



# PHARMACIST THRIVE PROGRAM

## FINAL REPORT

Project Manager: Yong Huang  
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# Project Proposal

## Justification for the Project:

The Pharmacist Thrive Program will be a pilot initiative in three select cities, offering psychologist-assisted peer support groups to help pharmacists prevent workplace burnout. The program will consist of meetings every two weeks organized into ten-week cycles. Participants will have the flexibility to start or end at any point, allowing them to tailor their involvement to their schedule and needs.

Burnout is a growing crisis in pharmacy, with a 2022 study reporting that over 51% of pharmacists experience burnout (Dee et al.). This condition arises from chronic stress, excessive workloads, and insufficient technician support—all longstanding issues in the field. However, since the COVID-19 pandemic, pharmacists have been burdened with expanding vaccination responsibilities and persistent staffing shortages, exacerbating stress levels and leading to widespread resignations (NABP, 2024). Pharmacists have reported a range of stress-related health issues, including depression, insomnia, and physical conditions. One pharmacist stated, "I have to multitask to the point of it being unsafe" (Anekwe, 2019). This highlights how the stress pharmacists experience is not only impacting their own health but also jeopardizing patient safety.

While peer support groups exist for physicians, nurses, and lawyers, pharmacists lack structured peer support systems despite facing similar pressures. The National Association of Boards of Pharmacy (NABP) has already recognized the importance of mental health in pharmacy practice, launching initiatives and webinars to address these challenges. The Pharmacist Thrive Program aligns seamlessly with NABP's mission by expanding on these efforts with an interactive, community-driven approach.

By complementing NABP's existing initiatives, this program will:

- Provide pharmacists with a structured space for peer-to-peer guidance and mental health strategies. Drawing from the experience of physician peer support groups, a key concern has been privacy (Shapiro & Galowitz, 2016), so it is important to frame the program as a burnout prevention workshop rather than mental health counseling. This approach will help participants feel more comfortable and open up during meetings. The sessions will primarily be pharmacist-led, with minimal psychologist involvement, ensuring the program remains cost-effective. A systematic review found that in-person programs for

physicians were well received, providing valuable learning experiences and increasing interest in future peer support initiatives. These programs also effectively reduced participants' stress levels (Pereira et al., 2021).

- Enhance retention and reduce burnout-related resignations, addressing the pharmacist shortage.
- Improve patient safety by ensuring pharmacists remain focused, engaged, and supported in their roles.

This proposal offers a cost-effective, scalable solution that directly enhances NABP's commitment to pharmacist well-being. By investing in this initiative, NABP can proactively protect the mental health of pharmacy professionals while reinforcing its leadership in workforce sustainability. The program not only addresses the growing concerns of pharmacist burnout but also aligns with NABP's ongoing efforts to improve the well-being and retention of its workforce. Ultimately, this initiative will help create a healthier, more resilient pharmacy workforce, contributing to better patient safety and overall professional satisfaction.

## Project Deliverables:

1. Burnout Prevention Workshop Sessions (one session every two weeks organized in ten-week cycles):
  - Initial Session: A psychologist-led group session to introduce burnout, coping mechanisms, and healthy workplace boundaries. This session establishes credibility and creates a safe space for pharmacists to engage in discussions.
  - Subsequent Sessions: Peer-supporter-led small group discussions where pharmacists can openly share workplace challenges, receive advice, and build a professional support network. The peer supporter should be a respected pharmacist with expertise in workplace resilience and stress management.
2. Online Support & Resources:
  - Webpage on NABP.org for session sign-ups and program details.
  - Educational materials on pharmacist well-being, including topics like emotional intelligence and practical workplace strategies.
  - Continuing Education (CE) Credits: Certain educational materials will qualify as CE content, ensuring pharmacists can enhance their knowledge while fulfilling licensing requirements.
3. Program Evaluation & Impact Assessment:
  - Pre- and post-session surveys to measure participant satisfaction and effectiveness in reducing burnout symptoms.

- The collected data can be analyzed for future improvements and to evaluate the long-term impact of the program.
4. Marketing & Outreach Materials:
- Digital and paper flyers to promote the program within pharmacies, NABP newsletters, and social media.
  - Email Campaigns targeting pharmacists to introduce the program and encourage sign-ups.

## Required Team Skills:

To successfully implement this project, the team must collectively possess the following skills:

### Core Teamwide Skills:

- **Communication & Interpersonal Skills:** Essential for collaboration, engaging pharmacists, and promoting participation.
- **Problem-Solving & Adaptability:** Ability to adjust sessions based on feedback, resolve logistical challenges, and refine program delivery.
- **Confidentiality & Ethical Awareness:** Critical for maintaining trust and professionalism within peer support sessions.
- **Leadership & Facilitation Skills:** Necessary for guiding discussions, coordinating efforts, and ensuring smooth program execution.
- **Educational Writing & Content Development:** Required for creating outreach materials, session content, and program resources.

### Specialized Skills:

- **Workplace Mental Health Expertise:** Knowledge of stress management, burnout prevention, and psychological resilience techniques.
- **Group Facilitation & Training:** Ability to lead sessions, create safe discussion spaces, and train peer supporters.
- **Marketing & Outreach:** Expertise in branding, community engagement, and promoting the program through digital and print media.
- **Project Management & Coordination:** Ensuring smooth execution, resource allocation, scheduling, and stakeholder communication.
- **Budgeting & Resource Management:** Managing funding, ensuring cost-effectiveness, and overseeing financial aspects of psychologist involvement.
- **Survey & Data Analysis:** Designing and analyzing pre- and post-session surveys to assess program impact.

- **Website Development & Maintenance:** Responsible for creating and managing the signup page, scheduling system, and digital program resources.

## Main Team Tasks/Roles:

### 1. Project Manager

- Role: Oversees the entire project, ensuring smooth execution.
- Responsibilities: Organize and oversee the nomination process for peer supporters. Work closely with NABP to identify suitable psychologists for each pilot city. Coordinate payment arrangements for psychologists and potential stipends for peer supporters. Oversee scheduling. Design pre- and post-session surveys to evaluate program effectiveness. Ensure all deliverables (website, marketing materials, training content) are developed and aligned with project goals.

### 2. Marketing and Outreach Coordinator

- Role: Promotes the program and recruits peer supporters.
- Responsibilities: Create and distribute marketing materials to community pharmacies. Communicate with pharmacy owners/managers to increase awareness of the program. Collect nominations and manage the selection process of peer supporters.

### 3. NABP Team

- Role: Supports project execution through administrative and content development support.
- Responsibilities: Work with the Project Manager to identify suitable psychologists. Create relevant and engaging website content for pharmacists. Collaborate with psychologists, peer supporters, and pharmacy professors to review content for accuracy and relevance. Secure meeting locations.

### 4. Web Developer (NABP Team Member)

- Role: Builds and maintains the online infrastructure for the program.
- Responsibilities: Develop the sign-up webpage for peer supporters and pharmacists. Integrate articles, session schedule and survey tools into the platform.

## 5. Psychologists

- Role: Provide professional mental health guidance and train peer supporters.
- Responsibilities: Plan and lead the first sessions on burnout, coping mechanisms, and workplace boundaries. Train peer supporters on how to facilitate discussions and provide guidance.

## 6. Peer Supporters (Experienced Community Pharmacists)

- Role: Facilitate peer discussions and provide real-world insights.
- Responsibilities:
  - Plan the structure of peer-led sessions (topic-based, case studies, open discussions, etc.).
  - Identify key issues pharmacists struggle with and brainstorm solutions to help their peers.
  - Run group discussions in a way that fosters trust and encourages participation.

## References:

- Dee, J., Dhuhaibawi, N., & Hayden, J. C. (2022). A systematic review and pooled prevalence of burnout in pharmacists. *International Journal of Clinical Pharmacy*, 1–10. <https://doi.org/10.1007/s11096-022-01520-6>
- Shapiro, J., & Galowitz, P. (2016). Peer support for clinicians: A programmatic approach. *Academic Medicine*, 91(9), 1200–1204. <https://doi.org/10.1097/ACM.0000000000001297>
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# Project Charter

**Project Title:** Pharmacist Thrive Program

**Project Start Date:** 3/10/2025 **Projected Finish Date:** 5/16/2025

**Budget Information:** The pilot program will be conducted in three cities, with one psychologist and two peer supporters (rotating schedule) per city. While NABP staff (marketing, content creation, psychologist search, web development) will handle key project tasks, a stipend is allocated to acknowledge their additional workload. The main expenses will be as follows:

- Human Resources: \$1,510 per year (Includes psychologist fees, peer supporter stipends, and training)
- Meeting Room Costs: \$3,750 per year
- Marketing and Outreach: \$2,000 per year (Printing, flyers, ads, email campaigns)
- NABP Staff Stipend: \$1,500 per year (To support additional workload for marketing and web team)

**Total Estimated Budget** (Year 1) = \$8,760

**Time schedule:**

Weeks 1-2: Planning & Recruitment (Contract psychologists, select peer supporters)  
Weeks 2-4: Marketing & Website Setup (Develop webpage, create promotional materials)  
Weeks 5-6: Training & Session Prep (Train peer supporters, finalize session content)  
Weeks 7-8: Outreach & Recruitment (Promote program, recruit participants)  
Weeks 9-10: Final Prep & Launch (Confirm logistics, host first psychologist-led session)

**Project Manager:** Yong Huang, [yonghuang@usf.edu](mailto:yonghuang@usf.edu)

**Project Objectives:** The Pharmacist Thrive Program is a pilot initiative in three cities, providing psychologist-assisted peer support groups to help pharmacists prevent workplace burnout. The program will run in ten-week cycles, with biweekly meetings—the first session led by a psychologist and the following four by peer supporters.

This program aims to:

- Equip pharmacists with burnout prevention strategies and coping mechanisms.
- Foster peer support networks to enhance well-being and job satisfaction.
- Improve workforce retention and patient safety by promoting mental resilience.
- Develop web-based resources for ongoing support and education.

**Success Criteria:** The success of the Pharmacist Thrive Program will be measured by:

- Stress Reduction: Analysis of pre- and post-session surveys to assess improvements in stress levels and burnout symptoms.
- Participant Engagement: A target number of participants successfully completing at least 80% of the program.
- Positive Feedback: Qualitative feedback on the program’s impact on well-being, coping strategies, and job satisfaction.

**Approach:** The Pharmacist Thrive Program will balance volunteer involvement, targeted professional support, and NABP resources to ensure a cost-effective and impactful pilot:

The project will be primarily peer-supporter-led, with minimal psychologist involvement (one psychologist-led session per cycle) to ensure cost-effectiveness and relevance to pharmacy work. **This project follows a Waterfall project management approach, with clearly defined phases and dependencies—from recruitment and training to outreach, content development, and session delivery.** The project manager will oversee overall execution, ensuring timely recruitment, training, and resource allocation. NABP staff will provide critical support, including marketing, outreach, web development, content creation, and meeting space coordination. Pharmacist Peer Supporters will be recruited and trained, ensuring they are well-prepared to facilitate discussions. The hiring of psychologists will be a collaborative effort between the project manager and NABP team. Peer-supporter selection and training will be contingent on NABP’s marketing and outreach efforts to generate interest and participation. NABP’s team will handle marketing efforts, including flyers, emails, and social media outreach to encourage participation. A sign-up webpage will be created to streamline participant registration and provide program details. Meeting room logistics will be coordinated through NABP to ensure smooth session execution.

The first 10-week cycle will be structured as follows:

- Session 1: Led by a psychologist, focusing on burnout, coping strategies, and workplace boundaries.
- Sessions 2-5: Peer-supporter-led discussions, providing pharmacists a space to share challenges, gain support, and apply practical strategies.

Pre- and post-session surveys will be conducted to assess participant satisfaction and program impact.

#### Roles and Responsibilities

Name	Role	Position	Contact Information
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YH	Project Manager	Project Manager	<a href="mailto:Yonghuang@usf.edu">Yonghuang@usf.edu</a>
LB	Marketing Outreach Coordinator	& Senior Communications Specialist	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
AR	Web Developer	Web Developer	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
KG	Content Engagement Coordinator	& Member Engagement Coordinator	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
HS	Logistics & Site Coordinator	Administrative Coordinator	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
TBD	Psychologists (3)		
TBD	Peer Supporters (6)		

*Comments:*

## Stakeholder Register

Name	Position	Internal/ External	Project Role	Contact Information
YH	Project Manager	External	Oversees the project, ensures deliverables are met	<a href="mailto:Yonghuang@usf.edu">Yonghuang@usf.edu</a>
LB	Senior Communications Specialist	Internal	Responsible for spreading awareness, recruitment	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
AR	Web Developer	Internal	Creates the sign-up webpage, maintains web content	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
KG	Member Engagement Coordinator	Internal	Works with the PM to contract psychologists. Develops website content.	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
HS	Administrative Coordinator	Internal	Secures meeting locations, schedules logistics	<a href="mailto:xxx@nabp.pharmacy">xxx@nabp.pharmacy</a>
MC PG AR	Psychologists (3)	External	Lead initial sessions, train peer supporters	

RK, EP, JH, SN, MB, LR	Peer Supporters (6)	External	Volunteer pharmacists who lead discussions	
	Program Participants	External	Pharmacists in 3 cities who enroll in sessions	
LN, PD	NABP Chairperson	Internal	Provides executive oversight and possible public endorsement	<a href="mailto:xxx@NABP.pharmacy">xxx@NABP.pharmacy</a>
JM PharmD, JD, RPh	NABP President	Internal	Works with the executive team on strategic direction	<a href="mailto:xxx@NABP.pharmacy">xxx@NABP.pharmacy</a>
	NABP Executive Committee	Internal	Oversees the funding and long-term adoption of the program	<a href="mailto:xxx@NABP.pharmacy">xxx@NABP.pharmacy</a>
	State Pharmacy Board(s) (pilot cities)	External	May promote the program	<a href="mailto:xxx@dhhs.nc.gov">xxx@dhhs.nc.gov</a>
	American Pharmacists Association	External	May collaborate	Infocenter@aphan et.org
JH	Pharmacy Industry Partners	External	May donate funds or resources	<a href="mailto:xxx@merck.com">xxx@merck.com</a>
RL, JD	NABP Legal Expert	Internal	Reviews liability concerns	<a href="mailto:xxx@NABP.pharmacy">xxx@NABP.pharmacy</a>

MB	CVS Regional Pharmacy Director	External	Potential ally or blocker	<a href="mailto:xxx@cvshealth.com">xxx@cvshealth.com</a>
NR	Walgreens Regional Pharmacy Director	External	Potential ally or blocker	<a href="mailto:xxx@walgreens.com">xxx@walgreens.com</a>
JF	Web Developer	External	Develops webpage for peer-supporter online training course	<a href="mailto:j.fields@webcas.com">j.fields@webcas.com</a>
DL	Instructional Designer	External	Designs peer-supporter online training course	<a href="mailto:d.liu@desu.edu">d.liu@desu.edu</a>

## SCOPE STATEMENT (VERSION 7)

**Project Title:** Pharmacist Thrive Program

**Date:** 04/25/2025      **Prepared by:** Yong Huang

**Project Justification:** The Pharmacist Thrive Program is a pilot initiative offering psychologist-assisted peer support groups in three cities to help pharmacists prevent workplace burnout. Meetings will occur biweekly in ten-week cycles, with flexible participation options. Sessions will be primarily pharmacist-led, with minimal psychologist involvement to maintain cost-effectiveness. Burnout is a critical issue in pharmacy, with over 51% of pharmacists affected (Dee et al., 2022). Chronic stress, excessive workloads, and staffing shortages—exacerbated by COVID-19—have led to widespread resignations (NABP, 2024). Pharmacists report stress-related health issues, impacting both their well-being and patient safety (Anekwe, 2019). While

peer support groups exist for other professions, pharmacists lack structured options despite facing similar pressures. Physician programs have been well received and have effectively reduced stress (Pereira et al., 2021). This program aligns with NABP's mental health initiatives by providing an interactive, community-driven solution to pharmacist burnout. It offers a cost-effective, scalable approach to improving retention, workforce sustainability, and patient safety. By investing in this initiative, NABP reinforces its commitment to pharmacist well-being while proactively addressing burnout-related workforce challenges.

**Product Characteristics and Requirements:** The Pharmacist Thrive Program will operate in three cities, offering ten-week cycles with biweekly sessions. The first session in each cycle will be psychologist-led, followed by four peer-supporter-led discussions.

**Goals:**

1. Provide pharmacists with effective coping mechanisms to manage workplace stress.
2. Foster a supportive professional network that encourages shared experiences and resilience.
3. Improve workforce retention by reducing burnout and job dissatisfaction.
4. Enhance patient safety through better pharmacist well-being.
5. Offer web-based educational resources to supplement in-person sessions.

**Key Requirements:**

1. **Human Resources**
  - a. Three contracted psychologists to lead initial sessions.
  - b. Six trained peer supporters (two per city) to facilitate discussions.
  - c. NABP's existing team for marketing, content creation, and logistics.
2. **Physical & Digital Infrastructure**
  - a. Meeting room spaces for in-person sessions.
  - b. A dedicated webpage on NABP.org for session sign-ups and resources.
  - c. Marketing and outreach materials for program promotion.
3. **Program Implementation & Evaluation**
  - a. Recruitment of participants through pharmacy outreach and email campaigns.
  - b. Pre- and post-session surveys to measure stress reduction and program impact.
  - c. Ongoing data collection and analysis to refine future iterations of the program.

This initiative is designed to be cost-effective by leveraging volunteer peer supporters and minimizing psychologist involvement while ensuring credibility and effectiveness.

**Product User Acceptance Criteria:**

- At least 75% of participants report a measurable reduction in stress levels and burnout symptoms, as indicated by a 10% or greater improvement in their stress scores on pre- and post-program surveys.

- At least 60% of participants successfully complete 80% of the program sessions, defined as attending at least 4 out of 5 scheduled group training sessions
- At least 80% of participants provide positive qualitative feedback. This feedback should include at least three positive outcomes or changes as reported in the post-program evaluation form.

### Summary of Project Deliverables

#### Project management-related deliverables:

1. Stakeholder registry
2. Project charter
3. Scope Statement
4. Requirements traceability matrix
5. Work Breakdown Structure (WBS) with schedule, budget, and activity tracking
6. Probability impact matrix

#### Product-related deliverables:

1. Burnout prevention workshop sessions: A series of 5 group sessions scheduled every other Saturday over a 10-week cycle. A total of 5 cycles during the first year.
2. A NABP webpage for sign-ups and program details, educational materials and CE content.
3. Flyers, email campaigns and digital promotion through NABP newsletters and social media.
4. Collection of pre- and post- session surveys to assess participant satisfaction and effectiveness in reducing burnout.
5. *An online training course for peer supporters—was added mid-project. This course was developed by an instructional designer and a psychologist, and integrated into a standalone training site by a hired web developer. The addition was made to streamline the training process and reduce the need for multiple live training sessions.*

### References:

- Dee, J., Dhuhaibawi, N., & Hayden, J. C. (2022). A systematic review and pooled prevalence of burnout in pharmacists. *International Journal of Clinical Pharmacy*, 1–10. <https://doi.org/10.1007/s11096-022-01520-6>
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## Requirements Matrix

Requirement no.	Name	Category	Source	Status
R1	Project timeline and milestones	admin	Project manager	Complete
R2	Peer supporter selection criteria	Admin	Pharmacists	Complete
R3	Determine peer-supporter compensation amount	Admin	Pharmacists	Complete
R4	Peer supporter recruitment process	Admin	Marketing & outreach coordinator	Complete
R5	Getting psychologist referral from NABP	HR	Project manager	Complete
R6	Psychologist hiring and onboarding	HR	Project manager	Complete



R7	Define target audience	Outreach	Marketing & outreach coordinator	Complete
R8	Branding and design of materials	Technical	Marketing & outreach coordinator	Complete
R9	Educational content and CE material	Educational	pharmacists	Complete
R10	CE material verification (meet CE credit standards)	educational	CE administrator	Complete
R11	Flyers and digital promotional materials	Outreach	Marketing & outreach coordinator	Complete
R12	Marketing campaign via email and social media	outreach	Marketing & outreach coordinator	Complete
R13	Web Sign-up pages	Technical	pharmacists	Complete
R14	Workshop meeting room booking	logistical	Logistics & site coordinator	Complete
R15	Peer supporter training program	training	Project manager	Complete
R16	Pre- and post-workshop surveys to provide feedback	Analytics	pharmacists	Complete
R17	Online training course for peer supporters	training	pharmacists	Complete

# PROBABILITY IMPACT MATRIX

Probability	High	4		1 2
	Medium	5	9	3 6
	Low	10	7 8	
		Low	Medium	High
	Impact			

## Ten potential risks for the project:

1. Not enough pharmacists sign up for sessions.
2. A lack of peer supporters.
3. NABP team not completing tasks on time due to competing obligations.
4. Participants not completing enough surveys.
5. CE material not receiving approval from accrediting body.
6. Budget constraints.
7. Unforeseen legal requirements, such as confidentiality concerns.
8. Technology issues such as platform failures.
9. Burnout among peer supporters.
10. Participants feel the program lacks relevance.

**Risk:** Not enough pharmacists sign up for sessions  
 Pharmacists may not show up for sessions due to various reasons. Some may view the program

as an extra obligation that interferes with their weekend activities and time with family or friends. Others may find in-person meetings to be too much of a commitment, particularly if they are already stretched thin with their work schedules. Some pharmacists may question the effectiveness of the program in reducing stress or may feel uncomfortable sharing personal or vulnerable experiences with fellow professionals. Concerns about confidentiality may also deter participation. Additionally, large pharmacy chains may not cooperate in distributing marketing materials, possibly due to bias against the program. To encourage participation, the program will offer snacks and beverages and ensure that sessions are held at easily accessible locations with convenient parking options. The program is designed with one session every two weeks to minimize the frequency and time commitment. Additionally, session schedules will be carefully aligned with pharmacists' work patterns, ensuring that many pharmacists, especially those working every other weekend, can find cycles that fit their schedules. Marketing will emphasize the expertise of the psychologist in handling healthcare workplace stress and highlight the confidential nature of the sessions, ensuring that all participants sign a nondisclosure agreement. Support will also be provided to the outreach coordinator to help onboard district pharmacy managers and ensure effective marketing. To keep the program top of mind, an easy sign-up process will be offered, with reminders sent closer to the session dates.

**Risk:** A lack of peer supporters

A lack of peer supporters is a potential risk for the *Pharmacist Thrive Program*. While pharmacists have a strong heart for patient care, it is difficult to predict how many will feel a burden to help fellow pharmacists, particularly new or struggling ones. Unless they have a background or interest in psychology, teaching, or pharmacy regulation, many pharmacists may not be inclined to volunteer their precious time to support others for free. This creates a potential challenge in securing enough peer supporters to effectively run the program.

To attract more peer supporters, the program must be flexible to offer better compensation for their time and efforts. This could include stipends, CE credits, or other incentives that make the role more appealing. Therefore, it's important to have a backup budget ready to cover these costs. Reaching out to pharmacists with backgrounds in psychology or teaching, or those interested in regulatory work, may also help identify potential peer supporters who are more likely to feel motivated to contribute.

**Risk:** NABP team not completing tasks on time due to competing obligations  
The NABP team may not complete tasks on time due to their competing obligations. The team members—including the marketing & outreach coordinator, web developer, content & engagement coordinator, and logistics & site coordinator—are all existing NABP staff who likely

have a full workload already. Since no new staff are being hired, there is a risk that they may deprioritize the program, particularly as they might see the project manager as a new and young stranger with no direct authority over them. This could lead to delays or missed deadlines. To address this risk, the project manager must seek support from leadership, ideally someone with the authority to champion the cause and speak on her behalf. Early, one-on-one communication with each team member is crucial to gauge their workload and understand their availability. This will help identify any potential bottlenecks early on. Additionally, having backup personnel ready to step in if needed can help ensure the program stays on track, even if some team members are unable to prioritize the tasks. Since the project manager is an outsider to NABP, it's important to solicit frequent feedback from team members to help them feel more invested and committed to the project.

# Executing of Project Activities

## Integration Management

During Week 1, all planning-phase activities were completed, accounting for at least 20% of the total project work. These activities included finalizing the stakeholder register, project charter, kickoff meeting, scope statement, preliminary schedule, and budget. However, the execution phase began later than intended, affecting several key tasks such as marketing and outreach, website and educational content development, hiring of psychologists and peer supporters, and finalizing workshop schedules and locations.

Two milestones—the first educational article and the initial email/social media campaign—have already been missed. The primary cause of delay was underestimating the time required for the planning phase, which created a ripple effect on downstream tasks. In response, I revised the schedule by allocating an additional three days for website and article development, seven days for marketing and outreach, one day for workshop design, and two extra days for project closing. To compensate, we will begin the closing phase early to ensure on-time completion.

Additionally, I changed the marketing strategy review meeting into an initiation meeting, allowing the project manager and Lorna to align on marketing goals before execution begins. This adjustment ensures that Lorna has the necessary guidance before launching her efforts. I've

also assigned Alex and Lorna to work part-time monitoring the website, managing ongoing marketing, and handling email communications during the registration period.

## Quality Management

To ensure consistent program quality, I will implement two quality assurance strategies. First, I will benchmark our initiative against established mental health programs such as the American Medical Association’s *STEPS Forward*. This will help us define realistic targets for participant engagement, content quality, and measurable post-program outcomes.

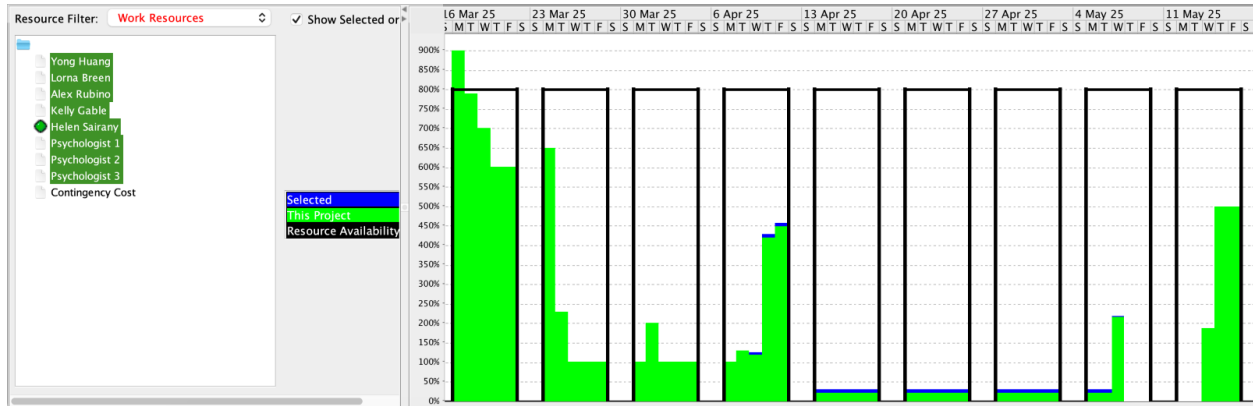
In addition, I will conduct periodic mini-audits throughout the project lifecycle. These will include reviewing workshop session structures, interviewing peer supporters to assess their preparedness and gather feedback on the support model, evaluating educational content for accuracy and clarity, and sampling pharmacists to gauge their reactions to our marketing materials. These ongoing evaluations will help identify potential issues early, allowing for timely adjustments and ensuring that every component of the program upholds a high standard of quality and alignment with our goals.

## Resource Management

Pharmacist Thrive Team Roster

Name	Role	Position
Yong Huang	Project Manager	Project Manager
Lorna Breen	Marketing & Outreach Coordinator	Senior Communications Specialist
Alex Rubino	Web Developer	Web Developer
Kelly Gable	Content & Engagement Coordinator	Member Engagement Coordinator
Helen Sairany	Logistics & Site Coordinator	Administrative Coordinator
TBD	Psychologists (3)	Psychologists
TBD	Peer Supporters (6)	Pharmacists

## Resource Histogram



To assess team performance, I will use practical and low-burden methods, since this is a small pilot project. I will regularly walk around to check in with team members one-on-one. This allows me to observe their progress, answer questions, and spot issues early. I will provide a short self-assessment form for each team member to complete every two weeks. This encourages reflection and gives me insights into their confidence levels and obstacles. Sample assessment tool follows:

### Pharmacist Thrive Program – Team Self-Check (Bi-Weekly)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. **On a scale of 0–100, how would you rate your current performance on this project?**

☐ 0–20 ☐ 21–40 ☐ 41–60 ☐ 61–80 ☐ 81–100

**Explain briefly:** \_\_\_\_\_

2. **What tasks or responsibilities are you currently working on?**

3. **What is the most critical task you believe the team needs to focus on this week?**

4. **What barriers or challenges are you experiencing, if any?**

## **5. How can project leadership better support you this week?**

### **Communications management**

To ensure clear, timely, and tailored communication across all stakeholders, I will use a combination of methods. For core team members, I will use emails and in person communication for specific questions and clarifications. I will use weekly email updates to communicate progress, upcoming tasks and action items. For NABP execs and project sponsors I will send monthly executive summary reports via email. I will hold meetings if needed to present critical decisions or risk escalations. For external stakeholders such as state boards, pharmacy associations, pharmacy chain directors, I will use quarterly update emails or targeted briefings to summarize program progress, results, and engagement opportunities.

### **Risk Management**

Missing the two early milestones—completion of the first educational article and the launch of the email/social media campaign—has increased the risk exposure of the project in the following ways: Delaying the marketing campaign has slightly reduced the time available to generate awareness and interest among pharmacists. This slightly increases the risk that not enough participants will sign up for sessions. With less buffer and new schedule adjustment, staff may now face scheduling conflicts and need to complete overlapping tasks in a tighter timeframe. However, this potential for task delay is offset by the extension of their timelines.

### **Procurement Management**

NA.

### **Stakeholder Management**

External stakeholders—including representatives from APhA, as well as regional directors from CVS and Walgreens—have been largely unresponsive to emails since the start of the project. I plan to follow up with a clear and concise message that highlights how their involvement supports their organization's broader goals. The email will specify exactly what I'm requesting, the expected time commitment, and the potential benefits of participation. If I still receive no response, I will escalate my outreach by calling their offices or requesting a brief meeting. Additionally, I may ask mutual contacts, such as NABP members familiar with these individuals, to help facilitate an introduction or endorse the project's value.



# Monitoring and control

## Scope Management

After completing our project planning phase — including the stakeholder registry, project charter, kickoff meeting, scope statement, preliminary schedule, and budgeting — we have made steady progress on our project deliverables.

So far, we have completed the first educational article, held the marketing strategy meeting, and created and distributed flyers and promotional materials. We are close to finalizing contracts with two psychologists and recruited four peer supporters. We are halfway through preparing email and social media campaigns, and about 60% finished designing the pre- and post-session surveys. Approximately 60% of the CE content is developed, and the website is more than halfway built by our web developer. Additionally, the first psychologist has begun developing the session structure; Lorna has started contacting pharmacies and recruiting pharmacists; Helen has begun booking meeting locations and scheduling the first sessions.

Once online registration launches, pharmacists can begin signing up for sessions. Alex will continue monitoring the website. Helen will confirm registrations and respond to participant questions. Lorna will continue outreach and follow-up emails. We extended the timeline for most activities earlier in the project due to underestimating the planning phase. However, we still expect to finish on schedule.

Our team and stakeholders have agreed to expand the project scope by adding an online training course for peer supporters. This course will ensure that all current and future peer supporters receive consistent, accessible training on conducting group sessions, practicing active listening, recognizing signs of serious mental distress, maintaining confidentiality, and other key skills. Since our current CE writer and web developer are already fully engaged with other deliverables, we plan to onboard a new web developer and hire an instructional designer specifically for this training course. One of our newly contracted psychologists will serve as the subject matter expert for the course.

The instructional designer and psychologist will collaborate to develop the course content, while the web developer will be responsible for building and integrating the training into a web-based format. For simplicity and faster implementation, the course will initially be hosted on a standalone training site. Once the content is validated and refined, NABP may consider integrating it into their main website for long-term maintenance and broader access.

## Time Management

As of now, 30% of the activities listed in the WBS are fully completed, 30% are approximately 60% done, 20% are completed at 30%, and 20% have not been started yet. (Note to instructor: These percentages do not exactly match the instructions, for I've adjusted based on task contingencies.) The Earned Value Analysis (EVA) suggests we are significantly behind schedule, with only 61% of the planned work completed so far. This result is based on the original baseline, but it's important to note that the planning phase was extended and onboarding delays led to the postponement of several activities. However, many development and implementation tasks have since started concurrently, and with improved team coordination moving forward, I still believe the project can be completed close to the original timeline, especially if no further disruptions arise.

The new deliverable—a peer supporter training course—adds complexity to the project, requiring additional coordination of resources. However, as the course is designed to be developed and implemented within a single week, with support from dedicated new team members (web developer, instructional designer), the impact on the overall schedule remains contained. As long as we maintain efficient collaboration, I anticipate minimal impact on the final delivery timeline.

EVA Results Breakdown and Analysis:

EV (Earned Value)	\$20,081
AC (Actual Cost)	\$19,974
PV (Planned Value)	\$32,904.50
CV (Cost Variance)	+\$107
SV (Schedule Variance)	-\$12,823.50
CPI (Cost Performance Index)	1.005
SPI (Schedule Performance Index)	0.61
EAC (Estimate at Completion)	\$29,911
ETC (Estimate to Complete)	\$9,937

The project is significantly behind the original schedule, with an SPI of 0.61, meaning that only 61% of the initially planned work has been completed. The schedule variance of -\$12,823.50 further supports this assessment. This major delay can be attributed to extended planning and onboarding delays. However, tasks are now progressing concurrently, and the schedule has some buffer time built in. As a result, it remains feasible to complete the project close to the original timeline, although there will likely be some minor delays.

Despite the delay, the project is slightly under budget, with a CPI of 1.005 and cost variance of \$107. This indicates that costs are being managed efficiently, and the overall financial health of the project is positive. Based on the EAC and ETC, the project is forecasted to finish at \$29,911, just under the budgeted amount. However, \$9,937 will be needed to complete the remaining tasks, indicating that additional resources will be necessary to finish the project on time.

## **Resource Management**

Human resources:

Delays in planning and onboarding mean that some team members—particularly the project manager and Lorna—have had to work longer hours and take on a broader range of tasks, which may impact productivity and increase the risk of burnout. These delays have required greater flexibility and coordination among the team, including task shifting to maintain progress.

The addition of the new deliverable—the online peer supporter training course—introduces new resource needs. This includes hiring an instructional designer and a web developer. Their integration into the project increases the coordination demands on the project manager, who will need to ensure alignment across all workstreams while staying on schedule. It becomes important for Kelly to carry a greater share of the upcoming workload.

Labor costs:

Although some team members are working additional hours to stay on track, the project is not incurring formal overtime costs. The development of the online peer supporter training course has allowed the team to reduce the need for psychologists conducting in-person training. Instead, much of the training will be delivered through the newly developed online course, which increases efficiency and reduces long-term labor costs.

The following are the projected costs for the new roles and reallocated psychologist support:

- Instructional designer: \$480
- Web developer: \$1,280
- Psychologist (content input for training): \$720

The total cost for this adjustment is \$2,480, which exceeds the original contingency budget by \$414. This overage is relatively small and considered acceptable given the scope expansion and anticipated improvements in delivery efficiency.

