



Department of Pharmacy

PGY1
Pharmacy Residency Program

DEPARTMENT OF PHARMACY
PGY1 – PHARMACY RESIDENCY PROGRAM

Policies and Procedures Manual

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Program Scope

Purpose Statement

Postgraduate year one (PGY1) pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. (ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs – Appendix 1)

Education Standards

The PGY1 Pharmacy Residency Program at the Reading Hospital has been designed in accord with the American Society of Health-System Pharmacists (ASHP) accreditation standards approved by the ASHP Board of Directors September 2016. *Appendix 1*

Program Goals and Objectives

Our residency concept is best described through the philosophy or opinion that a pharmacy residency provides opportunity to accelerate professional growth in patient-centered care and pharmacy operational services, and to further the development of leadership skills. PGY1 residents acquire substantial knowledge required for skillful problem solving, to refine their problem-solving strategies and strengthen their professional values and attitudes. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides an environment for accelerated growth through supervised practice under the guidance of model practitioners.

Purpose

The purpose of the Reading Hospital PGY1 Pharmacy Residency Program is to provide structured, advanced educational and training experiences to develop or enhance a pharmacist's skills to provide pharmaceutical care to a diverse patient population in a health-system environment. The expectation is that graduates of the Program will be prepared to practice in patient care positions in a health-system environment or pursue entry into a PGY2 training program in the area of their choosing and to achieve board certification.

Competency Areas:

Competency areas are broad categories of the residency graduates' capabilities. Educational goals are broad statements of ability, while objectives are observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. The educational goals and objectives listed below can be found in ASHP's documents entitled: "Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies", *Appendix 2* and "Elective Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies", *Appendix 3*. These documents contain criteria offering examples intended to help preceptors and residents identify specific areas of skill development or needed improvement in residents' work.

Over the course of the Program, the resident will have learning experiences and opportunities to achieve the following educational goals and objectives:

Competency Area R1 Patient Care

Goal R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

Obj R1.1.1 Interact effectively with health care teams to manage patients' medication therapy

Obj R1.1.2 Interact effectively with patients, family members, and caregivers

Obj R1.1.3 Collect information on which to base safe and effective medication therapy

| | |
|---------------------------|--|
| Obj R1.1.4 | Analyze and assess information on which to base safe and effective medication therapy |
| Obj R1.1.5 | Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) |
| Obj R1.1.6 | Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions |
| Obj R1.1.7 | Document direct patient care activities appropriately in the medical record or where appropriate |
| Obj R1.1.8 | Demonstrate responsibility to patients |
| Goal R1.2 | Ensure continuity of care during patient transitions between care settings |
| Obj R1.2.1 | Manage transitions of care effectively |
| Goal R1.3 | Prepare, dispense, and manage medications to support safe and effective drug therapy for patients |
| Obj R1.3.1 | Prepare and dispense medications following best practices and the organization's policies and procedures |
| Obj R1.3.2 | Manage aspects of the medication-use process related to formulary management |
| Obj R1.3.3 | Manage aspects of the medication-use process related to oversight of dispensing |
| Competency Area R2 | Advancing Practice and Improving Patient Care |
| Goal R2.1 | Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization |
| Obj R2.1.1 | Prepare a drug class review, monograph, treatment guideline, or protocol |
| Obj R2.1.2 | Participate in a medication-use evaluation |
| Obj R2.1.3 | Identify opportunities for improvement of the medication-use system |
| Obj R2.1.4 | Participate in medication event reporting and monitoring |
| Goal R2.2 | Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system |
| Obj R2.2.1 | Identify changes needed to improve patient care and/or the medication use system |
| Obj R2.2.2 | Develop a plan to improve the patient care and/or medication-use system |
| Obj R2.2.3 | Implement changes to improve patient care and/or the medication-use system |
| Obj R2.2.4 | Assess changes made to improve patient care or the medication-use system |
| Obj R2.2.5 | Effectively develop and present, orally and in writing, a final project report |
| Competency Area R3 | Leadership and Management |
| Goal R3.1 | Demonstrate leadership skills |
| Obj R3.1.1 | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership |
| Obj R3.1.2 | Apply a process of on-going self-evaluation and personal performance improvement |
| Goal R3.2 | Demonstrate management skills |
| Obj R3.2.1 | Explain factors that influence departmental planning |
| Obj R3.2.2 | Explain the elements of the pharmacy enterprise and their relationship to the healthcare system |
| Obj R3.2.3 | Contribute to departmental management |
| Obj R3.2.4 | Manages one's own practice effectively |
| Competency Area R4 | Teaching, Education , and Dissemination of Knowledge |
| Goal R4.1 | Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups) |
| Obj R4.1.1 | Design effective educational activities |
| Obj R4.1.2 | Use effective presentation and teaching skills to deliver education |
| Obj R4.1.3 | Use effective written communication to disseminate knowledge |
| Obj R4.1.4 | Appropriately assess effectiveness of education |
| Goal R4.2 | Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals |
| Obj R4.2.1 | When engaged in teaching, select a preceptor role that meets learners' educational needs |
| Obj R4.2.2 | Effectively employ preceptor roles, as appropriate |
| Competency Area E5 | Management of Medical Emergencies |
| Goal E5.1 | Participate in the management of medical emergencies |
| Obj E5.1.1 | Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures |

The residency program is designed to provide experiences that support development and achievement of the above goals and objectives through structured learning experiences. Flexibility has been designed into the Program to permit individualization of experiences to meet the personal interests and goals of the resident while directing attention to areas identified for improvement.

Program Structure

Program Governance

Residency Steering Committee

The Residency Steering Committee governs the residency program. The Committee is comprised of preceptors and select members of the Pharmacy Leadership Group. The Committee is chaired by the Residency Program Director and meets routinely to review and discuss the progress of the residents. Interactive feedback within the committee is utilized to direct the resident's current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The group will recommend modifications to the residents' schedule as necessary.

PGY1 Pharmacy Resident Advisor

Mentoring and advising are key elements of the PGY1 Pharmacy Residency Program. By the end of the orientation period, each resident will select an individual from among the Residency preceptors as their personal Resident Advisor. This selection should take into consideration shared career goals, work ethic, general attitude and disposition. The advisor to resident ratio cannot exceed 1:1. Active Resident Advisors will be granted designee status in PharmAcademic to facilitate review of evaluations to support ongoing plan modification and updates. The Resident Advisor will collaborate with the resident and the Residency Program Director to complete updates to the resident's development plan. If circumstances arise during the residency year that warrant reevaluation of the Resident Advisor selection, discussion with and approval from the Residency Program Director will be required before any changes are made.

The Resident Advisor will act as a personal contact in all matters related to the completion of the PGY1 pharmacy residency program and will supplement and augment the activities of the Residency Program Director. The Resident Advisor will collaborate with the resident to develop their residency plan and monitor the plan's progress. The resident and advisor will determine the degree of contact and involvement necessary to meet these objectives (generally meeting at least monthly). Key areas that will be focused on include: advice on projects (initiation, completion, deadlines, etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, licensing, career opportunities after residency and any residency-related or other issues that may arise.

The goal in providing a residency advisor is to give the resident a specific contact, of their choosing, with whom they will be comfortable discussing any matters related to the completion of the residency. Residents are involved in many different projects, in many different aspects of hospital operations, interacting with many different individuals. The pharmacy practice resident may become overwhelmed at some time during the Program and may benefit from discussions, direction and counsel from their selected contact person. The Resident Advisor can provide unique insight and personalized advice to guide the resident to the residency certificate. The Resident Advisor may also act as an impartial third party should issues or conflicts arise between the resident and the director/managers of the pharmacy department or preceptors within the residency program.

Resident Appointment

Qualifications:

Qualifications for participation in the Reading Hospital PGY1 Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

Residents shall be graduates of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).

Residents must be licensed or eligible for licensure in Pennsylvania

Residents shall participate in and obey the rules of the Residency Matching Program.

Application Requirements:

Residency candidates are required to submit the following items for application to the PGY1 Pharmacy Residency Program:

- Copy of curriculum vitae or resume
- Official transcript from an accredited School/College of Pharmacy
- Three recommendations from professional colleagues and/or college faculty
- Letter of intent expressing professional goals and reason for pursuing a PGY1 Pharmacy Residency

The completeness of the application materials submitted via PhORCAS is assessed by the RPD. Complete applications of eligible candidates are reviewed by the RPD and a minimum of 2 preceptors, applying a rubric to guide the selection of qualified candidates to present to the Residency Steering Committee to consider for onsite interviews. No more than 6 interviews will be offered for each available residency position. Selected candidates are

requested to provide their availability for interview, selecting 3 potential dates and times from those offered. Interviews will be scheduled to best accommodate availability of invited candidates.

Selected candidates will be offered an onsite interview lasting 4 hours. The interview will include presentation of a clinical pearl, time with the current residents, residency preceptors and department leadership, including the RPD. Candidates will have a tour of the pharmacy department and the hospital and will be provided with lunch. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions regarding the program and the requirements for completion.

Preceptors and departmental leadership who participate in candidate interviews complete a Post-Interview Candidate Assessment, the scores of which are averaged for each candidate to provide a foundation for ranking discussions. Candidates are ranked based on consensus of the Residency Steering Committee and the rank order list is submitted to the Resident Matching Program.

Should participation in Phase II of the ASHP Match be necessary, a similar but expedited applicant and candidate assessment will be applied. Completeness of the application materials submitted via PhORCAS will be assessed by the RPD. Complete applications of eligible candidates will be reviewed by at least one preceptor, applying the same rubric utilized in Phase I and presented to the RSC to consider for Skype (preferred) or telephone interviews. No more than 8 interviews will be offered for each available residency position. Skype interviews will be scheduled for a 50 minute block, during which the candidate will present a 10 minute pearl and have opportunity to interview with and pose questions to the preceptors and departmental leadership available for that interview time. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions. Preceptors and departmental leadership who participate in candidate interviews will complete a Post-Interview Candidate Assessment and participate in ranking discussions. Phase II candidates will be ranked based on consensus of participating interviewers and the Phase II rank order list will be submitted to the Resident Matching Program.

Out-of-state applicants are strongly encouraged to carefully review and consider the non-curriculum based experiential hours required for Pennsylvania licensure.

Acknowledgement of Residency Match and Pre-Employment Requirements:

Residents matched to the Reading Hospital PGY1 Pharmacy Residency Program will receive an acceptance letter acknowledging the match results and delineating the general terms and conditions of the residency by the deadline listed on the ASHP Match Schedule of Dates published annually on the National Matching Services website. Acknowledgement in writing by the resident will constitute acceptance of the match, agreement to fulfill the duties of the residency position for the upcoming year and confirmation that the resident has received the residency manual and understands the requirements for completion of the program.

Following confirmation of the match results, residents will receive communication from the Reading Hospital Human Resources Department and the Graduate Medical Education Office regarding pre-employment requirements and orientation. Pre-employment requirements include: completion of I9 form, OSHA respirator questionnaire, completion of the online portion of the RQI BLS assignment and an onboarding appointment for FBI fingerprinting, parking registration and occupational health appointment at which a urine drug screen and immunization evaluation will be performed. Pharmacy residents participate in hospital orientation with incoming medical residents in mid-June. ACLS training is completed during this 2-day orientation.

Pharmacy Licensure Verification:

Participation in the Reading Hospital PGY1 Pharmacy Residency Program is contingent on securing and maintaining a license without restriction in the State of Pennsylvania (PA). It is the expectation that the resident will complete these licensure requirements within 90 days of the first day of the residency year.

The resident will provide the Residency Program Director confirmation that:

- He/she has already taken the NAPLEX and the PA pharmacy law exam, or
- He/she will take the PA law exam upon transfer of NAPLEX scores from another state, or
- He/she already has a valid PA pharmacy license.

- Upon notification of completion of the licensure requirements, the resident will provide documentation of licensure to the Residency Program Director.

The resident will provide the department with the licensure certificate to remain on file during the resident's year at the Reading Hospital. Failure to attain licensure in a timely manner may result in dismissal from the residency program. Residents should contact the Residency Program Director should any issue arise with licensure; individual circumstances will be reviewed on a case by case basis with consideration given for extenuating circumstances (i.e. delays related to state Board of Pharmacy processing or scheduling of test dates).

The Educational Program

Program Requirements:

Successful candidates are asked to complete the ASHP Entering Interest and Entering Objective-Based Self-Evaluation via PharmAcademic prior to their arrival for the start of the residency. This will aid residents in identifying areas of strength, weakness, and interest. These forms are also utilized in developing the residents' training schedule and the residency plan for each resident.

Required and Elective Learning Experiences:

Structured learning experiences spread throughout a 12 month period are utilized to facilitate the achievement of the Program outcomes. Within each structured experience, learning activities have been developed which allow the resident to meet the Program's goals and objectives. There are 14 mandatory learning experiences (7 rotation blocks and 7 longitudinal) and a minimum of 3 elective learning experiences. The Program is flexible to meet individual needs and interests of each resident. Residents are encouraged to develop areas of interest and become involved in all pharmacy activities.

One week prior to each learning experience, the resident will provide a statement of their goals to the preceptor to afford the preceptor an opportunity to evaluate and, if possible, design specific activities to meet the resident's goals. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

Mandatory rotation learning experiences with minimum lengths and general scheduling sequence:

- | | | |
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| • Orientation/Training (1 st or 2 nd block) | - | 5 weeks |
| • Adult Critical Care Medicine (3 rd or later block) | - | 5 weeks |
| • Adult Internal Medicine (1 st or later block) | - | 5 weeks |
| • Antimicrobial Stewardship (1 st or later block) | - | 5 weeks |
| • Unit-Based Pharmacy Practice (3 rd or later block) | - | 5 weeks |
| • Medication Management (1 st or later block) | - | 5 weeks |
| • Neonatal Intensive Care Medicine (3 rd or later block) | - | 5 weeks |

Elective rotation learning experiences are scheduled according to resident's interest and preceptor availability. These may include, but are not limited to:

- Advanced Adult Critical Care Medicine
- Advanced Adult Internal Medicine
- Emergency Medicine
- Heart Failure/Transitions of Care
- HIV Clinic (block)
- Oncology
- Pain Management and Addiction Medicine
- Pediatrics
- Pharmacy Informatics (block or longitudinal)
- Research

Required Longitudinal Learning Experiences: Requirements of the seven mandatory year-long longitudinal learning experiences are described below. The learning experiences are:

- Hospital Pharmacy Practice
- Project/Research
- Drug Use Policy
- Teaching/Precepting
- Ambulatory/Transitions of Care
- Medical Emergencies
- HIV Clinic

Hospital Pharmacy Practice: Each resident is required to complete a pharmacy practice component of the residency program. This service component is crucial to the development of professional practice and distribution skills to ensure provision of safe and effective pharmaceutical care. Through this longitudinal experience, the resident will develop insight into the operations, policies and procedures of the acute care facility.

The service component of the residency program is fulfilled by each resident staffing every third weekend, one Friday evening shift every 3 weeks, and two holidays [Labor Day (if licensed and ready to staff independently), Thanksgiving, Christmas Eve (2nd shift), Christmas Day, New Year's Eve (2nd shift), New Year's Day and Memorial Day]. Christmas Eve and New Year's Eve are regular attendance days with residency and rotation responsibilities.

The Program complies with Pharmacy specific Duty Hours Requirements (*Appendix 4*), taking regular residency hours as well as service hours into consideration. Residents and preceptors are required to be familiar with mechanisms for identifying fatigue through training offered by the Graduate Medical Education office.

Project/Research: Each resident is responsible for the completion of a residency project. The topic must be selected by the resident and approved by the Residency Steering Committee by September 1st of the residency year. All projects will be assigned a preceptor to work with the resident. Residents are provided with a list of project ideas during the orientation period, but may propose original project ideas as well. Organizational and Departmental mission, values, and strategic initiatives are taken into account when selecting projects. Each resident is required to submit proposed projects to the Human Subject Protections Office to determine if approval of the Institutional Review Board is required.

The typical resident project includes the following steps:

- Project selection
- Presentation of project to the Residency Steering Committee including background, hypothesis, methods and timetable
- Submission to the Human Subject Protections Office
- If IRB approval required - presentation to the Research Advisory Committee
- Full project development
- IRB submission and approval, if necessary
- Implementation
- Poster presentation of progress to date
- Data collection
- Data analysis
- Oral presentation of results
- Final paper in an approved manuscript style

Residents will have access to a statistician. The resident is encouraged to submit the project as a work in progress for poster presentation at the ASHP Midyear Meeting. Printing costs for posters will be paid by the Program. Presentation of the completed project (preferably as a podium presentation) at the Eastern States Residency Conference and submission of a written manuscript of publishable quality are requirements of the Residency Program.

Drug Use Policy: To include the following experiences:

Medication Use Evaluation: Each resident is required to participate in at least one Medication Use Evaluation (MUE). MUEs will be conducted in support of patient care at the Reading Hospital. Residents participating in MUEs will follow the policies and procedures determined by the IRB. Satisfactory performance as determined by the Residency Program Director or designee is required for completion of this requirement.

Participation on Teams and Committees: Each resident is required to participate on the Pharmacy and Therapeutic (P&T) Committee. Pharmacy residents will share the responsibility of taking minutes for P&T meetings and preparing quarterly newsletters to communicate the actions and decisions of the P&T Committee to healthcare providers throughout the System. Each resident will prepare and present at least one class review or drug monograph for formulary consideration. Residents will also be required to present a summary evaluation of their MUE and any resulting recommendations to the P&T Committee.

Each resident is expected to play an active role on the Pharmacy Medication Safety Team. The objective of this participation is to provide the resident with the opportunity to better understand the Quality Improvement process and how it impacts the functioning of the pharmacy department as well as patient care within the Reading Hospital.

Residents will also alternate participating in the weekly Medication Safety Huddle with representatives of Pharmacy, Nursing and Quality.

Teaching/Precepting: Residents will have paid enrollment in the University of Connecticut Teaching and Learning Program. Sessions will be scheduled to review modules as a group with residents and participating preceptors completing the practice-based activities together, when possible, to earn the “Teaching and Learning Certificate of Accomplishment”.

Each resident is expected to present a minimum of one in-service program to the Department of Pharmacy during the residency program. The goal of this requirement is to improve the resident’s communication skills, literature evaluation and presentation techniques.

Each resident is required to critically evaluate and formally present two research articles to the Department of Pharmacy staff. Residents are responsible for choosing a study on a topic of their interest and seek an appropriate mentor depending on the specialty area. The goals of a journal club are to improve residents’ critical research literature evaluation, biomedical statistics, communication, and presentation skills.

Residents will be given opportunities to participate in and conduct staff education, as well as conferences and symposia outside the department by invitation. The elective Family Medicine Lecture learning experience is a structured opportunity to gain practice and experience preparing and conducting educational programs for a provider audience.

Residents will assist and support preceptors of pharmacy students completing their APPE clinical rotations at the Reading Hospital. Each resident is expected to attend all student presentations.

Residents should also attend noon conferences, Department of Medicine grand rounds, M&M conferences and other educational conferences offered throughout the Reading Hospital whenever the schedule permits.

Ambulatory/Transitions of Care: Each resident is expected to conduct discharge and post-discharge counseling of patients, particularly those patients participating in the Advancing Wellness Program. Each resident is required to spend a minimum of four hours each week participating in patient care activities in various clinics, including the HIV Clinic and Family Practice Clinic. Residents will also participate in patient education in the Pulmonary Rehabilitation setting, either directly counseling patients or mentoring APPE students as they counsel patients.

Code Response: Residents will complete ACLS training as part of orientation prior to the start of the Residency year. Residents will respond to and participate in code blue calls Monday through Friday between 7 AM and 3 PM according to the rotation designation on the resident calendar and while fulfilling service requirements of the program on Friday evenings, weekends and holidays.

Additional Experiences:

Leadership and management skills will be gained through the experience of serving as the Chief Resident for one-month, rotating blocks. The Chief Resident assignment appears on the resident calendar. The Chief Resident will be responsible for coordinating all shared resident responsibilities, communicating on behalf of the residency class, and making any necessary updates to the formulary database based on P&T decisions.

While in the Pharmacy Department office area, residents will support patient care by responding to drug information and dose recommendation inquiries received via phone, seeking support or triaging the call as necessary.

To facilitate mastery of pharmacokinetic (PK) dosing and monitoring, each resident will be responsible for PK follow-up for assigned patient care units on a rotating Monday through Friday schedule designated on the resident calendar beginning the first full week of January. This will support the development of skills to collect and analyze information, and provide experience in the design, implementation and follow-up of patient centered therapeutic regimens and monitoring plans.

To further enhance the development of leadership and management skills and to gain experience responding to and triaging drug information questions, the resident will take after-hours Clinical Call on a rotating Monday through Friday schedule designated on the resident calendar beginning the first full week of January. Calls that cannot be managed by the on-call resident will be triaged to the appropriate Clinical Pharmacy Specialist.

Customized Residency Plan:

The plan is written and developed collaboratively by the resident, resident's advisor (if identified), and Residency Program Director during the first month of the residency. The plan includes the resident's interests, areas for improvement, areas of strength, current and future goals, and the plan for training. This information is used to develop an individualized training schedule for the residents. The resident, the Residency Program Director, the resident's advisor and members of the Residency Steering Committee develop the plan and schedule collaboratively. The Resident's Plan is updated on a quarterly basis by the resident's advisor and resident and adjusted according to the resident's progress.

Residents develop, with guidance from the Residency Program Director and their advisor, an annual schedule. The schedule includes all required and elective experiences, research project, staffing requirements, travel, miscellaneous assignments, meetings, and time off.

Participation in Recruitment Efforts:

Each resident will assist the department in recruiting new residents to the Program. Because each resident is a valuable source of information and advice for prospective candidates, time will be scheduled during the interview process for interviewees to interact with current residents. Each resident is also required to spend time providing information to potential candidates during the ASHP Midyear Clinical Meeting and at Residency Showcases as appropriate.

Assemble and Maintain a Resident Portfolio:

Each resident will compile a residency portfolio for the year to document activities completed during the residency year. A copy of the portfolio will remain at the Reading Hospital at the completion of the residency program. Copies of all documents generated over the course of the year including suggestions/edits/drafts/final copies as worked on between resident and preceptor or advisors should be included in the portfolio. Documents should be arranged in the following sections:

1. Curriculum Vitae
2. Initial assessment
3. Residency plan and updates
4. Schedule

5. Global assessments – quarterly longitudinal rotation evaluations, Residency Program Director’s progress reports, all rotation self-evaluations
6. Rotations – goals and objectives, projects, preceptor evaluation of resident, resident evaluation of preceptor
7. Teaching – in-services, cases, educational programs (handouts, outlines, slides)
8. Research – proposal, abstract, IRB application, etc.
9. Other - MUEs, monographs, reports, etc.

Evaluation and Assessment

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident’s performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives. Written evaluations are managed via PharmAcademic.

Informal, verbal feedback

- Resident and rotation preceptor are to meet at a frequency determined by the preceptor based on resident experience, timing of rotation in the residency year and support needs of the resident, to review and discuss patients and issues.
- Residents and Residency Program Director meet at least quarterly to review and discuss overall progress.

Verbal, mid-rotation evaluation between resident and rotation preceptor are scheduled as close to the mid-point of the rotation as possible. Written criteria based snapshot evaluations can also be utilized by the preceptor during the experience to focus their evaluation on a specific learning objective. Snapshot evaluations are used at the discretion of the preceptor and may be used to help the resident focus on a specific area where improvement is needed. Snapshots may also be used to evaluate “task” oriented learning activities (i.e. development of drug monographs).

Preceptor evaluation of resident: A summative evaluation between resident and preceptor is conducted at the end of a learning experience, as close to the last day as possible. The preceptor for the resident’s upcoming learning experience may be invited to the evaluation session to identify areas of focus for the upcoming experience. For longitudinal experiences, evaluations are completed quarterly. Evaluations are reviewed by the Residency Program Director and highlights shared with the Residency Steering Committee.

Resident Self-Evaluation: The resident completes a summative self-evaluation at the end of each required rotation and reviews this with the rotation preceptor. For select longitudinal experiences, self-evaluations are assigned at the midpoint and end of the learning experience, but may be completed quarterly if necessary. Additional self-evaluations may be assigned as necessary. All evaluations are reviewed by the Residency Program Director and highlights shared with the Residency Steering Committee.

Resident evaluation of Preceptor and Learning Experience: preceptor and learning experience evaluations are completed by the resident and shared with the preceptor at the completion of each learning experience and reviewed by the Residency Program Director. For longitudinal experiences, evaluations may be completed quarterly if necessary.

Routine Progress Report: The resident’s progress on goals and objectives as well as their program plan are discussed routinely at Residency Steering Committee meetings. Quarterly, a written assessment and update of the Resident Plan will be prepared collaboratively by the Residency Program Director and the Resident Advisor and shared with the resident. The summative evaluations and criteria based checklists will provide the basis for the progress report.

The following definitions may be useful to promote consistency when performing evaluations in PharmAcademic

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| <p>NI = Needs Improvement</p> | <p>The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress". This means the resident could not:</p> <ul style="list-style-type: none"> • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather even basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. <p>This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation.</p> |
| <p>SP = Satisfactory Progress</p> | <p>This applies to a goal whose mastery requires skill development in more than one learning experience. In the current experience the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can:</p> <ul style="list-style-type: none"> • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. <p>There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted.</p> |
| <p>A = Achieved</p> | <p>The resident has fully mastered the goal for the level of residency training to date. No further instruction or evaluation is required in subsequent learning experiences. This means that the resident has consistently performed the task or expectation without guidance.</p> |
| <p>Achieved for the Residency</p> | <p>The resident's Advisor and the Residency Program Director will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. At such time, the Residency Program Director has the ability to mark the resident as "achieved for the residency". This means that the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary.</p> |

Requirements for Completion of Residency -

- Complete 12 months of full time service
- Completion of all mandatory rotation learning experiences and associated requirements
- Completion of all requirements associated with longitudinal learning experiences
 - Research project –
 - completed project presented at regional residency conference or approved alternate venue
 - submission of manuscript in publishable format
 - Medication Utilization Evaluation
 - Completed MUE with recommendations and conclusions presented to P&T Committee and/or appropriate interdisciplinary team
 - Drug monograph/class review
 - Prepared and presented with recommendations to P&T Committee for consideration
 - Journal Club
 - Evaluate, present and lead discussion of published article on at least two occasions
 - Departmental In-Service
 - Prepare and conduct a minimum of one staff education program
- Completion of all assigned evaluations
- A minimum of 80% of the Competency Goals must be evaluated as Achieved for Residency without persistent evaluations indicating Needs Improvement

All requirements of the Program must be satisfied within a 2 year period from the resident's initial start date. Residents will receive a certificate of completion upon fulfillment of 12 month commitment with submission of portfolio documenting completion of the requirements listed above. The Residency Steering Committee will determine if and when the resident has met all requirements for completion.

Remediation

Residents who are not performing satisfactorily based on the standards and evaluation procedures must be immediately notified, and a written plan describing deficiencies and expectations must be developed. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The Residency Program Director has the authority to initiate corrective actions, and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Academic Supervision/Suspension

If remediation efforts have been unsuccessful, the Residency Program Director has the authority to place individuals on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

- the specific reason for academic supervision;
- duration of the academic supervision (not generally less than 60 days, or more than six months);
- expectations;
- what will be done to assist the individual in meeting expectations;
- mechanism of evaluation to determine improvement;
- and consequences if expectations are not met.

Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal

Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the Residency Program Director, and requires the support of the Residency Steering Committee.

Prior to dismissing a resident, except for cause as outlined below, the Residency Program Director must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies, and was provided feedback on his or her efforts.

Automatic dismissal or suspension may be considered for causes including the following:

- misrepresentation of facts or falsification of employment documents;
- conviction of a felony while enrolled in the residency program;
- failure to comply with or satisfactorily complete terms outlined in the Resident Manual;
- or for just cause as defined in Tower Health System's Discipline Policy.

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the Residency Program Director, CAO, Director of Pharmacy, COO, and Human Resources. The decision of the majority will be considered binding and conclusive.

A resident who is terminated will receive his or her stipend up to the day on which notice of termination was sent. Any unused vacation to that date shall be paid. At termination, the resident forfeits all rights to any other benefits from Tower Health System. If the decision to terminate the resident is rescinded or modified following review of written comments or a hearing, the decision shall also state which rights, including compensation, shall be restored.

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of three months, the COO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the Residency Program Director and Director of Pharmacy, the resident may be placed on a leave of absence.

General Information

Salary/Earned Time Off (ETO):

- PGY1 Pharmacy Residents will receive a stipend of \$ 59,321.60 for the 12-month program.
- Residents are granted a total of 80 hours of Earned Time Off and 96 hours of IPT for the 12 month program.
- Residents working a health system recognized holiday will receive an additional 8 hours of banked ETO if they do not take holiday time within the same pay period as the holiday.

Moonlighting (internal or external):

- Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- Opportunities may be present for the resident to take on additional staffing hours. Residents will receive a stipend for each 2 hour block equal to the current stipend offered to staff pharmacists.
- All moonlighting hours (both internal and external) MUST be reported to the Residency Program Director and tracked to ensure the resident is not working excessive hours, interfering with achievement of Program goals and objectives or negatively impacting patient care.
- Moonlighting may not result in duty periods exceeding 16 hours.
- A minimum of 8 hours (preferably 10 hours) must elapse between duty periods.
- If a resident's ability to perform expected patient care activities is compromised, the Residency Program Director, resident advisor and rotation preceptor will develop a strategy to address the issue(s).

Benefits:

- Health Insurance: comprehensive medical, dental and eye coverage – eligible the first full month after Hire Date.
- Reimbursement for one major national meeting (ASHP Midyear Clinical Meeting) and for the Eastern States Residency Conference.
- Additional benefits (provided and optional) are detailed in the Tower Health Employee Benefit Highlights Handbook *Appendix 5*

Vacation/Personal Days:

- Scheduled time off for vacation and personal days will be used from the residents ETO bank in accordance with the Reading Hospital policy and will not exceed a total of 12 days during the residency year.
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing and other residency responsibilities.
- Time-off requests must be received in writing at least two weeks prior to the scheduled time off.
- All requests for time-off, vacation and schedule changes should be submitted via RxToolkit and approved by the pharmacist scheduler, the preceptor for the rotation during which the time off will occur, and the Residency Program Director.
- Approval for vacation and time off will follow departmental policy and procedures. See Pharmacy Staffing Procedure *Appendix 6*
- ETO will not be granted on weekends or holidays per departmental policy (a switch will need to be arranged if time off is needed on a scheduled weekend or holiday).
- Approval of ETO time will be restricted during the final two weeks of the Residency.
- Attendance at the ASHP Midyear Clinical Meeting and the Eastern States Conference are considered Conference Days and do not affect ETO.

Sick Days/Extended Illness:

- Sick days must be reported as early as possible to extension 8177. In addition, the resident should also notify the current rotation preceptor and Residency Program Director as early as possible of their absence.
- It is the responsibility of the resident to coordinate with the preceptor for the current rotation and make up any associated missed work.
- Illnesses longer than 3 days will follow the Tower Health System illness policy. Such absences require a provider's note to return to work.

- Information regarding extended sick leave or family medical leave is delineated in the Tower Health Employee Benefits Highlights Handbook *Appendix 5*.
- Multiple and/or extended illness may impact the resident's ability to complete the requirements of the residency program. Such absences should be discussed with the Residency Program Director as early as possible to evaluate and determine a plan of action for the resident.

Leave of Absence:

- Personal Leave for any reason (e.g. illness, family, professional) may be granted to the resident at the discretion of the Residency Program Director, with advice from the Residency Steering Committee, upon review of the circumstances surrounding the request for leave. All personal leave is unpaid. In general, residents would be eligible for 12 weeks of unpaid leave, but the duration of approved leave would be determined on an individual basis, taking all extenuating circumstances into consideration. The expectation is that the program end date would be extended by a duration equivalent to the leave of absence to allow fulfillment of the 12 month service obligation and completion of all residency requirements. As outlined previously, all requirements of the pharmacy residency program must be satisfied within the time allotted to complete the residency and receive the residency certificate. The Residency Steering Committee will determine if, and when, the resident has met all requirements for program completion.