



Southwest General

Partnering with



University Hospitals

PGY-1 Pharmacy Residency Program Manual

2021-2022

Southwest General
Middleburg Heights, Ohio



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Purpose Statement

PGY1 pharmacy residency program builds 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 Required Competency Areas Postgraduate Year One (PGY1) Pharmacy Residencies

R1: Patient Care

R2: Advanced Practice and Improving Patient Care

R3: Leadership and Management

R4: Teaching, Education, and Dissemination of Knowledge

Southwest General Requires No Elective Competencies

ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies

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

- R1.1.1: Interact effectively with health care teams to manage patients' medication therapy
- R1.1.2: Interact effectively with patients, family members, and caregivers
- R1.1.3: Collect information on which to base safe and effective medication therapy
- R1.1.4: Analyze and assess information on which to base safe and effective medication therapy
- R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
- R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate
- R1.1.8: Demonstrate responsibility to patients

Goal R1.2: Ensure continuity of care during patient transitions between care settings

- 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

- R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures
- R1.3.2 Manage aspects of the medication-use process related to formulary management
- 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

- R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
- R2.1.2 Participate in a medication-use evaluation
- R2.1.3 Identify opportunities for improvement of the medication-use system
- 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

- R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
- R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
- R2.2.3 Implement changes to improve patient care and/or the medication-use system
- R2.2.4 Assess changes made to improve patient care or the medication-use system
- 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

- R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
- R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement

Goal R3.2: Demonstrate Management Skills

- R3.2.1 Explain factors that influence departmental planning
- R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
- R3.2.3 Contribute to departmental management
- 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)

- R4.1.1 Design effective educational activities
- R4.1.2 Use effective presentation and teaching skills to deliver education
- R4.1.3 Use effective written communication to disseminate knowledge
- R4.1.4 Appropriately assess effectiveness of education

Goal R4.2: Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

- R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs
- R4.2.2 Effectively employ preceptor roles, as appropriate

Administration and Governance

Kyle Gustafson, PharmD, BCPS, BCCCP

*Residency Program Director, PGY-1
Pharmacy Clinical Specialist, Critical Care
440.816.4496*

kgustafson@swgeneral.com

Ashley Brown, PharmD, BCPS, BCPP

*Chair, Residency Research Committee
Pharmacy Clinical Specialist, Psychiatry*

abrown3@swgeneral.com

Victoria Cho, PharmD, BCPS, BCACP

*Vice-Chair, Residency Research Committee
Pharmacy Clinical Specialist, Psychiatry and Ambulatory Care*

vcho@swgeneral.com

Stacey Zorska, PharmD, MHA

Director of Pharmacy

szorska@swgeneral.com

Rebecca Margevicius, PharmD, BCPS, BCIDP

Pharmacy Clinical Specialist, Infectious Disease

rmargevicius@swgeneral.com

David Ferris, PharmD, BCGP

Pharmacy Clinical Specialist, Ambulatory Care & Cardiology

davidferris@swgeneral.com

Ashley Smith, PharmD, BCPS

Pharmacy Clinical Specialist, Internal Medicine

asmith@swgeneral.com

Amy Murray, PharmD, BCACP

Residency Program Director, PGY2 Ambulatory Care

Discharge Pharmacist

amurray@swgeneral.com

Jean Mewhinney, RPh

Pharmacy Operations Manager

jmewhinney@swgeneral.com

Joe Guidos, PharmD, BCPS, BCCCP

Pharmacy Clinical Specialist, Emergency Department

jguidos@swgeneral.com

Laura Stasiak, PharmD, BCPS

Pharmacy Clinical Specialist, Internal Medicine and Ambulatory Care

lstasiak@swgeneral.com

Samantha Rasure, PharmD, BCPS

Pharmacy Clinical Specialist, Infectious Disease & Cardiology

srasure@swgeneral.com

Caroline Townley, PharmD, BCOP

Pharmacy Clinical Specialist, Oncology

ctownley@swgeneral.com

Luke Fawcett, PharmD, BCPS

Pharmacy Clinical Specialist, Emergency Department

lfawcett@swgeneral.com

Lisa Scherer, PharmD, BCPS

Pharmacy Clinical Specialist, Emergency Medicine

lscherer@swgeneral.com

Erin Johaneck, PharmD

Ambulatory Care Pharmacist

EJohaneck@swgeneral.com

Residency Advisory Committee

The Residency Advisory Committee (RAC) governs the residency program. The committee consists of all active preceptors and preceptors-in-training. The committee is chaired by the RPD and is scheduled to meet at least once a month to discuss and monitor the progress of the residents. Residents are responsible for documenting their personal progress, upcoming deadlines, and other information as requested by the committee. The committee will approve all policies and procedures, and will advise the RPD and designees on teach and evaluate objectives, general residency format, and modifications to residents training as necessary. The duties of a RAC member include, but are not limited to:

- Act as an advocate for the resident
- Provide expertise for the residency project and other research
- Provide feedback and suggestions on improving existing rotations
- Identification of new or expanded rotation opportunities
- Provide feedback and suggestions on the current structure of the residency program
- Offer guidance on the future direction of the residency
- Evaluate and interview the prospective residency class

Residency Research Committee

The Residency Research Committee (RRC) is a committee granted oversight of all the resident's research efforts by the RAC. The committee is chaired by a designee appointed by the RPD and is scheduled to meet at least once a quarter to monitor the progress of the residents towards project completion. The committee or committee designee has the authority to approve residency project ideas, assign advisors or mentors, set project deadlines, review research documents prior to submission, and will have final sign-off on research presented outside of the institution. The committee chair will provide updates to the RAC as necessary.

PGY-1 Research Mentor

Each resident will be assigned a "Research Mentor" by the RRC based on the resident's research interests and experience. The primary role of *Research Mentor* is to help the resident design and implement a successful study, navigate Institution Review Board approval, and run appropriate statistical models.

PGY-1 Residency Advisor

Each resident will ask a preceptor to serve as their "Residency Advisor" for the residency year. This advisor will meet with the resident on a quarterly basis and as needed to help the resident successfully navigate the PGY-1 Residency program. Advisor choices will be made by October 1st of each year. RAC has final approval over the selection of a Residency Advisor.

Program Structure

Required Block Rotations	Preceptor
Orientation (4 weeks)	Ashley Smith, PharmD, BCPS Jean Mewhinney, RPh
Internal Medicine I & II (4 weeks each)	Ashley Smith, PharmD, BCPS Laura Stasiak, PharmD, BCPS
Infectious Disease (5 weeks)	Rebecca Margevicius, PharmD, BCPS, BCIDP Samantha Rasure, PharmD, BCPS
Transitions of Care (5 weeks)	Amy Murray, PharmD, BCACP
Critical Care (5 weeks)	Kyle Gustafson, PharmD, BCPS, BCCCP
Emergency Medicine (4 weeks)	Joe Guidos, PharmD, BCPS, BCCCP Luke Fawcett, PharmD, BCPS Lisa Scherer, PharmD, BCPS
Precepting (in conjunction with another rotation)	All program preceptors
Required Longitudinal Rotations	Preceptor
Inpatient Staffing <ul style="list-style-type: none"> • One weekend every three weeks 	Ashley Smith, PharmD, BCPS Jean Mewhinney, RPh
Ambulatory Care Staffing <ul style="list-style-type: none"> • One day every third week 	Erin Johaneck, PharmD Laura Stasiak, PharmD, BCPS
Administration and Quality	Ashley Brown, PharmD, BCPS, BCPP Stacey Zorska, PharmD, MHA
Research	Ashley Brown, PharmD, BCPS, BCPP
Elective Block Rotations	Preceptor
Cardiology, Inpatient	Samantha Rasure, PharmD, BCPS David Ferris, PharmD, BCGP
Cardiology, Outpatient	David Ferris, PharmD, BCGP
Critical Care II	Kyle Gustafson, PharmD, BCPS, BCCCP
Infectious Disease II	Rebecca Margevicius, PharmD, BCPS, BCIDP Samantha Rasure, PharmD, BCPS
Psychiatry	Ashley Brown, PharmD, BCPS, BCPP Victoria Cho, PharmD, BCPS, BCACP
Ambulatory Care	Laura Stasiak, PharmD, BCPS
Transitions of Care, Disease Focus	Amy Murray, PharmD, BCACP Laura Stasiak, PharmD, BCPS
Oncology	Caroline Townley, PharmD, BCOP

Resident Information Sheet:

Start Date

- Start date is June 28th, 2021
- One required Orientation prior to start date. Offered once a month in May or June.

Salary/Paid Time off (PTO)

- The 2020-2021 residents will receive a stipend of approximately \$48,000, with accrued time off
- Residents earn approximately 30 days of time off during the 12 month program. These days will be used for holidays, sick time, interviews, and personal days.

Benefits

- Health Insurance: comprehensive medical, dental and eye coverage starting 90 days after orientation
- Free onsite parking
- Reimbursement for one major national meeting and for one regional residency conference
- Additional benefits are provided are detailed in Southwest General Employee Handbook, provided by Human Resources and available upon request
- Additional benefits and discounts based on hospital affiliations (e.g. Lifeworks, Verizon Wireless, etc.)

Vacation, Sick, and Personal Days

- Scheduled time off for vacation and personal days will be used from the resident's time off bank in accordance with Southwest General Policy number 812; with a total not to exceed 80 hours 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. Vacation hours will be tracked in the system used to monitor duty hours.
- Time-off request must be entered in staff ready and received in writing at least two weeks prior to the scheduled time off
- ALL requests for time-off, vacation and schedule changes should be directed to and approved by the pharmacy supervisor in charge of scheduling, the preceptor of the rotation during which the time off will fall, and the residency program director
- Approval for vacation and time off will follow departmental policy and procedure "703_Vacation requests_01152020"
- Attendance at one national meeting and one regional meeting are considered professional absences and do not affect time off.

Holidays

- Residents are required to work 2 holidays a year, one major and one minor
- Holiday staffing will occur per hospital Policy Number 812

Sick Days, Extended Medical Leave, Personal Leave

- Sick days must be reported to the RPD, Preceptor, and Inpatient pharmacy prior to the start of the shift, in accordance with the Pharmacy Department's Time and Attendance Policy.
- It is the responsibility of the resident to coordinate any missed work with the preceptor
- Illness longer than 3 days will follow Southwest General Hospital Policy 808 "Family and Medical Leave Act- Leave of Absence" and 821 "Personal leave of Absence", which may include reporting to Employee Health for clearance before returning to work
- In the event of a serious medical or personal condition requiring a leave, communication with the RPD, Director of Pharmacy, and Human Resources should occur as soon as possible to ensure the resident is aware of all benefits and options available to them. Residents will be held to hospital policy 808 and 821 regarding personal or family leave of absences.
- An extended leave may impact the resident's ability to successfully complete the requirements of the program within the allotted 12 months. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not always be possible. If this is not feasible, the resident may petition the RPD, Director of Pharmacy (DOP), and RAC for an extension of their residency end date. All decisions related to extensions will be made on a case by case basis and cannot be guaranteed
- If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion

Residency Program Requirements

Successful completion of the Southwest General PGY1 Residency Program requires:

- Licensed by October 1st
- A minimum of 12 months of training, at least equal to that of a full-time equivalent
- Completion of all required block and longitudinal rotations to the satisfaction of the rotational preceptors, as listed in the manual
- Completion of a major project during the residency year with the goal of publication
 - Presentation of research at a regional or national conference
 - Submission of the project in manuscript form
- Completion and presentation of a Medication Use Evaluation
- Presentation of a Formulary Monograph
- A status of “Achieved for Residency” for 80% of the ASHP required goals and objectives
 - Other goals or objectives may not include “Needs improvement” as the last evaluation for that goal or objective
- Completion, as primary editor, of at least one pharmacy newsletter
- Presentation of 12 formal educational opportunities over the course of the residency year
- Completion of ACLS and BLS certificates
- Completion of a teaching certificate program
- Submission of an electronic binder documenting the completion of all requirements listed above

Upon successful completion of all requirements of the program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards set forth by ASHP.

Descriptions of Residency Activities and Responsibilities

Pre-Residency and Orientation (May-June, July)

A formal introduction to Southwest General’s department of pharmacy, starting the week prior to July 1st and continuing through the end of July. This will include departmental and hospital policy, staffing experience, and residency year expectations. Hospital policy requires all new employees attend a one day orientation prior to their first day. The resident is expected to attend this orientation prior to July 1st.

Department of Pharmacy Staffing (Longitudinal)

Staffing consists of service to the department in both an inpatient and ambulatory care role throughout the duration of the residency. Inpatient staffing occurs one out of every three weekends, beginning as early as August 1st. Ambulatory care service is provided in the Coumadin Clinic and occurs one full day every third week. The resident will also be required to staff one major and one minor holiday during the residency year. The resident must have an active Ohio pharmacist license prior to beginning

independent department service. Changing staffing dates will occur according to departmental policy “Schedule”.

Rotations (August-June)

The resident is responsible for the completion of the required rotations. Resident’s rotational performance will be evaluated by the primary preceptor through an electronic resident tracking system (such as Pharmacademic).

At the start of each rotation, the preceptor will meet with the resident to provide expectations and review the listed goals and objectives for the rotation. Residents are responsible for setting personal goals and discussing these goals with the preceptor. It is encouraged by the RAC that this conversation also includes the preceptor from the resident’s most recent rotation. The preceptor is encouraged to document weekly feedback sessions during each rotation directly into an electronic resident tracking system. A final, face-to-face evaluation should occur at the end of the rotation with electronic documentation of the evaluation being complete within a reasonable time following the conclusion of the learning experience.

The resident is responsible for the completion of all assigned projects by the scheduled end of the rotation. Incomplete or late projects may result in the failure to satisfactorily complete the rotation. Any projects that require additional time beyond the formal end of the rotation require the agreement of all affected preceptors.

Medication Use Evaluation (TBD)

Each resident is required to complete a medication use evaluation. Topics will be selected during the residency year based on departmental needs and assessed as part of the required drug information longitudinal rotation.

Research Project (Longitudinal)

The resident will be responsible for the design and completion of a longitudinal residency project. This project may include a new pharmacy service, original research, enhancement/evaluation of a currently offered clinical service, or continuation of an existing research project. The resident will be required to present research at ASHP midyear (or similar conference) and will also present their longitudinal, completed project at a regional residency conference (e.g. Ohio Pharmacy Resident Conference). A project is considered complete once it has been submitted to the RRC in manuscript form and been approved by the committee chair.

Departmental and External Leadership Activities (TBD)

The resident may be responsible for additional leadership activities as assigned by the RPD, preceptors, or RAC. This may include leadership within the department, or the profession of pharmacy as a whole. If these projects do not fit clearly under the responsibilities or scope of any other rotation, they will be considered a part of the required longitudinal administration rotation.

Drug Information Service (Longitudinal)

The resident will be responsible for responding to drug information questions posed either directly to the resident, or through the drug information “hotline”. Written responses are to be submitted to the residency list serve in a timely manner, determined by the clinical urgency of the request. Under normal circumstances this will be defined as within 5 business days of the request. The resident will be required to complete a minimum two drug information questions and two journal clubs. Additional drug information activities may occur as part of the pharmacy and therapeutics committee, internal quality review, or other similar venues. Projects or questions assigned by the preceptor are considered required. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Pharmacy In-services (Longitudinal)

The resident is responsible for the scheduling, planning, and presentation of weekly staff in-services or educational opportunities. This includes setting the schedule for lunch conferences, assigning topics, delegating education opportunities to other staff or students, and posting of educational material on the intranet. The resident is expected to present a minimum of 4 in-services throughout the year. The resident is also required to present as part of a formal CE program. These responsibilities fall under the oversight of the Drug Information required longitudinal rotation. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Pharmacy and Therapeutics Committee (Longitudinal)

The residents are responsible for the taking and dissemination of the P+T minutes, including documenting pertinent discussion, motions, and attendance. Minutes will be posted to the Department of Medicine and Pharmacy webpage within 5 business days from the completion of the meeting. The resident will present at least one MUE and one formulary monograph to meet the residency requirements presented above. These responsibilities fall under the oversight of the administrative required longitudinal rotation. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Conference Attendance (TBD)

The resident will attend at least one national conference (e.g. Midyear) and one regional residency conference (e.g. Ohio Pharmacy Resident Conference) during their residency year. It is the expectation that the resident will present original research at each mandatory conference attended. If the resident does not have an accepted presentation, the RAC reserves the right to withhold the privilege of conference attendance and it may result in the failure to satisfactorily complete the required research rotation.

Residency Recruitment (October-March)

The resident will assist with the new resident recruitment for the program. Residents may be asked to respond to emails, attend showcases, and interact with students during shadows or on interviews. The resident will create the day to day schedule for residency interviews. There will be scheduled time for

the resident to interact with potential residents during the interview process. Residents will complete the prospective evaluation and participate in the ranking discussion, as deemed appropriate by the RAC.

Residency Advisory Committee (RAC)/ Residency Research Committee (RCC) (Longitudinal)

The resident will attend one RAC committee meeting per quarter. Prior to each RAC meeting, the resident is responsible for the completion of a standardized residency report document two business days prior. These documents will be added to the meeting agenda and minutes.

The resident is responsible to attend all required RCC meetings, as determined by the committee chair. The committee chair has the authority to set deadlines, require documentation, or otherwise direct and manage the resident's research project. Residents will be required to document progress on the project at time intervals requested by the research chair. This documentation will be shared with the RAC and updated in the electronic residency tracking program.

Pharmacy Week (October)

The residents are responsible for the organization and operation of "National Pharmacy Week". Responsibilities include setting up food, activities, and prizes during the pharmacy week celebrations. These responsibilities fall under the oversight of the required Administrative longitudinal rotation.

Professional Involvement (Longitudinal)

The resident is encouraged to be an active participant in local and regional professional pharmacy organizations. This may include the attendance of "committee days" or the presentation of research at local and regional meetings. RAC will have final say over meeting attendance.

Pharmacy Newsletter (Longitudinal)

The resident is responsible for the development a quarterly newsletter and other professional communications. These responsibilities fall under the oversight of the Administration required longitudinal rotation. This preceptor has the authority to set deadlines, require documentation, or otherwise direct and manage pharmacy newsletter. Incomplete projects may result in the failure to satisfactorily complete the rotation. Dates for the newsletter will be September, December, March, June

Qualification of the Resident

Qualifications for participation in the SW General PGY1 Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacist (ASHP).

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)
- Residents must be licensed in Ohio by October 1st
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for the position is unavailable
- Residents shall participate in and obey the rules of the Residency Matching Program
- Resident's must pass Southwest General Human Resources requirements for employment

Application to the PGY-1 Residency Program

Applicants to the PGY-1 Residency Program will complete an electronic application through a supported application program (e.g. Phorcas) and submit by the application deadline of Jan 3rd.

Required Materials include:

- Letter of Intent, including statement of professional goals and rationale for pursuing a PGY1 residency
- Curriculum Vitae
- Three letters of recommendation, which may be completed through the electronic application system
- Official transcript from ACPE accredited school of pharmacy

In order to determine candidates for an onsite interview, completed applications will be reviewed by members of the RAC based on an objective scoring rubric. RAC committee will agree upon the invitees based on application scoring, personal interactions with the candidates, and optional pre-screening phone interviews. Candidates will be pre-ranked based on the objective scoring rubric, and adjustments to this ranking will be based on candidate specific observations or concerns. In a usual year Southwest will interview between 15-20 prospective residents, though the RAC reserves the right to change this number for any reason. Candidates offered an onsite interview will be provided a copy of the PGY1 Pharmacy Residency Manual.

Upon the completion of the on-site interviews, the RAC will agree upon a rank list based upon an objective scoring rubric and personal interactions with each of the candidates. Candidates will be pre-ranked based on their objective scoring, and adjustments to this list will be based on candidate specific observations or concerns. The final rank list will be submitted to the Resident Matching Program.

Acceptance of Residency Match

Results of the Resident Matching Program are considered final. Each resident will receive an acceptance letter detailing the general terms and conditions of the residency. The resident will acknowledge in writing their agreement to fulfill the duties of the residency position for the upcoming year.

Pharmacy Licensure Requirements

Participation in the PGY1 residency program are contingent on securing and maintaining a license without restriction in the state of Ohio. Failure to meet the following requirements will result in dismissal from the program.

- I. The pharmacy resident must be licensed as a pharmacist by October 1st
- II. If this is not met, the following describes the outcome for the resident.
 - a. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the RAC may consider allowing a 30 day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.
 - i. If approved, this extension will be noted in the RAC minutes.
 - ii. If this extension is not approved, the resident will be dismissed.
 - b. If the resident has not taken both the NAPLEX and MPJE exams by October 1st, the resident will be dismissed from the program.
- III. If a 30 day extension has been provided and the resident is still not licensed by October 31st:
 - a. If the resident has signed up to retake the test but has not successfully completed, the RAC may consider allowing an additional extension, not to exceed 90 days (i.e. 210 days after the beginning of the residency).
 - i. If approved, this extension will be noted in the RAC minutes and the residency will be suspended until such time as the resident is licensed as a pharmacist. Once licensed, the residency will be extended by the amount of time as the extension to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist. If the resident is not licensed as a pharmacist by the end of this extension, the resident will be dismissed. The resident is not guaranteed pay for any time beyond the original residency dates
 - ii. If this extension is not approved, the resident will be dismissed.
- IV. The resident will provide the RPD confirmation that:
 - a. Resident has already taken or is scheduled to take the NAPLEX and MPJE, or
 - b. Resident will take the MPJE upon successful transfer of NAPLEX scores from another state, or
 - c. Resident already has a valid Ohio pharmacy license.
 - d. Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the RPD.

Expectations and Responsibilities of the Residents

Professional Conduct:

It is the responsibility and expectation of all Residents participating in the SWG Residency to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress:

All residents are expected to dress in an appropriate professional manner whenever they are within the hospital or participating in or attending any function as a representative of Southwest General. A detailed policy is found in the Department of Pharmacy Policies and Procedures under “uniform”. Professional dress may include scrubs in certain professional environments such as the Emergency Department.

Employee Badges:

All residents will be required to follow hospital policy 504 regarding issuing and wearing of an appropriate ID badge while in Southwest General Hospital.

Communication:

The resident is responsible for promoting good communication between pharmacists, technicians, patients, physicians, and other health care providers. The resident shall abide by the hospital policy 210 regarding mobile devices in all patient care areas. Facilitation of appropriate communication includes being available via vocera while on-site at Southwest General and responding to cor-texts (or other personal communications) in a timely and professional manner. Hospital email addresses should be checked on a twice daily basis. The resident is expected to meet deadlines for feedback and evaluations assigned via an electronic resident tracking system.

Feedback given by preceptors and residents is a means of learning and personal growth. Any conflicts which may arise between a resident and preceptor should first be handled by a face to face discussion between involved parties. If resolution is not achieved, then discussing the situation with the RPD is the next appropriate step.

The resident is expected to manage their own practice effectively, including a personal responsibility to all assigned projects, meetings, events, or other scheduled activities. This includes keeping their electronic calendar up to date and using it to schedule meetings with preceptors, committees, or other responsibilities. It is not the responsibility of the preceptor to provide electronic calendar invites for due-dates, meetings, or other activities.

Patient Confidentiality:

All residents will maintain patient confidentiality. It is the expectation that the residents will not discuss patient-specific information with other patients, family members, or providers not directly involved in the care of the patient in accordance with policy 633. Residents shall not leave sensitive or confidential documents in public spaces. Breaches to this policy may result in disciplinary action

Attendance and Duty Hours:

Residents are expected to attend all functions as required by the RAC, the RPD, or rotational preceptors. The residents are solely responsible for meeting the obligations of their assigned service commitments (staffing or rotational). Attendance hours will be delineated by each preceptor in accordance with each individual rotation’s requirements.

The residents are expected to electronically clock in and out via an online timesheet whenever on-site at Southwest General. This will serve as the official clock in time for the start of a required rotation or shift. These hourly timesheets will be made available to the resident or any preceptor upon request, in addition to being reviewed for compliance with the program duty hour policy at each RAC meeting. Vacation hours will also be tracked through the online timesheet.

While employed at Southwest General, the residents are expected to abide by the Department of Pharmacy Time and Attendance policy. This includes the general departmental definitions and guidelines for call offs, tardiness, and absenteeism. Specific requirements are highlighted below:

- In the event of illness or emergency that would prevent an associate from working, the associate must SPEAK to a staff Pharmacist by telephone as soon as possible. It is unacceptable to leave a voicemail, send an email or text message.

In addition to contacting inpatient pharmacy, the resident will also be required to contact the preceptor of record and the RPD regarding any tardiness or absence. Plans will be made by the Preceptor, in conjunction with the RPD, to make up any lost time or rotational experiences.

Due to the nature of a residency training program, excessive tardiness and absences directly impact the quality of the educational program. As such, Southwest General’s Residency program will use the following guidelines for warning and probation. Of note, patterns of absenteeism or extenuating circumstances may alter this timeline:

Tardiness	
4	Verbal warning with documentation
6	Written improvement plan (See resident disciplinary action)
7	Second disciplinary warning (See resident disciplinary action)
8	Dismissal from program
Occurrences	
2	Written improvement plan (See resident disciplinary action)
3	Second disciplinary warning (See resident disciplinary action)
4	Dismissal from program

Duty Hours:

Standards have been set by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program. These standards can be found here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

Southwest General expects all residents to maintain compliance with the above standards provided by ASHP.

It is a professional responsibility for each resident to ensure they are fit to provide services that promote patient safety, and avoid situations that may compromise their ability provide safe and accountable care.

To facilitate tracking, reporting, and accountability to these standards the residents will be required to utilize an online timesheet to account for all hours present at the hospital. Residents will clock in and out using this program and these records will be considered the official record of resident hours and employment. These time sheets will be presented to the RAC on a monthly basis, and at any other point upon the request of preceptor, resident, or ASHP.

External Employment Policy (Moonlighting):

- Southwest General does not allow for moonlighting, either internal or external, during the residency. In the event of extenuating circumstances that may impact this policy, a resident may appeal in writing to the Residency Program Director and Director of Pharmacy. Approval would require a separate, signed contract detailing the exact extent and limitations of the moonlighting activity (including dates, hours, and measures taken to ensure safe practice during the residency) and the unanimous approval of both the RPD and DOP. This approval is not guaranteed.

Resident Wellness:

Due to the high-stress nature of healthcare and the demands of advanced professional education, Southwest General recognizes the increased risk for residents to develop professional burnout during the course of their residency training. Professional burnout has been associated with a reduction in patient safety outcomes, an increase in medical errors, and a decrease in professional fulfillment and job satisfaction.

Southwest General is committed to the personal well-being of our residents and has undertaken the following initiatives to help identify and respond to professional burnout:

- Reliable duty hour tracking through an electronic timesheet
- Adaptation of a validated professional fulfillment and burnout scale as part of the ongoing self-evaluation process
- Required mentor/mentee relationship with an established preceptor or pharmacist
- Utilization of an Employee Assistance Program (EAP) provided by Southwest General
 - Free services provided include: counseling, stress reduction coaching, nutritional support, fitness coaching, childcare and parent resources, financial advice, among other services

Residents will be required to provide self-evaluations, including a focus on burnout and professional fulfillment, on a quarterly basis and at additional times as needed. The results of all self-evaluation questionnaires will be available to the RPD during the quarterly customized plan meeting and shared with the RAC. Residents showing signs of personal or professional burnout will be directed to EAP resources available at Southwest. Time will be made available from the residency program for a resident pursuing services offered by the EAP.

All Southwest General employees (including pharmacy residents) can utilize several services at Southwest including EASE@Work. EASE@Work provides a full menu of employee assistance and work/life services that assists employees in managing work and personal issues, leading to higher motivation, morale, loyalty and productivity. All programs are designed to help promote a positive work/life balance for employees that can ensure organizational success. The employee and employer may access services 24 hours/7 days a week. When an employee or family member accesses a service, he or she will receive a confidential, professional assessment and referral service, helping them identify problems and develop a plan to resolve them – often before job performance is negatively impacted. You may access EASE@Work online at www.ease@work.com or by phone. The username is Southwest and the password is EASE. This information can be found on the Southwest General Intranet along with the Southwest General Employee Handbook.

Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures.

Disciplinary action will be initiated if a resident:

- Does not follow policies and procedures of Southwest General Hospital.
- Does not present him/herself in a professional manner
- Does not make satisfactory process on the stated residency goals and objectives
- Does not make adequate progress towards completion of the residency requirements laid out in this document

Disciplinary Action Policy and Procedure:

Disciplinary Action within the residency program will align with all policies and procedures in place at Southwest General Hospital.

In the event of required disciplinary action of a resident, if a resident fails to make satisfactory progress towards any aspect of the residency program, or fails to adequately complete a required rotation, the following disciplinary steps shall be taken:

1. The Resident will meet with the RPD and/or involved preceptor to discuss the identified issue/s. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the event that transpired. Action steps will be created to help identify a solution for the behavior or deficiency with input from all involved parties. A corrective action plan and specific goals for monitoring progress must be determined and outlined. This performance improvement plan will be documented in the residents personnel file by the RPD. Corrective actions will be addressed at each quarterly evaluation.
2. The resident will be given a second warning if the resident has not improved within the determined period of time set by the corrective action.
3. If the RPD or preceptor determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy reviews the report and recommendations concerning final actions to be taken. If the Director of Pharmacy feels the action recommended by the RPD is appropriate, the action will be implemented. Action may include (but is not limited to) remedial work, extension of residency timeline, or termination. Should the residency be extended, additional funding is not guaranteed.
4. When and if dismissal is recommended by the RPD, the Director of Pharmacy will have a meeting with the resident and RPD to discuss the final decision.

Disciplinary Action Policy and Immediate Dismissal:

Just cause for dismissal includes failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered unprofessional or ethically unacceptable or which is disruptive of the normal and orderly function of the organization. Specific concerns or behaviors that fulfill this definition include, but are not limited to, the circumstances outlined below:

- The resident knowingly or due to negligence places a patient, employee, or any other person in danger
- The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking
- The resident is found to be using alcohol, illegal substances, or other recreational substances at any time during work hours. This includes use during non-work hours that interferes with their ability to perform work duties in a professional, responsible, and safe fashion
- The resident is found to carry, possess, or use any weapon on the organizational property
- The resident falsifies information on a document
- The resident commits plagiarism as determined by the RPD, Director of Pharmacy, and other preceptors as deemed appropriate
- The resident sexually harasses a member, employee, patient, or any other person while in performance of their duties as a resident
- The resident commits an act of vandalism or theft on the organization's property

Following review of the information by the RPD and Director of Pharmacy, the following decision options may be undertaken. These individuals may seek input from the RAC prior to these decisions.

- Initiate a corrective action plan, outlined above
- Advance a corrective action plan, as outlined above
- Immediate dismissal from the program

Resident Leave of Absence

Residents are required to complete 12 months of full time equivalent training in order to receive their residency certificate. If a resident would need to take a leave of absence, for any reason, the resident must request an extension of the program to match the time taken on leave. The request must be made in writing and received within 14 calendar days of the return from leave, or by June 1st of the residency year, whichever is shorter. The request will be reviewed by the Residency Program Director and Director of Pharmacy. This review may involve an interview with the requesting resident, discussion with the RAC, as well as requesting documentation or support in accordance with HR policies. Extension to the program requires unanimous approval of the RPD and DOP. Funding for any agreed upon extension is not guaranteed.

In addition to the extended time, a resident must also satisfy all other residency requirements listed earlier in this document. Failure to meet any of the listed requirements will result in the resident not being awarded a residency certificate.

Obligations of the Program to the Resident

The PGY1 residency program at Southwest General shall provide a 12 month advanced pharmacy practice experience to the Pharmacy Resident. It is the mission of this program to provide an environment that prioritizes education and resident learning.

The Southwest General Residency program is designed in a way so that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations; prioritizing instead didactic and clinical education.

Program goals, objectives, and competencies are established by ASHP and are subject to accreditation according to their policies and procedures. Activities taught and evaluated throughout the residency program are intended to ensure the residents professional and personal development through structured learning experiences.

Customized Resident Plan

Each resident will meet with the RPD on a quarterly basis to discuss and update the resident's personal customized plan. This includes areas of professional interest, strengths, weaknesses, and other information relevant to the resident's professional and personal development. The selection of elective rotations, scheduling of external learning experiences, and program related questions or concerns will also be a part of the quarterly review process. A running document will be submitted and updated, including comments from the RPD, with each meeting. The RPD will document the outcome of the customized plan meeting, and any pertinent resident wellness surveys, in an electronic resident management system. This document will also be provided to the RAC for review.

Additional Training Available

Teaching Certificate- offered in conjunction with Northeast Ohio Medical University

Basic Life Support (BLS) – provider training

Advanced Cardiac Life Support (ACLS)- provider training

Pediatric Advanced Life Support (PALS)- provider training

Residency Preceptors

In accordance with ASHP governing standards, Southwest General Hospital is committed to providing residency training through established and qualified preceptors. A pharmacist will be considered a qualified preceptor if they meet the following ASHP criteria and have been approved by the RAC.

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; **OR**
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience, **OR**
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in **all** of the following six areas:

- 4.8.a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- 4.8.b. the ability to assess residents' performance;
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
- 4.8.d. an established, active practice in the area for which they serve as preceptor;
- 4.8.e. maintenance of continuity of practice during the time of residents' learning experiences;
- 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

4.9 Preceptors-in-Training

- 4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:
 - 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor
 - 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

- 4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

In addition to these requirements, Southwest General must also meet the following:

- Preceptors must demonstrate a desire and aptitude for teaching; including appropriate use of the four primary roles of a preceptor (instructing, modeling, coaching, facilitation).
- Preceptors must demonstrate the ability to give criteria-based feedback and evaluation of resident performance
- Preceptors must meet the criteria for professional development outlined in the preceptor development policy

During select learning experiences occurring in the later stages of the residency year, a resident may be precepted by a non-pharmacist clinical practitioner, as outlined above. In these circumstances, a pharmacist preceptor will work closely with the non-pharmacist preceptor to ensure the appropriate completion and evaluation of the learning experience goals and objectives. Such experiences will be conducted only once a resident has been deemed ready for independent practice by the RAC.

If a resident participates in a learning experience outside of Southwest General Hospital the RAC will reciprocate “Preceptor” status with preceptors from other ASHP-Accredited residency programs.

The title of “Preceptor in Training”, as outlined above, may be granted by either the RAC or RPD to a pharmacist not yet meeting the above criteria but expressing a desire to improve in their areas of shortcoming. Each “Preceptor in Training” will be paired with a qualified preceptor to help encourage professional and educational growth. The goal for all “Preceptors in Training” will be to achieve standing as a preceptor within 2 years of starting the plan. Formal check-ins will occur every 6 months, in accordance with ASHP guidance.

Preceptor and Program Development

Learning Experience Development:

Each preceptor will be responsible for the Learning Experience associated with their rotation, including the writing and maintaining the learning descriptions in the electronic resident tracking system. The preceptor, with input from the RAC, will set objectives to be taught and evaluated, required activities, required readings, and any other activity needed for completion for the completion of the Learning Experiences.

Preceptor Development:

The RAC will provide preceptors with opportunities to enhance their teaching skills during the residency year. Select RAC meetings, “lunch and learns”, and other special educational programs will be utilized to schedule preceptor development activities. These sessions may include topic discussions lead by other pharmacists in their area of expertise.

Also available are several additional resources:

- Pharmacist Letter Preceptor Home
- ASHP
- Webinars presented by ASHP, ACPE, or other professional organizations

Individual preceptor development will be primarily the responsibility of the individual preceptor. Preceptors are to be committed to self-reflection and will make active use of feedback provided to them so as to promote continual improvement of their rotations and precepting skills. Every two years, each preceptor will apply for reappointment as a preceptor in the PGY-1 residency program. The preceptor will submit to the RPD a copy of their Preceptor Evaluation form, complete with documentation of preceptor development CE. The RPD will review this form and provide written and verbal feedback to the preceptor. This feedback will include: A summary of resident evaluations of the preceptor, a summary of the resident evaluations for the learning experience, and feedback on the quality of evaluations provided to residents during their learning experience. The RPD will recommend reappointment to the RAC, who will approve the roster of active preceptors during the June RAC meeting.

Minimum requirements for Preceptor development are:

- 4 development credits every two years
- Additional training required to remain competency in area of preceptorship

Expectations and Responsibilities of the Preceptors

Learning Experience Orientation:

At the start of each rotation, the preceptor will meet with the resident to provide expectations and review the listed goals and objectives for the rotation. The preceptor is responsible for scheduling formal and informal evaluations as necessary throughout the rotation. The RAC strongly recommends conducting weekly feedback sessions during block rotations. Each preceptor will be prompted to document these sessions in the electronic resident management system. A final, face-to-face evaluation should occur prior to the end of the rotation with electronic documentation of the evaluation being complete within a reasonable time following the conclusion of the learning experience, generally defined as 5 business days.

Please Note: Specifics regarding the rotation, including the learning description, required readings, and objectives to be evaluated will be available to the resident through the electronic resident tracking system.

Core Standards:

It is the responsibility of the preceptor to engage in the best practices of learner facilitation including (but not limited to) the following examples:

- Provide an example of professionalism
- Provide clear descriptions of rotation goals, objectives, and expectations
- Clarify time management expectations; including priorities of daily activities and total time devoted to the rotation or learning experience
- Meet with resident on an ongoing basis to provide feedback regarding rotational performance
- Complete required and elective evaluations within an appropriate time finishing the rotation
- Utilize the “Four roles of a preceptor” approach to resident development
 - Instructing- direct teaching of content that is foundational in nature
 - Modeling- performing a skill of process in a manner to demonstrate the problem-solving process associated with that skill
 - Coaching- Observing the resident perform a task and providing feedback on the process
 - Facilitating- Allowing for independent practice while maintaining availability and providing debriefing and feedback after the fact

Multiple Preceptors:

For a learning experience with multiple preceptors, a primary preceptor will be determined at the start of the rotation based on preceptor availability and anticipated time with the resident. The primary preceptor will be responsible for all required resident feedback. Other preceptors working with the resident may complete assessments based on their individual experiences with the resident through either “snapshot” or “custom” evaluations. Residents will be required to provide feedback only for the primary preceptor, but may also choose to evaluate secondary preceptors if appropriate.

Residency Project

Overview:

The resident is responsible for the completion of a residency research project. This project may include a new pharmacy service, original research, enhancement/evaluation of a currently offered clinical service, or continuation of an existing research project. This project will consist of both retrospective and prospective portions. The completed retrospective residency project will be presented at a national conference as a poster presentation while the completed prospective residency project will be presented at a regional residency conference as a podium presentation in the spring.

Project Selection, Scope of project, Approval:

The incoming resident will discuss potential project ideas with a member of the RCC between match day and the incoming residents start date. The RAC will then generate project ideas and suggestions within the scope of clinical practice requested by the incoming resident. These project ideas and suggestions are intended to reflect areas of need within the institution such as: pharmacy service expansion, overt clinical need, current issues in pharmaceutical care, medication safety, or other related areas of interest. The incoming resident will have an opportunity to choose from among the suggested projects or independently develop a project and submit this to the RRC for approval.

Research Mentor:

The resident will select a “Research Mentor” based on the resident’s research interests and experience. The primary role of *Research Mentor* is to help the resident design and implement a successful study, navigate Evidence-Based Practice and Research Council (EBPRC) and Institution Review Board (IRB) approval if necessary, and run appropriate statistical models.

Proposed Timeline

July: Project identification, development of study design and methods assisted by preceptors and research advisor

August: EBPRC and/or IRB submission, manuscript development

September: EBPRC and/or IRB approval, manuscript development

September-November: Data collection and preparation for poster presentation at national pharmacy conference of retrospective portion of research project, manuscript development

December: National pharmacy conference

December-February: Data collection for prospective portion of research project, manuscript development

March-April: Data analysis and preparation for podium presentation at regional residency conference, manuscript development

May: Regional residency conference, finishing manuscript

June: Submit final manuscript to RRC

Evaluations

An important component of professional development is an organized process of two-way feedback and evaluation throughout the entirety of the residency program. The purpose of these exercises is to promote continuous improvement of both the resident and residency program. Feedback will include:

- Resident's achievement in terms of learning objective established for the rotation
- Provide feedback that may assist the resident with future rotations or experiences
- Provide feedback to the preceptors for improvements in precepting skills or rotational format
- Provide feedback to the RPD or RAC in order to improve the residency program

Residents, preceptors, and other staff will frequently provide feedback during informal meetings, individual rotations, required resident activities, or other residency related activities. Specific feedback will be documented via an electronic resident tracking tool, and may take on a variety of formats depending on each specific circumstance. Evaluations may include either oral or written feedback.

Types of Evaluations:

- Resident Self-Assessment

Self-assessment and evaluation is invaluable for professional development. Quarterly, the resident will meet with the RPD to discuss and update the "customized plan" including the self-assessment of strengths and weakness. Residents are encouraged to set personal goals for each rotation and to discuss those goals with each rotational preceptor. At the conclusion of each rotation, the resident will submit an electronic summative self-evaluation on their personal progress towards achieving required residency goals. Significant focus will be paid to the resident's self-evaluation regarding the effective management of their own practice, as dictated by ASHP required objective R3.2.4.

- Rotation Summative Evaluations

At the end of each rotation both the resident and preceptor will complete a learning experience summative evaluation through an electronic resident tracking program. This feedback will contain specific objective and activity evaluations as defined the RAC T/TE grid and Learning Experience description. The preceptor and resident are encouraged to have a formal, face-to-face, evaluation at the end of each rotational experience.

- "Snapshot" Evaluations

Preceptors are able to provide written feedback to a resident at any time through the use of the "snapshot" evaluations. These could include, but are not limited to, additional residency goals and objectives, specific rotational activities (e.g. presentations, DI responses), professional interactions, or documented feedback from non-pharmacy medical professionals. Other ad hoc evaluations may also be considered as part of the snapshot evaluation process. Preceptors are highly encouraged to use this style of evaluation wherever immediate feedback is preferable.

- Custom Evaluations

Custom evaluations are evaluations performed outside of an electronic resident tracking system. Examples of a custom evaluation may be feedback on presentations, research critiques, or additional feedback outside of the evaluations documented above. Custom evaluations will be performed on an as needed basis.

- Feedback Documentation

Feedback documentation evaluations are evaluations performed by the preceptor to document formal and informal feedback provided to the resident during each rotation. Preceptors will be prompted weekly to document this via the electronic resident tracking system, with the resident and RPD receiving co-signature notifications.

Evaluation scale definitions used in summative and quarterly evaluations

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective, minimum supervision required
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency

Achieved for Residency (ACHR)

ACHR will be selected by the RPD under the following two circumstances:

- Two consecutive “Achieved” evaluations on the same goal or objective
- RAC consensus during the every other month resident review, per the RAC standing agenda

Any decisions regarding ACHR will be updated in pharmacademic and on the resident’s customized plan and graduation tracking document.