience and coping skills. Individual resilience is a skill that can be refined and improved with intentional self-care techniques, frequent self-reflection and burnout mitigating strategies. One evidence-based exercise that builds resilience and improves well-being is recording three positive events each day to reframe a negative outlook and increase positive emotions.²⁷ Continuing this habit for at least 21 consecutive days until it becomes a habit has been shown to re-wire the neural connections as humans are naturally wired to remember – and focus on – the negative. Some practitioners suggest recording these three positive events in a journal or through a mobile app, while others use a wipe board that is visible to others. There is evidence that sharing good news with others not only increases self-positive emotions, but that to share good news enhances the positive emotions in not only the sharer, but also in the listener.²⁸ Anecdotally, resident classes and pharmacy teams have reported incorporating this technique into daily huddles or team gatherings as an opportunity to reflect on positive experiences and to hear the positive experiences of others. Other individual approaches like meditation and mindfulness have shown improvements; however, these approaches are not a one-size-fits-all in benefit.²⁹

Looking Ahead

ASHP has prioritized well-being and resilience as a patient care priority in their strategic plan³⁰, and to date, has committed resources to engaging in major national initiatives, developing formal policy, conducting research, and providing education and resources. More formal programming from ASHP, the NAM, and other organizations is anticipated to be developed in the near future. In the meantime, pharmacists, residents, student pharmacists and pharmacy technicians

are encouraged to educate themselves, join the conversation, and access the resources currently available. For starting the conversation, ASHP offers a Workforce Well-Being and Resilience Resource Center devoted to the topic, including several webinars on a variety of topics ranging from mindfulness and meditation to leadership strategies.³¹ A “to-do” checklist has been developed as a template to identify where your team or your professional organization is in their journey to promoting a resilient and thriving pharmacy workforce.³²

Finally, ASHP is grateful to its members and partners that have shared their stories of resilience and suggested strategies to promote well-being. Until the Action Collaborative and related organizations identify more system-level solutions to address those external factors that contribute so significantly to burnout, evidence shows that starting the discussion at the local level is a critical first step. Burnout is mostly a local problem and requires local and authentic leadership. Start a genuine conversation on burnout in the workplace and then take meaningful steps to address it. There are tools available to do this in a thoughtful and constructive manner with frameworks that outline steps starting with initiating the discussion and finishing with plans for evaluating and measuring progress. For those pharmacists, residents, student pharmacists, and pharmacy technicians experiencing overt burnout with severe impairment, we urge them to seek support immediately through employee/student assistance programs or professional care.

Future Considerations

In summary, burnout among healthcare providers not only impacts themselves, but also impacts patients and the workforce. Solutions that build resilience and promote well-being are key to patient health and a thriving workforce. ASHP seeks to support members in functioning at their highest capacity by developing and promoting



efforts to improve well-being and resiliency in the pharmacy workforce and looks forward to evolving conversations on this topic.

Christina Martin is the Director of Membership Forums at the American Society of Health-System Pharmacists (ASHP).

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References

1. Dzau VJ, Kirch DG, Nasca TJ. To care is human – collectively confronting the clinician-burnout crisis. *N Engl J Med*. 2018;378(4):312-314.
2. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576.
3. Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals. A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-un-derrecognized-threat-to-safe-high-quality-care>.
4. Leiter MP, Harvie P, Frizzell C. The correspondence of patient satisfaction and nurse burnout. *Soc Sci Med*. 1998;47(10):1611-1617.
5. Haas JS, Cook EF, Puopolo AL, Burstin HR, Cleary PD, Brennan TA. Is the professional satisfaction of general internists associate with patient satisfaction? *J Gen Intern Med*. 2000;15(2):122-128.
6. Cimiotii JP, Aiken LH, Sloane DM, Wu ES. Nurse staffing, burnout, and health care-associated infection. *Am J Infect Control*. 2012;40(6):486-490.
7. Jones JW, Barge BN, Steffy BD, Fay LM, Kunz LK, Wuebker LJ. Stress and medical malpractice: organizational risk assessment and intervention. *J Appl Psychol*. 1988;73(4):727-735.
8. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg*. 2010;251(6):995-1000.
9. Shanafelt TD, Dyrbye LN, West CP, Sinsky C. Potential impact of burnout on the US physician workforce. *Mayo Clin Proc*. 2016;91(11):1667-1668.
10. Yerks RM, Dodson JD. *Journal of Comparative Neurology and Psychology*. 1908;18:459-482.
11. Shanafelt TD, Boone S, Litjen T. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172(18):1377-1385.
12. Chui MA, Look KA, Mott DA. The association of subjective workload dimensions on quality of care and pharmacist quality of life. *Res Social Adm Pharm*. 2014;10(2):328-340.
13. El-Ibiary SY, Yam L, Lee KC. Assessment of burnout and associated risk factors among pharmacy practice faculty in the United States. *Am J Pharm Educ*. 2017;81(4):75.
14. Ried DL, Motcycka C, Mobley C, Meldrem M. Comparing self-reported burnout of pharmacy students on the founding campus with those at distance campuses. *Am J Pharm Educ*. 2006;70(5):114.
15. Holden RJ, Patel NR, Scanlon MC, et al. Effects of mental demands during dispensing on perceived medication safety and employee well being: a study of workload in pediatric hospital pharmacies. *Res Social Adm Pharm*. 2010;6(4):293-306.
16. Durham ME, Bush PW, Ball AM. Evidence of burnout in health-system pharmacists. *Am J Health Syst Pharm*. 2018;75(suppl 4):e801-808.
17. Bridgeman PJ, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *Am J Health Syst Pharm*. 2018;75(3):147-152.
18. Brigham T, Barden C, Legreid Dopp A, et al. A journey to construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/journey-construct-encompassing-conceptual-model-factors-affecting-clinician-well-resilience/>
19. Institute of Medicine. 2000. To err is human: building a safer health system. Washington, DC: National Academies Press.
20. Institute of Medicine. 2001. Crossing the quality chasm: a new health system for the 21st Century. Washington, DC: National Academies Press.
21. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clin Proc*. 2017;92(1):129-146.
22. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI framework for improving joy in work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
23. Henry TA. These tools, resources address physician burnout at systems level. News article. American Medical Association. 2018.
24. Dyrbye LN, Meyers D, Ripp J, et al. 2018 A pragmatic approach for organizations to measure health care professional well-being. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201810b>
25. Ommaya AK, Cipriano PF, Hoyt DB, et al. 2018. Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. doi: 10.31478/201801c
26. Smith, CD, Balatbat C, Corbridge S, et al. 2018. Implementing optimal team-based care to reduce clinician burnout. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/ implementing-optimal-team-based-care-to-reduce-clinician-burnout>
27. Adair KC, Sexton JB. Positively reflecting backwards and forwards is associated with improvements in well being. *J Posit Psychol*. Accepted for publication.
28. Reis HT, Smith SM, Carmichael CL, et al. Are you happy for me? How sharing positive events with others provides personal and interpersonal benefits. *J Pers Soc Psychol*. 2010;99(2):311-29.
29. Loria K. Avoiding Pharmacist Burnout. News article. *Drug Topics*. February 22, 2019.
30. ASHP Strategic Plan, ASHP, Bethesda, MD. Accessed April 3, 2019.
31. ASHP Workforce Well-Being and Resilience Resource Center. <https://www.ashp.org/pharmacy-practice/resource-centers/clinician-well-being-and-resilience> Accessed 3 April 2019.
32. American Society of Health-System Pharmacists. State affiliate toolkit well-being and resilience. <https://www.ashp.org/State-Affiliates/Affiliate-Resources/State-Affiliate-Toolkit-Well-being-and-Resilience>. Accessed April 3, 2019.

Assessment Questions

1. At the individual clinical level, burnout presents as all of the following EXCEPT:
 - a. Emotional exhaustion
 - b. Physical pain
 - c. Depersonalization
 - d. Low sense of accomplishment
2. Burnout does NOT lead to medical errors:
 - a. True
 - b. False
3. What percentage of health-system pharmacists reported at least one burnout domain?
 - a. 53.2%
 - b. 12.7%
 - c. 67.8%
 - d. 29.9%
4. Lack of social support at home or poor work-life integration are considered individual factors that contribute to burnout:
 - a. True
 - b. False
5. The goals of the National Academy of Medicine established an Action Collaborative on Clinician Well-Being and Resilience with all of the following goals EXCEPT:
 - a. Raise the visibility of clinician anxiety, burnout, depression, stress, and suicide
 - b. Improve baseline understanding of challenges to clinician well-being
 - c. Advance evidence-based, multidisciplinary solutions to

- improve patient care by caring for the caregiver
 - d. Only address the external risk factors that lead to burnout
6. One evidence-based exercise that builds resilience and improves well-being is recording three positive events each day to reframe a negative outlook and increase positive emotions
 - a. True
 - b. False
 7. Some key features of a high performing team include all of the following EXCEPT:
 - a. Mutual trust and psychological safety
 - b. Effective communication
 - c. Shared, measurable goals
 - d. Vague roles
 8. Which of the following can burnout cause?
 - a. Loss of productivity in the health care workforce
 - b. Increased patient satisfaction
 - c. Decreased health-care associated infections
 - d. Decreased malpractice claims
 9. Did the activity meet the stated learning objectives? (if you answer no, please email sarahs@pswi.org to explain)
 - a. Yes
 - b. No
 10. On a scale of 1 – 10 (1-no impact; 10-strong impact), please rate how this program will impact the medication therapy management outcomes or safety of your patients.
 11. On a scale of 1 – 10 (1-did not enhance; 10-greatly enhanced), please rate how this program enhanced your competence in the clinical areas covered.
 12. On a scale of 1 – 10 (1-did not help; 10-great help), please rate how this program helped to build your management and leadership skills.
 13. How useful was the educational material?
 - a. Very useful
 - b. Somewhat useful
 - c. Not useful
 14. How effective were the learning methods used for this activity?
 - a. Very effective
 - b. Somewhat effective
 - c. Not effective
 15. Learning assessment questions were appropriate.
 - a. Yes
 - b. No
 16. Were the authors free from bias?
 - a. Yes
 - b. No
 17. If you answered “no” to question 16, please comment (email info@pswi.org).
 18. Please indicate the amount of time it took you to read the article and complete the assessment questions.

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- 3) a b c d
- 4) a b
- 5) a b c d
- 6) a b
- 7) a b c d
- 8) a b c d
- 9) a b
- 10) _____
- 11) _____
- 12) _____
- 13) a b c
- 14) a b c
- 15) a b
- 16) a b
- 17) _____
- 18) _____

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Improving Patient Care by Ensuring Well-Being and Resilience in Health-System Pharmacy

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