

PGY-1 Pharmacy Residency Manual

2024 – 2025



Rutland Regional Medical Center

Department of Pharmacy Services | 160 Allen Street, Rutland, VT 05701 | 802.775.7111



Accredited

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Section 1: Institution Overview

Rutland Regional Medical Center Vision

The biggest community hospital in Vermont and the second largest hospital in the state, Rutland Regional Medical Center has been providing high quality healthcare to the Rutland Region for more than 100 years.

As the needs of our community have grown and changed, so has Rutland Regional, adding services, staff and facilities. Today, Rutland Regional Medical Center is a 144-bed hospital, employing over 1,800 professional and support staff including 240 providers trained in 40 specialty areas. Providing preventive, diagnostic, acute and rehabilitative services, Rutland Regional Medical Center serves Rutland County, portions of southern and central Vermont and communities in eastern New York State. The hospital's medical staff is supported by excellent nurses, high quality diagnostic and ancillary services and a broad array of sophisticated equipment technology.

At Rutland Regional we manage and adapt to change and growth while continuing our focus on a high standard of personalized, quality medical care, adding key specialties to serve community needs, and focusing on attracting and recruiting highly trained doctors, nurses and staff. We are committed to providing the services, both in and out of the hospital, required to maintain the health of not just our patients, but the entire community.

- **Our Mission:** To improve the health of our community by delivering high-value care through collaboration.
- **Our Vision:** The highest value community healthcare system leading the region to reaching its healthiest state.

Rutland Regional Medical Center Values

Integrity: We act with Integrity: We are honest and behave ethically.

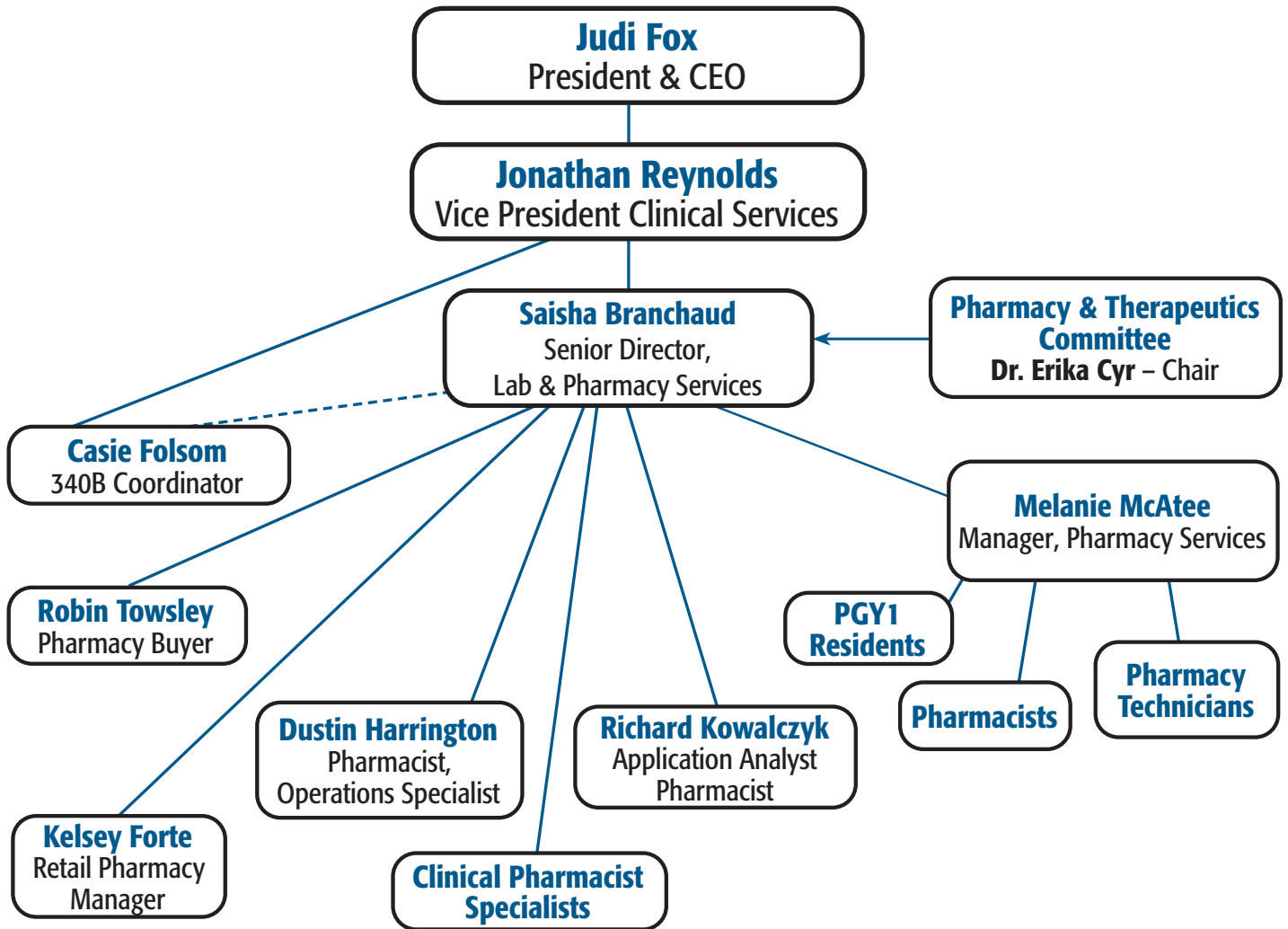
Diversity & Inclusion: We strive for excellence by creating a Diverse and Inclusive workplace and community: Our differences make us stronger.

Caring: We Care for those around us: We are always mindful of the needs of our patients and those with whom we work.

Teamwork: We work together in alignment with others to achieve common goals. We are stronger collectively than individually.

Organizational Chart

Pharmacy Organizational Chart as of December 2022



In total, Rutland Regional Medical Center pharmacy services employs over 20 pharmacists, approximately 20 technicians, and additional support staff. Rutland Regional staffs two outpatient clinics, are decentralized in numerous inpatient areas, have a full-time pharmacist devoted to antimicrobial stewardship and a pharmacist dedicated to the on-site retail pharmacy.

Section 2: Program Overview

Purpose

The purpose of the PGY1 pharmacy residency program is to 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.

Description

Our program is a 12-month postgraduate curriculum that is designed to build upon their existing knowledge of medication-related care by providing frequent and direct patient care experience. Our residents will develop important problem-solving skills, as well as an understanding of their accountability and responsibility to their patients. Residents will also work to develop autonomy as they build relationships with other health care providers.

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals, and past experiences. Residents are required to complete core rotations to build a strong knowledge base and have the opportunity to select elective rotations based on their area of interest. Residents will also learn to monitor and assess their own performance to continually improve their practice during their residency and beyond. Residents will work to progress over the course of the residency to be more efficient, effective, and independent in providing high quality direct patient care.

Goals

The goal of the PGY1 Residency Program at Rutland Regional Medical Center is to enable its residents to meet the educational competencies set forth by ASHP. These four key competency areas include R1: patient care, R2: advancing practice and improving patient care, R3: leadership and management, and R4: teaching, education, and dissemination of knowledge. The resident will be provided opportunities to meet the following ASHP goals.

- **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.
- **Goal R1.2:** Ensure continuity of care during patient transitions between care settings.
- **Goal R1.3:** Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
- **Goal R2.1:** Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- **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.
- **Goal R3.1:** Demonstrate leadership skills.
- **Goal R3.2:** Demonstrate management skills.

- **Goal R4.1:** Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (*individuals and groups*).
- **Goal R4.2:** Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Program Structure

<p style="text-align: center;">Orientation</p> <ul style="list-style-type: none"> ▪ Hospital-Institution ▪ Residency Program Overview ▪ Pharmacy Department ▪ Pharmacy Technology <ul style="list-style-type: none"> ▪ Cerner®, PharmNet®, OmniCell®, MedKeeper® ▪ Pharmacy Competencies 	<p style="text-align: center;">Projects</p> <ul style="list-style-type: none"> ▪ Medication Use Evaluation ▪ Longitudinal Research or Quality Improvement Project ▪ ASHP Midyear Poster ▪ Eastern States Platform Presentation ▪ Case Presentations ▪ Topic Presentations ▪ Journal Clubs
<p style="text-align: center;">Required Core</p> <ul style="list-style-type: none"> ▪ Orientation/Sterile Compounding ▪ Anticoagulation ▪ Infectious Disease ▪ Discharge Transitions ▪ Internal Medicine I/Internal Medicine II ▪ Surgical Services 	<p style="text-align: center;">Longitudinal Experiences</p> <ul style="list-style-type: none"> ▪ Pharmacy Practice (<i>Staffing Required</i>) ▪ Policy and Formulary (<i>Required</i>) ▪ Longitudinal Project Experience (<i>Required</i>) ▪ ACPHS Teaching and Learning Certificate Program (<i>Optional</i>)
<p>Electives</p> <ul style="list-style-type: none"> ▪ Anticoagulation Stewardship ▪ Antimicrobial Stewardship ▪ Oncology Hematology ▪ Pharmacy Informatic 	

Schedule

- The schedule of learning experiences for each resident will be assigned at the start of the residency year and will incorporate resident's interest area. The schedule will allow for standard progression to ensure adequate skill mastery for independent weekend staffing expectations.
- Residents are expected to work a minimum of 40 hours per week with compensatory days for weekend staffing.
- Time to work on resident projects including longitudinal assignments may be limited to after hours or when the resident's assigned tasks and assignments have been completed for that day. Residents cannot be on site for more than 16 hours in a 24-hour period and not more than 80 hours in a week.
- Residents will be provided with two project weeks (*one in fall and one in late winter*)

Section 3: Residency Program Advisory Structure

Residency Program Director (RPD)

Responsible for the design and implementation of the residency year. The RPD selects residency candidates, maintains customized learning plans, and coordinates all evaluations, determines rotation schedules, sets expectations of residents/preceptors, provides feedback, oversees all learning experiences, and ensures continuous improvement of the program while providing a learning environment that meets the needs of the organization and the residents.

Residency Program Coordinator (RPC)

The Residency Program Coordinator will be responsible for sharing in the organization of residency candidates, scheduling, development and coordination of rotation experiences, preceptor evaluations and development. Assist the RPD in residency program activities to ensure compliance to ASHP's accreditation standard.

Residency Advisory Committee (RAC)

Responsible for establishing and maintaining an ASHP-Accredited Pharmacy Practice Residency Program and serves as the advisory and organizational structure of the Rutland Regional pharmacy residency program. This committee creates a forum for the preceptors to discuss the residents' progress, projects, concerns or issues regarding the residency schedule, and other components of the program.

Residency Preceptors

Responsible for developing and guiding a learning experience to meet the residency program's goals and objectives with consideration for the resident's goals, interests, and skills. Responsible for experience evaluations and serves as a member of the RAC.

Residency Preceptors 2024-2025

Alan Seward, PharmD

Alison Notte RPh, CACP

Anastasia Gregg, PharmD, BCPS

Brittany Allums, PharmD, BCPS

Cassandra Betourney, PharmD

Dustin Harrington, PharmD, BCPS

Emily Piehl, PharmD, BCIDP

Kenneth Kausch, PharmD

Laura Twarog, PharmD, BCPS

Melanie McAtee, PharmD, BCGP

Michele Havens, PharmD, BCPS

Rick Kowalczyk, PharmD

Saisha Branchaud PharmD, BCPS

Residency Mentor/Advisor

Each resident shall select a residency mentor/advisor. This preceptor will help to provide guidance and support to the resident, additionally assist in selection of a longitudinal or quality improvement project, as well as ongoing assistance with this project.

Section 4: Residency Requirements

Requirements for Application to the Program

1. Graduate from an accredited college or school of pharmacy; PharmD (preferred), or B.S. with equivalent clinical experience
2. Participation in the ASHP residency match program
3. Completion of residency program application, letter of intent, and submission of Curriculum vitae by posted deadline
4. Three (3) letters of recommendation.
5. College/University transcripts
6. Interview (*for candidates progressing to the final step in the process*).

Post-Rank Process

Residency director gets final match list from NMS/ASHP and distributes to the preceptors. The residency director will then reach out to candidates that matched to welcome them to Rutland Regional and request formal application for the resident position at Rutland Regional Medical Center. Upon receipt of the formal application the Rutland Regional resident positions will be closed.

Residency Employment

For employment, the resident must have graduated from an ACPE-accredited school of pharmacy and be eligible for licensure in the state of Vermont. In addition, international residents must have a valid work VISA to complete the full residency year.

Following the MATCH and receipt of an Rutland Regional application for hire, human resources will conduct a standard employee background check and after clearance, make a formal position offer. The resident must sign an attestation on the offer letter accepting the position and noting that they have read and understand the program requirements and expectations. Rutland Regional Medical Center human resources will follow-up with an official offer letter from Rutland Regional Medical Center for employment starting in July. Residents will be required to attend an occupational health appointment prior to start date. The following documentation will be required by occupational health; immunization records and proper PPD or other sufficient evidence of TB status if applicable. All residents will be required to attend a standard Human Resources meeting to complete new hire paperwork and to review employee benefits and payroll information. PGY1 Pharmacy residents are classified as full-time, exempt employees of Rutland Regional Medical Center.

During the first official week of employment, all residents will be required to attend standard Rutland Regional Medical Center General Orientation prior to pharmacy inpatient orientation.

Licensure Requirement

As per ASHP Accreditation Policy for PGY1 Pharmacy Residency Programs, all residents must obtain licensure prior to or within 90 days of the start date of the residency program. Residents who fail to obtain licensure within the set 90 days could be subject to termination.

All residents are encouraged to obtain licensure prior to the start of the PGY1 residency program. If pharmacist licensure cannot be obtained prior to the start date of the training program, he/she must be a licensed pharmacy intern in the state of Vermont. Pharmacy intern licensure must be obtained through Vermont Secretary of State, Office of Professional Regulation application process. Applicant instructions can be found under Forms & Instructions through Vermont Professional Regulation – Pharmacy.

Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402
www.sec.state.vt.us

Section 5: Residency Perks

Stipend and Benefits

PGY1 resident salary is \$48,000, which will be paid over 26 pay periods. Rutland Regional Medical Center will provide health benefits to residents, including health, dental, prescription and vision benefits. This information is extensively reviewed with Human Resources at pre-employment appointment. Benefit information can be found on the Rutland Regional website, RRMC.org.

Resident Laptop/Phone

Residents will be provided a Rutland Regional laptop and smart phone for use during their residency year. Each must be returned to Pharmacy Services at the end of the residency year. Throughout residency year use of these devices must comply with Rutland Regional policies.

Business Cards

Each resident will be provided with business cards.

Travel Reimbursement

Travel support for the ASHP Clinical Midyear and Eastern States Residency Conference will be reimbursed. It is responsibility for the resident to retain and submit required receipts for reimbursement.

Section 6: Learning Experiences

Core Experiences

Required for completion of the residency program:

- Orientation/Sterile Compounding (*6 weeks*) Michele Havens, PharmD, BCPS
- Anticoagulation (*6 weeks*) Alison Notte, RPh, CACP
- Infectious Disease (*6 weeks*) Emily Piehl, PharmD, BCIDP
- Discharge Transitions (*6 weeks*) Melanie McAtee, PharmD, BCGP
- Internal Medicine I & II (*4 weeks each*) Brittany Allumns, PharmD, BCPS
- Surgical Services (*6 weeks*) Laura Twarog, PharmD, BCPS

Longitudinal Experiences

Required for completion of the residency program and will begin following successful completion of orientation:

- Pharmacy Practice (*12 months*) Ken Kausch, PharmD
- Policy and Formulary Management (*12 months*) Melanie McAtee, PharmD, BCGP
- Longitudinal Project Experience (*12 months*) Emily Piehl, PharmD, BCIDP
- ACPHS Teaching and Learning Program (*10 months*) *Optional

Elective Experiences

Four weeks in length – one is required:

- Anticoagulation – Alison Notte RPh, CACP
- Antimicrobial Stewardship – Emily Piehl, PharmD, BCIDP
- Oncology-Hematology – Alan Seward, PharmD
- Pharmacy Informatics – Rick Kowalczyk, PharmD

Teaching Experience

Teaching is a strong component for personal development as well as contributing to pharmacy practice. The following experience are opportunities to developing teaching skills, enhance communication skills, and gain experience in mentorship.

- Teaching and Learning Certificate Program through Albany College of Pharmacy and Health Sciences. (*10 month – optional*)
- Precepting PharmD Students on clinical rotations when available.
 - Direct preceptorship in conjunction with rotation preceptors.

Learning Activity Responsibilities

Overview

Learning activities are designed by the corresponding preceptor to align with the roles and responsibilities of that specific staffing pharmacist while providing the opportunity to gain the skills and competence to assume the role of primary pharmacist in that given area.

The goals, objectives, and expected activities of the rotation will be reviewed by both the resident and the preceptor prior to the beginning of each rotation.

Resident

To successfully complete a learning activity's requirements, the resident must be actively engaged and participate in all activities of patient care. This includes, but is not limited to:

1. Continually assess self-progress and identify areas for improvement
2. Coordinate with preceptor to discuss patients and topic discussions as appropriate
3. Assume practice responsibilities of preceptor as agreed upon by both resident and rotation preceptor
4. Complete all PharmAcademic® evaluations within 7 days of the learning and experience and discuss the evaluation with the respective preceptor

Leave of Absence

Additional leave beyond total allotted earned time may result in program extension. Each extension will be evaluated on an individual basis and granted at the discretion of the Residency Advisory Committee (RAC) in accordance with human resources policies. The resident will be provided a written plan developed by the RPD in conjunction with the RAC to ensure successful completion of program requirements. Residents will not receive additional stipend/salary beyond one year unless determined by RPD and human resources for extension of the program. If unable to complete all residency program requirements, the resident is subject to dismissal from the program and termination from Rutland Regional Medical Center.

Section 7: Staffing Responsibilities

Longitudinal Service Commitment (*Staffing*)

Prior to starting at Rutland Regional Medical Center, all residents must review and sign the **Duty Hours Agreement Form** explained below. Duty hours must be limited to 80 hours per week, averaging over a 4-week-period as per ASHP guidelines. This includes any additional hours spent moonlighting. Policy also permits that a resident should not exceed 16 hours of continuous duty hours and must have a minimum of an 8-hour time-period away from the hospital between scheduled daily periods. With this, residents must be provided with one day in seven days free from all educational and clinical responsibilities, averaged over a 4-week period.

Weekends

Residents are expected to staff the central pharmacy every other weekend. Residents may not request their scheduled weekend off, but may swap, if necessary, following approval from the RPD. Residents are not permitted to work more than two consecutive weekends in a row (*i.e. both Saturday and Sunday*) unless approved by the RPD. Once the RPD approves the trade/switch, the schedule must then be updated by the responsible party.

Holidays

Residents are expected to staff at least one summer holiday (*Labor Day or Memorial Day*) and one winter holiday (*Christmas, Thanksgiving, New Year's Day*).

Additional Staffing Needs

Residents will not be pulled from scheduled experiences to meet staffing needs of central pharmacy. There is no on-call expectation for pharmacy residents.

Professional Paid Time

Professional Paid Time includes: NAPLEX test day, MPJE test day, as well as travel to and attendance of ASHP Midyear and Eastern States Residency.

Combined Time Off

Residents may only take 10 days of paid time off during their residency. This time will be used to replace hours not worked that occurs during the employee's regular shift. This includes personal time, sick time, and vacation time. Requests must be sent to RPD and added to CTO calendar at least 30 days in advance. Limiting vacation CTO preserves the education experience of each rotation. If more than 3 days of CTO must be used within one rotation, consideration and approval will be on a case-by-case basis; it is possible that the rotation may need extension possibly reducing elective experiences.

Section 8: Resident Responsibilities

Resident Binder

Residents are required to maintain a binder which includes all completed projects, presentations, write-ups, etc. Binder shall be kept continually up to date. Binders shall be retained by Rutland Regional Pharmacy for record and future accreditation surveys.

Email

The resident is responsible for reading and acknowledging all e-mail messages in Outlook from staff in a timely manner. Failure to review email at least daily could result in the resident missing valuable information such as schedule changes, meetings, and policy announcements. Residents are also required to be proficient in Microsoft Outlook and maintain an up-to-date Outlook calendar.

Section 9: Resident Policies

- I. PGY1 Pharmacy Resident Qualifications and Application Requirements
- II. PGY1 Pharmacy Residency Licensure, Duty-Hours, Moonlighting, and Leave Policy
- III. PGY1 Residency Remediation, Disciplinary, Dismissal Policy
- IV. PGY1 Pharmacy Residency Completion and Certificate
- V. PGY1 Residency Pharmacy Preceptor Appointment, Reappointment, Development and Expectations Policy



Rutland Regional Medical Center

Origination 2/5/2019
Effective 12/2/2022
Last Revised 10/26/2021

Owner SAISHA
BRANCHAUD: SR
DIRECTOR LAB
PHARM SVCS

Area Pharmacy

PGY1 Pharmacy Resident Qualifications and Application Requirements

A. SCOPE

Pharmacy Services

B. PURPOSE

To provide an outline of the process by which applicants to the pharmacy department's residency program are reviewed for eligibility and possible acceptance into the program.

C. POLICY

- The applicant must be a graduate or candidate for graduation of an Accreditation Council of Pharmacy Education (ACPE)-accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGES) certificate from the National Association of Boards of Pharmacy (NABP). At minimum must be a 5-year degree program
- The applicant is required to submit a curriculum vitae, letter of intent, three letters of recommendation, and official college of pharmacy academic transcripts via Pharmacy Online Residency Centralized Application Service (PhORCAS) by assigned deadline in early January.
- All applicants must be eligible for licensure in the state of Vermont and can start residency on established start date.
- All applicants must be registered with the National Matching Service (NMS), and adhere to the rules of the ASHP Pharmacy Resident Matching Program (RMP).
- All applicants PhORCAS application will be assessed by the RPD using the Pre-Interview Screening Tool.
- All applicants PhORCAS application will be assessed by another individual (RAC committee member or Resident). If a current resident is acquainted with a resident applicant, they shall

- recuse themselves voluntarily from rating that applicant.
- RAC Committee will then review Pre-Interview results and determine who shall receive an interview offer. An email including interview offer and Residency Program Manual will be sent to those qualifying.
 - Resident candidates will be rated at the end of each interview day using the Post-Interview Screening Tool. Each resident will be rated by the RPD, current residents, Group 1 and Group 2. Group 1 and 2 will be comprised of RAC Committee members and non-preceptor pharmacy staff. In total each candidate will have 4 post-interview screening tool scores that are averaged.
 - RAC Committee will review pre and post screening tool scores and determine rank list. Rank list will be assembled in the National Match Service website and finalized during the RAC meeting.
 - Phase I, Phase II and Scramble will be completed through the same procedure.
 - Residents who are accepted as an RRMC resident must complete an RRMC application and proceed through usual Human Resources hiring procedures.
 - Residents who are accepted as an RRMC resident will be sent a letter outlining their acceptance to the program, as well as offer letter and pre-employment requirements. Acceptance of terms and conditions shall be documented prior to start of residency.

D. DEFINITIONS

Residency Program Director (RPD): The pharmacist responsible for the direction, conduct, and oversight of the residency program.

Residency Advisory Committee (RAC): chaired by the RPD, is comprised of department leadership and residency preceptors. Members of the committee have an integral role in the development and evaluation of programming for postgraduate trainees. The RAC will evaluate the performance of the residents; provide feedback, clinical expertise, and independent/unbiased review of the residency program

ASHP: American Society of Health-System Pharmacists

SOAP note: Method of documentation by health-care providers. Acronym subjective, objective, assessment, and plan.

ACPE- Accreditation Council of Pharmacy Education

FPGES- Foreign Pharmacy Graduate Equivalency Committee

PhORCAS- Pharmacy On-line Residency Centralized Application Service

NABP- National Association of Boards of Pharmacy

E. PROCEDURE

1. Pre-Interview Evaluation of Resident Applicants:
 - i. All PhORCAS applicants will be assessed through the utilization of the standardized

pre-interview screening tool, based on the following criteria:

- a. Letter of Intent
 - b. Academic performance
 - c. Letters of recommendation
 - d. Work experience
 - e. Learning experience rotations
 - f. Scholarly activity (Research, projects, and presentations)
 - g. Extra-curricular activities/ community service
- ii. All applicants PhORCAS application will be assessed by the RPD using the Pre-Interview Screening Tool.
 - iii. All applicants PhORCAS application will be assessed by another individual (RAC committee member or Resident).
 - iv. Any discrepancy in an evaluation criterion that is separated by more than three points on the rubric by the two (2) faculty screeners will be reviewed and adjudicated by the RPD
 - v. The aggregate scores from the Pre-Interview Screening Tool are then reviewed by the RAC Committee as well as residents. Top candidates will be invited for an interview (virtual or on-site as available).
 - vi. On-site interviews will be offered to qualifying candidates via email within two (2) weeks of the application deadline. The interview offer email will include:
 - a. Residency Policies
 - b. Stipend and Benefits information
 - c. Human Resources information
 - vii. Once interview dates are confirmed, candidates will receive an email confirming the interview date along with an itinerary for the day. Candidates who are not offered an interview will also be notified via email within four (4) weeks of the application deadline
2. Interview will consist of:
- i. Tour of Rutland Regional Medical Center
 - ii. Interviews with members of the Residency Advisory Committee (RAC) and Pharmacy Staff
 - iii. Interview with Residency Program Director
 - iv. Interview with Residents
 - v. One Clinical Skills Assessment, which can include but not limited to
 - a. A written SOAP Note
 - b. A case presentation

3. Candidates will be assessed on the following characteristics:

- i. Knowledge base
 - ii. Maturity / Professionalism
 - iii. Critical thinking/direct response to questions
 - iv. Interest in residency program
 - v. Candidate's goals and self-motivation skills
 - vi. Presentation skills
 - vii. Oral and written communication
 - viii. Suitability to the program
4. Resident candidates will be rated at the end of each interview day using the standardized Post-Interview Screening Tool. Each resident will be rated by the RPD, current residents, Group 1 and Group 2. Group 1 and 2 will be comprised of RAC Committee members and non-preceptor pharmacy staff as available. In total, each candidate will have 4 post-interview screening tool scores that are averaged.
5. Scores will be sent to RAC Committee members and residents within 24hrs of receipt of screening tools.
6. Rank Process
 - i. After completion of all interviews, interview evaluations, and clinical skills assessment evaluations, a committee meeting of all faculty involved (screeners, interviewers, clinical skills reviewers) will be scheduled. Items of business for the rank meeting will be to:
 - a. Determine which (if any) candidates should not be ranked. The reason for not ranking the candidate will be documented in meeting minutes with final decision made by the RPD.
 - b. Discuss the generated rank list based on the three evaluation components. (The Pre-Interview Screening Tool scores, Post-Interview screening tool scores and perceived resident-to-program suitability) As necessary, specific components and evaluation will be reviewed during the discussion of the actual rank list.
 - c. The RAC will agree upon a single ordinal rank list of the candidates and submit via National Match Services during the RAC Meeting.
7. Phase 2
 - i. In the event the program does not match one or more PGY1 residency positions during Phase 1, the program may pursue candidates through the second phase of the match.
 - ii. Applications will be reviewed on a rolling basis until Phase 2 deadline utilizing the Pre-Interview Screening Tool.
 - iii. In the event of excessive applicants, phase 2 applicants will be reviewed based on letters of recommendation- Number of letters that "highly Recommend", number of categories marked as "Exceeds" "Appropriate"
 - iv. An opportunity to interview will be offered to the top candidates with goal to rank at

least 5 candidates for each open position.

8. Scramble

- i. In the event the program does not match one or more residency positions in Phase 1 or Phase 2 of the match, the program may pursue residency candidates through the scramble. Candidates will undergo the same selection and evaluation process as in Phase 2. Given the shorter time-line, alternatives to an on-site interview may be permitted.

- 9. Upon matching, residency candidate must sign resident agreement form within 30 days on notification of match.

RELATED POLICIES AND FORMS

Residency Program Manual

REFERENCES

ASHP Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. American Society of Health-System Pharmacists, Inc. Updated March 2021. Available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.ashx>

Attachments

[Post-Interview Screening Tool](#)

[Pre-Interview Screening Tool](#)

[Resident Agreement Form](#)

Approval Signatures

Step Description	Approver	Date
Endorser	JONATHAN REYNOLDS: VP CLINICAL SERVICES	12/2/2022
Residency Advisory Committee- Endorser	Saisha Branchaud: SR DIRECTOR LAB PHARM SVCS	11/9/2022
	Saisha Branchaud: SR DIRECTOR LAB PHARM SVCS	11/9/2022



Rutland Regional Medical Center

Origination 7/20/2023
Effective 7/20/2023
Last Revised 7/20/2023

Owner **MELANIE
MCATEE:
MANAGER
PHARMACY**

Area **Pharmacy**

PGY1 Pharmacy Residency Licensure, Duty-Hours, Moonlighting, and Leave Policy

A. SCOPE

Pharmacy Residents

B. PURPOSE

- I. In accordance with ASHP Accreditation Standards for Post Graduate Pharmacy Residency Program Standard 2, this policy outlines the following requirements for all RRMCC's PGY1 Residents
 1. Licensure expectations
 2. Duty-hours
 3. Moonlighting
 4. Leave

C. POLICY

1. Licensure

- A. The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning where they have matched for their residency program.
- B. Residents must obtain a Vermont Pharmacy Intern License if not a licensed pharmacist in the state of Vermont by the start of the residency year.
 1. The PGY1 Pharmacy Resident must provide a copy of VT Pharmacy Intern Permit to the RPD and Human Resources for documentation.
 2. Failure to obtain a VT Pharmacy Intern Permit prior to start date of the PGY1

Pharmacy Residency Program will result in release from the PGY1 Pharmacy Residency Program.

- C. The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX exam and having an active pharmacist license) within 90 days of the beginning of the residency.
 - 1. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
 - a. If the resident has taken, but not successfully passed the NAPLEX, 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 the NAPLEX within 90 days of the beginning of the program, the resident will be dismissed from the program.
 - 2. Delay in licensure beyond 90 days is discouraged and may impact the residents ability to achieve for residency, the minimum number of competencies, goals, and objectives.
- D. If a 30 day extension has been provided and the resident is still not licensed as a pharmacist at the end of the 30 day extension (within 120 days since the start of the residency period) the resident will be dismissed.

2. Duty Hours

- A. RRMC supports compliance with the ASHP Duty Hour Requirements to ensure residents are not compromising patient safety or minimizing the learning experience by working extended periods of time.
 - 1. Compliance with the ASHP requirements is a shared responsibility between the RPD, Preceptors, and each PGY1 resident.
 - 2. To maintain a record of this shared responsibility, the resident will complete the duty hour documentation in PharmAcademic.
- B. Key elements of the ASHP requirements include:
 - 1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of moonlighting.
 - a. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/ service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the

goals and objectives of the residency program.

- b. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

2. Mandatory Duty-Free Times:

- a. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- b. Residents must have at a minimum of 8 hours away from the hospital between scheduled duty periods.

3. Continuous Duty Hours:

- a. Continuous duty periods for residents should not exceed 16 hours

4. RPMC does not participate in any call programs

C. Tracking of Compliance with Duty Hours

1. RPMC will utilize the ASHP Standard Duty Hour form in PharmAcademic to track compliance with the ASHP Duty Hours policy.

2. Residents will be required to complete the following sections of the Duty Hours Form

- a. Duty Hour attestation: I attest I was in compliance with the Duty Hours policy. During this time period, my Duty Hours: were less than 80 hours of work per week (averaged over a 4 week period), included 8 hours free of work between duty periods, had 1 day free in 7 (when averaged over 4 weeks), and had no continuous duty periods of more than 16 hours.
- b. If Resident selects no, I disagree, they will be required to enter an explanation and will be submitted to the RPD for co-signature.
- c. Moonlighting Attestation Statement: I participated in internal moonlighting (within my institution), I participated in external moonlighting (outside my institution), total hours spent moonlighting

3. On the last day of each month (beginning July 31), residents will be sent an email notification and receive a task on their PharmAcademic home page to complete an ASHP standard Duty Hours form.

4. Due date for submitting the Duty Hour tracking form will be 7 days after the last day of the month

D. Residents must attest to understanding of the ASHP duty hours requirement and agree to follow requirements as indicated by ASHP and within this policy.

1. Additional information concerning the ASHP standards is located at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

3. Moonlighting

- A. If the resident elects to pursue external moonlighting activities, he/she/they will be required to receive approval by the RPD and preceptor of residents' learning experience prior to participating in moonlighting.
 - 1. If Preceptor and/or RPD determine residency performance will be detrimentally impacted by external moonlighting the request will be denied.
 - 2. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety.
 - 3. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.
- B. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
 - 1. Based on approval, a resident may complete a maximum of 16 hours per week and/or 32 hours per month. Residents who complete more than maximum hours may have a corrective action plan created and may have moonlighting privileges revoked.
 - 2. Residents must inform their Residency Program Director (RPD) in writing of any and all moonlighting shifts worked.
- C. Moonlighting permission can be revoked at any-point at the discretion of the RPD

4. Leave

- A. Time away from the residency program may not exceed 37 days per 52-week training period without requiring extension of the program.
 - 1. Time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; conference and/or education days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave.
 - 2. Time away does NOT include service commitment/staffing days nor are compensatory days for staffing shifts counted.
- B. PGY1 Pharmacy residents are eligible for leaves of absence in accordance with RRMC institutional policies
- C. Leave of Absence Request
 - 1. A written request for a LOA must be submitted to the residency program director and the resident's manager in advance with as much notice as possible.
 - 2. The resident must contact the RRMC Human Resources to inform them of the LOA as far in advance as possible.
- D. Duration of leave:

1. Any LOA requires a plan agreed upon by the resident, RPD, and resident's manager to make up work that ensures graduation from the program, even if time extends beyond the residency year as required by ASHP accreditation standards.
2. The residency year must consist of a minimum of 12 months and a full-time practice commitment, or equivalent. If the resident takes a LOA, time away is not counted towards the 12-month program.
 - a. Any LOA in excess of 12 weeks will require the resident to withdraw from the program.

E. Leave of Absence requirements:

1. Leave of absence eligibility will be determined by human resources in conjunction with the RPD in compliance with the RPMC leave of absence policy
2. Leave of absence beyond accrued CTO will not be paid.
3. The resident may elect to opt into Short or Long-Term Disability benefits at initial hire.
4. Attempts will be made to allow completion of experiences, requirements, goals and objectives during the residency year. However, additional leave beyond total accrued CTO may result in incompleteness of the residency program.
5. Questions regarding leave of absence should be directed to human resources and/or the RPD
6. A resident may not accept or perform other employment, consulting, or independent contractor work of any kind during the LOA. If the resident violates this provision; the resident will be considered to have resigned from the residency program.

F. Program Extension:

1. The RPD and the resident's manager may extend the residency program for a time period equal to the length of the absence, up to a maximum of 3 months based on RAC/ RPD approval

D. DEFINITIONS

ACPE - Accreditation Council for Pharmacy Education

NAPLEX - North American Pharmacy Licensure Examination

Combined Time Off (CTO): denotes paid time off. Earned time refers to any time taken to replace hours not worked that occur during the employee's regular shift. This includes personal time, sick time, and vacation time.

Leave of Absence: Officially approved time away from duty of the residency program.

Residency Program Director (RPD): The pharmacist responsible for the direction, conduct, and oversight of the residency program.

Residency Advisory Committee (RAC): chaired by the RPD, is comprised of department leadership and residency preceptors. Members of the committee have an integral role in the development and

evaluation of programming for postgraduate trainees. The RAC will evaluate the performance of the residents; provide feedback, clinical expertise, and independent/unbiased review of the residency program

Duty Hours: All hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program

Maximum Hours of Work Per Week: Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Moonlighting: Voluntary, compensated, pharmacy-related work performed within the organization where the resident is in training (internal or external) or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

PGY1 Pharmacy Residents: A licensed pharmacist who has opted to complete further professional training in a yearlong Pharmacy Residency Program

Leave of Absence (LOA): The period of time where the resident is not at work. This period can be intermittent or continuous in nature

FMLA Leave: An entitlement benefit as defined by the federal Family and Medical Leave Act (FMLA) of 1993.

American Society of Health-System Pharmacy (ASHP): The organization that is responsible for accrediting the pharmacy residency programs.

RELATED POLICIES AND FORMS

Pharmacy Time Off and Calling in Sick

Attendance Policy

Bereavement Leave

Coaching and Counseling Policy

Corrective Action Policy

Family Medical Leave Policy

Performance Management Policy

Personal Leave of Absence

REFERENCES

1. ASHP Accreditation Standard for Postgraduate year One (PGY1) Pharmacy Residency Programs. <https://www.ashp.org/Professional-Development/Residency-Information>
2. Vermont State Office of Profession – Application Instructions for Pharmacist. <https://cms.sec.state.vt.us:8443/share/s/bGmHGK7MSBS2QVAJPnh9nw>
3. National Association of Boards of Pharmacy – Examination Registration Bulletin https://read.nxtbook.com/nabp/bulletin/naplex_mpje_bulletin/welcome.html

Approval Signatures

Step Description	Approver	Date
Endorser	JONATHAN REYNOLDS: VP CLINICAL SERVICES	7/20/2023
Residency Advisory Committee- Endorser	SAISHA BRANCHAUD: SR DIRECTOR LAB PHARM SVCS	7/19/2023
	Melanie Mcatee: MANAGER PHARMACY	7/17/2023





Rutland Regional Medical Center

Origination 7/20/2023
Effective 7/20/2023
Last Revised 7/20/2023

Owner MELANIE
MCATEE:
MANAGER
PHARMACY
Area Pharmacy

PGY1 Residency Remediation, Disciplinary, Dismissal Policy

A. SCOPE

Pharmacy Residents

B. PURPOSE

To provide Pharmacy Residency Program Directors (RPD) with procedures for implementing fair process and guidelines for remediation and discipline for Residents based on Academic/Non-Academic Deficiencies.

C. POLICY

1. Corrective Action Process

- a. The corrective action process will be utilized if the resident fails to present self in a professional manner, follow policies and procedures of Rutland Regional Medical Center, make satisfactory progress on any of the residency goals or objectives (not to be determined by one rotation), and make satisfactory progress towards the completion of a residency requirement.
- b. Examples of significant/ongoing performance issues include but are not limited to:
 1. More than two instances of tardiness
 2. Two or more missed rotation assignment deadlines
 3. One missed project/MUE/CE deadline
 4. "Needs Improvement" on final rotation evaluation for more than one experience
 5. Unsatisfactory work quality after preceptor feedback

2. Grounds for immediate dismissal

- a. Just cause for dismissal includes failure to perform the normal and customary duties of a

resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the Hospital. Specific concerns, behaviors or actions fulfilling these requirements are listed below.

D. DEFINITIONS

Residency Program Director (RPD): The pharmacist responsible for the direction, conduct, and oversight of the residency program.

Residency Advisory Committee (RAC): chaired by the RPD, is comprised of department leadership and residency preceptors. Members of the committee have an integral role in the development and evaluation of programming for postgraduate trainees. The RAC will evaluate the performance of the residents; provide feedback, clinical expertise, and independent/unbiased review of the residency program

E. PROCEDURE

1. Corrective Action Process

- a. This corrective action process (CAP) will be utilized if the resident fails to meet obligations and responsibilities outlined in the educational goals and objectives of the residency, this includes but is not limited to satisfactory progress toward attainment of all residency program goals and adherence to all organizational, departmental, and residency policies.
- b. The RPD, prior to initiating a CAP, will conduct a thorough investigation, to include meeting with the individual resident to investigate concern and offer the resident an opportunity to provide information relevant to the identified problem.
 1. If the issue is with the RPD, who also is the resident's preceptor, then the immediate supervisor or the director of pharmacy will be contacted to investigate on behalf of the resident, to include meeting with the individual resident to discuss the concern and offer the resident an opportunity to provide relevant information in regards to the identified problem.
- c. Following an investigation, as outlined above, the RPD in association with the RAC will review the results of the investigation to determine the need to initiate a CAP and if so, determine a time-line for the action. The RPD will inform the resident of the results of the review regardless of the final decision. CAP's will be agreed upon by a vote.
- d. The CAP consists of the following:
 1. A verbal and written counseling (generated by the RPD) including specific expectations for improved performance or behavior.
 2. Notification of the duration of the probationary period associated with the CAP.
 3. Issuance of a schedule for any additional verbal or written review deemed necessary during the probationary period associated with the CAP.
 4. A verbal and written statement issued by the RPD in consultation with the RAC at the end of the probationary period associated with the CAP stating the final evaluation of the resident's performance therein. The final evaluation shall fall into one of three

categories.

- a. Successful improvement and achievement of required program performance and/or professional behavior by the resident.
 - b. Partial improvement with unsuccessful achievement of the required performance or behavioral expectations. If this applies to an inability of the resident to successfully complete the residency training this will be accompanied by a request for voluntary termination written by the RPD.
 - c. Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter written by the RPD.
5. When the RPD in conjunction with the RAC, determine that a CAP is completed, the RPD will write a letter or memo to the resident. All documents regarding the CAP will be kept in the resident's file and a copy of each document must be given to the resident.

2. Grounds for Immediate Dismissal from the Program

- a. 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, behaviors or actions fulfilling these requirements are listed below.
 1. The resident knowingly or due to negligence of action places a patient, employee or any other person in danger.
 2. The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking
 3. The resident is found to be using alcohol, illegal substances or other recreational substance at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible, and safe fashion.
 4. The resident is found to carry, possess or use any weapon on the organization's property.
 5. The resident falsifies information on a document.
 6. The resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD, Pharmacy Director, and others as deemed appropriate by the RAC.
 7. Excessive absences from the program (in excess of the CTO granted annually) and an unwillingness to make up this time on a voluntary basis.
 8. The resident sexually harasses a member, employee or any other person while in performance of their duties as a resident.
 9. The resident commits an act of vandalism or theft on the organization's property.
 10. Following an investigation, the RPD in conjunction with the RAC, will review the

results of the investigation to determine one of the following recommendations by majority agreement

- a. Need for immediate dismissal
- b. Need for Immediate CAP – Involuntary dismissal may result. The CAP shall meet all the requirements outlined above. In addition, the RPD will inform such licensing or regulatory bodies as necessary regarding the details of the event(s). The RPD shall inform the resident of the results of the review.

3. Responsibilities

a. Resident Responsibilities

1. To complete all assigned residency activities in order to receive a residency certificate.
2. To comply with all of the organization's policies and procedures as well as conduct oneself in an ethical and professional manner.

b. RPD and Preceptors Responsibilities

1. To monitor each resident's progress, note deficiencies, and provide structure and activities to promote growth and success.
2. To discuss constructive criticism with the resident and develop a customized action plan along with the resident to improve performance as necessary.
3. To award a residency certificate to residents that have successfully completed the above requirements.

- c. In the event that a corrective action plan or dismissal from the program is warranted, it is the responsibility of the RPD, preceptors, and Pharmacy Director to follow organization's policies in all aspects of discipline or dismissal.

F. RELATED POLICIES AND FORMS

PGY1 Pharmacy Residency Licensure, Duty-Hours, Moonlighting, and Leave Policy

PGY1 Residency Pharmacy Preceptor Appointment, Reappointment, Development, and Expectations Policy

Corrective Action Policy

Performance Management Policy

Attendance Policy

Employee Assistance Services

G. REFERENCES

1. ASHP Accreditation Standard for Postgraduate year One (PGY1) Pharmacy Residency

Approval Signatures

Step Description	Approver	Date
Endorser	JONATHAN REYNOLDS: VP CLINICAL SERVICES	7/20/2023
Residency Advisory Committee- Endorser	SAISHA BRANCHAUD: SR DIRECTOR LAB PHARM SVCS	7/19/2023
	Melanie Mcatee: MANAGER PHARMACY	7/18/2023

COPY



Rutland Regional Medical Center

Origination 2/5/2019
Effective 7/20/2023
Last Revised 7/20/2023

Owner SAISHA
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PHARM SVCS

Area Pharmacy

PGY1 Pharmacy Residency Completion and Certificate

A. SCOPE

Pharmacy Services

B. PURPOSE

The PGY1 Pharmacy Residency Program at Rutland Regional Medical Center will provide a learning and training environment designed to advance the practice of the post graduate Doctor of Pharmacy. Residents will develop important problem-solving skills, an awareness of accountability and responsibility to patients that is essential to becoming a valuable member of the health-care team. These pharmacists will build upon their current knowledge of the medication-related care of patients and their disease states through frequent direct patient care experiences. Additionally, residents will learn to monitor and assess their own performance to continually improve practice. Residents will work to progress over the course of the residency to be more efficient, effective, and independent in providing high quality direct patient care. RPMC PGY1 Pharmacy training will prepare pharmacists for job placement, BCPS certification and/or PGY2 residency program.

C. POLICY

It is the policy of Rutland Regional Medical Center that for successful completion of the PGY1 Residency Program, the resident must complete all defined parameters. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the residency. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by the American Society of Health System Pharmacists (ASHP) and shall be signed by RPMC CEO and RPD. Residents that fail to complete the program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the residency program.

To successfully complete the RPMC PGY1 Pharmacy residents must complete all activities and

obligations outlined below:

1. Have an active pharmacist license within 90 days (120 days if extension) of the beginning of the residency to complete two-thirds of the residency as a licensed pharmacist
2. Staff as pharmacist on duty at minimum of 16 weekend shifts in the residency year, as well as one winter and one summer holiday.
3. Completes New Hire training checklist assigned in MedKeeper
 - i. Omnicell Training
 - ii. Cerner Training
 - iii. Pharmacy General Training
 - iv. Pharmacist Training Competency Checklist
 - v. Pharmacist Specific Shift Responsibilities
 - vi. Sterile and Non Sterile Compounding Competency Review
4. Complete 12 months of residency including:
 - i. 3 Longitudinal learning experiences (Policy and Formulary, Project, and Pharmacy Practice)
 - ii. 7 Core learning experiences
 - iii. 1 Elective learning experience
 - iv. Resident must complete 80% or more of their objectives as achieved for residency (ACHR) with no Needs Improvement.
5. By the second quarterly development plan, the resident should have achieved 50% of R1 (patient care) objectives, and satisfactory progress on the remainder.
 - i. If the resident has not achieved, they will be subject to a corrective action process, as outline in the Remediation, Disciplinary, Dismissal Policy
6. Complete all required evaluations in PharmAcademic:
 - i. Resident Entering Self-Assessment Form
 - ii. Self
 - iii. Preceptor
 - iv. Learning Experience
7. Complete all Duty Hours forms in PharmAcademic
8. Acknowledges all assigned policies in Policy Stat
9. *Complete the ASHP Resident Entering Self-Assessment Form*
10. Complete one major year long project with submission to RRMCMC IRB (if applicable) with presentation at ASHP MidYear, Eastern States, and/or organization level if appropriate.
11. Submission of a written manuscript to program director and research coordinator by completion of residency
12. Complete at least one medication use evaluation with presentation at P&T Committee

13. Complete at least one formulary drug review and or a minimum of two drug formulary request and present at P&T Committee
14. Complete meeting minutes for a minimum of 4 P&T meetings
15. Develop or review at least one policy or drug interchange.
16. Coordinate and co-present three medication management meetings
17. Present at least three presentations or in-services outside of the department for hospital staff or community
18. Present at least three case studies to RRMC pharmacists
19. Present at least three journal articles to RRMC pharmacists
20. Present at least 1 hour of continuing education credit
21. Write 1 article for newsletter (intuition, pharmacy department, pharmacy association)
22. Complete residency binder and provide to RPD prior to completion of residency program.
 - i. Resident may utilize Residency Binder Check list for required components

D. DEFINITIONS

Duty Hours: All scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, administrative duties, scheduled and assigned activities, such as conferences, committee meetings and conferences that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying and academic preparation time for presentations, journal clubs or travel time to and from conferences; as well as hours that are not scheduled by the residency program director/preceptor.

Summative Evaluation: Assess the residents mastery of the 33 required ASHP residency objectives. Completed by preceptors.

Formative Evaluation: can be both verbal and written and maybe formal or informal. Often this type is represented as criteria-based snapshot, performed throughout the rotation but prior to the final summative evaluation.

Competency: the quality of having the knowledge, skills, abilities, attitude, and behaviors to perform at the level of a clinical pharmacist

Needs Improvement (NI): Not performing at expected level; significant improvement is needed. Deficient in knowledge/skills, often requires assistance to complete objective, appropriate motivation not shown and/or unable to ask appropriate questions to supplement learning.

Satisfactory Progress (SP): Resident is performing/progressing at level that should eventually lead to mastery of the objective. Sometimes requires assistance to complete objective, requires skill development.

Achieved (ACH): Resident can perform associated activities independently for the objective. Rarely requires assistance to complete objective, minimum supervision required, no further developmental work is necessary.

Achieved for Residency (ACHR): Resident can perform associated activities independently across the scope of pharmacy practice. Resident consistently performs objective at achieved level for the residency. Assigning ACHR to goal or objective will be decided upon by Residency Advisory Committee.

PGY-1: Post Graduate Year 1

RPD: Residency Program Director

BCPS: Board Certified Pharmacotherapy Specialist

APPE: Advance Pharmacy Practice Experience

IRB: Institutional Review Board

P&T: Pharmacy and Therapeutics Committee

Medication Management Meeting: A reoccurring meeting every other month for nursing leadership to identify medication events, opportunities for process improvement, and incorporate events from other institutions using such resources as ISMP.

MUE (Medication use Evaluation): A quality improvement activity, that involves evaluating evidence-based criteria to determine the health system's compliance with established standards. Interventions could then be used to improve any aspect of the medication-use process

Drug Formulary Request: A process of formally requesting a new medication to be added to the RRMC formulary, requires presentation at P&T

Formulary Drug Review: A process for assessing the appropriateness of medications on hospital formulary

Four Preceptor Roles: Direct Instruction, Modeling, Coaching, Facilitation

Direct Instruction: Teaching of content that is foundational in nature. Information is necessary to proceed to application in clinical problem solving/patient care

Modeling: Demonstrating a skill or process while allowing the learner to observe the approach/ problem solving as you "think out loud" or talk through the thought process

Coaching: Learner performs a skill while being observed by the preceptor who provides ongoing feedback during the process

Facilitation: Allowing the learner to perform independently while remaining available and de-briefing after the fact

E. PROCEDURE

1. Satisfy all ASHP Duty Hour Requirements
2. Successful completion of all required rotations and completion of additional elective rotations totaling 12 months of full residency participation

- a. Rotation objectives and goals will be rated as: Need Improvement, Satisfactory Progress, Achieved, or Achieved for Residency
 - b. Resident must complete 80% or more of their objectives as achieved for residency (ACHR)
3. Achieved Definition:
- a. Competently and safely care for patient at a level for all pharmacists at RRMC
 - b. Present patients and information, both written and verbal in clear order and a concise manner
 - c. Provide timely responses to drug information questions
 - d. Demonstrates an advanced level of problem solving, prioritization and time management skills
 - e. Demonstrates knowledge and use of available resources
 - f. Demonstrates reliability, responsibility, and trustworthiness
 - g. Promotes an amiable, productive work environment
 - h. Demonstrates ability to monitor and assess their own performance to continually improve their practice
4. Completion of all PharmAcademic® required documentation, within 7 days of due date.
5. Participate in residency evaluation process both written and verbal.
- a. Evaluations will be submitted using PharmAcademic. All evaluations are expected to be completed in PharmAcademic within one week of the conclusion of an experience
 - b. Resident Required Evaluations
 - i. Resident Entering Self-Assessment Form
 1. Each resident is required to complete the ASHP Resident Entering Self-Assessment Form prior to start of residency year. Through the use of this narrative form, it will allow the RPD to develop a customized training plan focusing on areas where improvement is desired. This form addresses the following areas.
 - Entering Self Reflection
 - Career goals, both short and long term
 - Current practice interests
 - Strengths including direct patient care skills as well as personal strengths
 - Personal opportunities for improvement
 - Current strategies for maintaining well-being and resilienc
 - Entering Self-Evaluation of Current Skills Relative to

Each Required Competency Areas, Goals, and Objectives (CAGO's)

- Strengths, opportunities for growth/ improvement for each of the following competency areas
 - Competency Area R1: Patient Care
 - Competency Area R2 Advancing Practice and Improving Care
 - Competency Area R3: Leadership and Management
 - Competency Area R4: Teaching, Education, Precepting, and Dissemination of Knowledge
- The results of any additional assessments that would be useful to share with your RPD and preceptors such as preferred learning style or personality assessments (e.g., DISC®, Grit Test, Myers-Briggs Type Indicator®, Strengthsfinder 2.0, The Four Tendencies Quiz, VARK®)

ii. Resident Self-Evaluation

- Self-reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives. At a minimum, residents should discuss the following as part of self-evaluation:
 - What did I do?
 - How well did I do it?
 - What did I learn?
 - What will I do differently next time?
- Will be assigned in PharmAcademic on 1st of month

iii. Resident Summative Evaluation of Preceptor

- As our part of our commitment to lifelong learning and growth, preceptor's welcome feedback from the residents as to how they can continue to challenge and guide residents through the residency.
- At a minimum, residents should address the following as part of the preceptor evaluations:
 - What were the preceptor roles that the preceptor most frequently utilized (from the 4 ASHP preceptor roles-

Instructing, Modeling, coaching, facilitating)?

- What are the preceptor's strengths?
- What did I learn from this preceptor?
- What could the preceptor do to make future experiences more valuable?

iv. Resident Summative Evaluation of Learning Experience

- At a minimum, residents must provide one suggestion for improvement of the learning experience

v. Co Resident/ Preceptor Project/Presentation Evaluations

- Residents to provide feedback of co resident's and preceptors' projects/presentations utilizing the following evaluation forms
 - Journal Club Evaluation Form
 - Presentation Evaluation Form- for both case presentations and formal topic presentations

c. Preceptors will use a combination of formative and summative evaluations to provide feedback to the resident

- a. Residents will receive feedback from preceptors during rotations, at end of rotations, when presenting projects/journal clubs, and at transition to next learning experience.
 - b. Residents will be responsible for scheduling Preceptor to Preceptor hand off between each learning experience.
6. Complete year-long project that will benefit pharmacy practice at RRMCC. Project manuscript must be submitted to the Residency Program Director (RPD). Resident has option to submit for publication. Must be presented at ASHP Midyear Eastern States Residency conference, and/or organizational level.

F. RELATED POLICIES AND FORMS

PGY1 Pharmacy Residency Licensure, Duty-Hours, Moonlighting, and Leave Policy

PGY1 Residency Disciplinary/ Dismissal Policy

PGY1 Residency Pharmacy Preceptor Appointment, Reappointment, Development, and Expectations Policy

G. REFERENCES

ASHP Accreditation Standard for Postgraduate year One (PGY1) Pharmacy Residency Programs. July 2023. <https://www.ashp.org/Professional-Development/Residency-Information>. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

Attachments

[01. Requirements to Complete Residency Program Check list](#)

[02. Residency Binder Requirements Check List.docx](#)

[03. Resident Completion Certificate.docx](#)

[04. P&T Formulary Request Form](#)

[04. P&T Formulary Addition Writeup Summary.docx](#)

[05a. Medication Utilization Guidance](#)

[05b. Medication Use Evaluation Template](#)

[06. Longitudinal Project Approval Form](#)

[07. RPMC Journal Club Template.docx](#)

[08. Evaluation Form- Presentation.docx](#)

[08. Evaluation Form-Journal Club](#)

Approval Signatures

Step Description	Approver	Date
Endorser	JONATHAN REYNOLDS: VP CLINICAL SERVICES	7/20/2023
Residency Advisory Committee- Endorser	SAISHA BRANCHAUD: SR DIRECTOR LAB PHARM SVCS	7/19/2023
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Rutland Regional Medical Center

Origination 2/5/2019

Effective 7/20/2023

Last Revised 7/20/2023

Owner SAISHA
BRANCHAUD: SR
DIRECTOR LAB
PHARM SVCS

Area Pharmacy

PGY1 Residency Pharmacy Preceptor Appointment, Reappointment, Development, and Expectations Policy

A. SCOPE

Pharmacy Services

B. PURPOSE

To provide criteria for pharmacy personnel wishing to become preceptors.

To outline how the residency program director determines if prospective and current residency preceptors meet the standards set forth by this residency program and/or the American Society of Health-Systems Pharmacists (ASHP).

To establish policies and procedures for preceptor development and improvement in accordance with the ASHP accreditation standards for PGY-1 pharmacy residency programs.

To define strategies for ongoing preceptor program improvement and to define a plan of action to ensure a high level of competency for all pharmacists involved in precepting PGY-1 pharmacy residents.

To ensure pharmacist continue to maintain adequate preceptor qualification

C. POLICY

1. All pharmacists are encouraged to work towards becoming preceptors for new staff, pharmacy students, and/or pharmacy practice residents
2. Preceptors must meet criteria included in this policy and procedure to be designated as a preceptor
3. Preceptors that do not meet criteria must have two year development plan to maintain preceptor status.
4. The Rutland Regional Medical Center residency program director will provide activities,

opportunities, and resources for preceptor development and improvement.

5. The RPD will evaluate preceptors' competence annually, if an individual development plan is deemed necessary the preceptor and RPD will collaboratively determine and document this plan.
6. Preceptor development plan will be completed annually by RPD to ensure preceptors obtain and maintain preceptor status, with goal of perpetual improvement.

D. DEFINITIONS

Residency Program Director (RPD): The pharmacist responsible for the direction, conduct, and oversight of the residency program.

Preceptor: an expert pharmacist who gives practical experience and training to a pharmacy residents and/or pharmacy students. Preceptors have responsibility for the evaluation of resident and student performance.

Residency Advisory Committee (RAC): chaired by the RPD, is comprised of department leadership and residency preceptors. Members of the committee have an integral role in the development and evaluation of programming for postgraduate trainees. The RAC will evaluate the performance of the residents; provide feedback, clinical expertise, and independent/unbiased review of the residency program

Residency Program Coordinator (RPC): preceptor formally serving in conjunction with and oversight of an RPD to manage defined duties/activities related to residency conduct consistent with ASHP Standard 4.1.c.

ASHP: American Society of Health-System Pharmacists

PGY1: Postgraduate year one

PGY2: Postgraduate year two

IPPE: Introductory Pharmacy Practice Experience. Experiential education that occurs during first 3 years of pharmacy school .

APPE: Advanced Pharmacy Practice Experience. Experiential education that occurs during last year of pharmacy school.

CE: Continuing Education

ACPE: Accreditation Counsel for Pharmacy Education

PharmAcademic: Residency Learning System

BPS: Board of Pharmacy Specialties

Four Preceptor Roles: Direct Instruction, Modeling, Coaching, Facilitation

Direct Instruction: Teaching of content that is foundational in nature. Information is necessary to proceed to application in clinical problem solving/patient care

Modeling: Demonstrating a skill or process while allowing the learner to observe the approach/ problem solving as you "think out loud" or talk through the thought process

Coaching: Learner performs a skill while being observed by the preceptor who provides ongoing feedback during the process

Facilitation: Allowing the learner to perform independently while remaining available and de-briefing after the fact

E. PROCEDURE

1. Appointment and Reappointment of Residency Program Preceptors

- a. The process for the appointment and selection of preceptors is inclusive of all pharmacists within the organization who are interested in precepting and serving in a position aligning with the structure and learning experiences of the program.
- b. All preceptors will meet the criteria stated in the ASHP Accreditation Standards for the respective residency programs served.

i. Initial Appointment:

- A. All residency preceptors will be required to complete and submit their ASHP Preceptor Academic and Professional Record (APR) Form to the RPD and/or RPC
- B. The RPD and/or RAC will review preceptor eligibility and qualifications based on the completed APR to ensure ASHP criteria. Upon verification of APR form and qualifications, approval will be documented in the RAC meeting minutes.
- C. Preceptors not meeting ASHP criteria will require the following
 1. Preceptor Development Plan for plan documentation to meet criteria in the next two years
 2. The RPD and/or RAC will review the progress towards completion annually for the preceptor not meeting requirements.

ii. Re-Appointment Criteria and Process

- A. Preceptors serve as role models for learning experiences. They must:
 1. Contribute to the success of residents and the program
 2. Provide learning experiences in accordance with ASHP Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs Standard 3
 3. Participate actively in the residency program's continuous quality improvement processes
 4. Demonstrate practice expertise, preceptor skills, and strive to continuously improve
 5. Adhere to residency program and department policies pertaining to residents and

- services
- 6. Demonstrate commitment to advancing the residency program and pharmacy services.
- B. In addition to submitting the required and updated APR Form to the RPD and/or RAC on an annual basis, all active and approved preceptors must be in compliance with the following criteria:
 - 1. Timely completion and submission of program evaluations (must be completed within seven days of the due date)
 - 2. Employs the four preceptor roles (direct instruction, modeling, coaching, and facilitating)
 - 3. Maintains the learning experience description to include all required elements
 - 4. Attends a majority of RAC meetings
 - 5. Completion of the annual preceptor self-assessment by start of each residency year.
- C. Preceptors must have at least two continuing education credit per license renewal period in preceptor development
- D. The RPD and/or RAC will yearly review all preceptor criteria and APR to ensure continued compliance with ASHP standards

2. Pharmacy Resident Preceptors

i. Pharmacy Preceptors' Eligibility

- a. Pharmacist preceptors must be licensed pharmacists who:
 - 1. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted; or
 - 2. Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
 - 3. Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience in the area precepted
 - 4. Register with the Vermont Board of Pharmacy as a preceptor and maintain a preceptor endorsement

ii. Preceptors' Qualifications

- a. Preceptors must demonstrate the ability to precept residents' learning experiences as evident by
- b. Content knowledge/expertise in the area(s) of pharmacy practice precepted.
 - 1. Preceptors demonstrate at least one example of the following related to the area of pharmacy practice precepted (Academic and Professional Record):
 - a. Any active BPS Certification(s) (type(s) and expiration date).

- b. Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
 - c. Completion of Pharmacy Leadership Academy (DPLA).
 - d. Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
 - e. For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
 - f. Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
 - g. Privileging granted by preceptor's current organization that meets the following criteria:
 - i. Includes peer review as part of the renewal process.
 - ii. Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria
 - iii. If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
 - h. Subject matter expertise as demonstrated by:
 - i. Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. or
 - ii. Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. or
 - iii. PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. or
 - iv. At least 5 years of practice experience in the area precepted.
- c. Contribution to pharmacy practice in the area precepted.
1. Preceptors demonstrate contribution to pharmacy practice in the area precepted by documenting at least one example that meets the following criteria (Academic and Professional Record). Examples are from the last four years of practice and occurred after preceptor obtained pharmacist licensure and after completion of residency training, if applicable.

- a. Contribution to the development of clinical or operational policies/ guidelines/protocols. or
 - b. Contribution to the creation/implementation of a new clinical or operational service. or
 - c. Contribution to an existing service improvement. or
 - d. Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees. or
 - e. In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different inservices/ presentations given in the past 4 years, OR a single inservice/presentation given at least annually within the past 4 years.
- d. Role modeling ongoing professional engagement.
- 1. Role modeling ongoing professional engagement is demonstrated by documenting at least 3 types of ongoing professional engagement (Academic and Professional Record).
 - 2. Examples are from the last four years of practice with the exception of formal recognition of professional excellence over a career, which is considered a lifetime achievement award. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/ regional level.
 - 3. Examples are from the last four years of practice and occurred after pharmacist licensure obtained and, if applicable, residency training completed. Completion of a teaching certificate program is the only exception, as it could be obtained during residency training.
 - 4. Types of professional engagement include:
 - a. Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at state or regional level).
 - b. Primary preceptor for pharmacy APPE/IPPE students (does not include precepting residents).
 - c. Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site).
 - d. Service (beyond membership) in national, state, and/or local professional associations. o Presentations or posters at local, regional, and/or national professional meetings (coauthored posters with students/residents are acceptable).
 - e. Completion of a teaching certificate program.
 - f. Providing preceptor development to other preceptors at the site.

- g. Evaluator at state/regional residency conferences; poster evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations.
 - h. Publications in peer-reviewed journals or chapters in textbooks.
 - i. Formal reviewer of submitted grants or manuscripts.
 - j. Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s).
 - k. Community service related to professional practice (e.g., free clinic, medical mission trip).
 - l. Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).
 - m. Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.
- e. Preceptors who do not meet criteria for 4.6.a, 4.6.b, and/or 4.6.c have a documented individualized preceptor development plan to achieve qualifications within two years.
- f. Non-pharmacist preceptors
1. When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:
 - a. The learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
 - b. The pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

3. Residency Program Director

i. Residency Program Director Requirements

1. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization
2. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
3. The RPD may delegate, with oversight, to one or more individuals (residency program coordinator(s) administrative duties/activities for the conduct of the residency program

ii. Residency Program Director Eligibility

- a. RPDs must be a licensed pharmacist who:
 1. have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of relevant pharmacy practice experience; or

2. have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of relevant pharmacy practice experience; or
3. without completion of an ASHP-accredited residency, have five or more years of relevant pharmacy practice experience.

iii. RPDs must exhibit the following qualifications

- a. Serve as a role model for pharmacy practice
- b. demonstrate ongoing professionalism and contribution to the profession
- c. Represent pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization
- d. Residency Program Director Qualifications

4. Preceptor Expectations

- A. Each residency learning experience preceptor is responsible for the following activities:
 1. Preparing/updating learning experience descriptions as instructed by the residency program director
 2. Orienting residents to their particular learning experience prior to or on the first day of the learning experience
 3. Reviewing resident development plans in order to modify learning experiences based upon resident strengths and areas for improvement
 4. Providing timely, qualitative formative feedback to the resident
 5. Completing all summative evaluations within the electronic evaluation system within one week of the completion of the learning experience
 6. Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations
 7. Completing yearly self evaluation and update CV and A&P on a yearly basis.
- B. Preceptor Evaluations of Pharmacy Residents:
 1. Preceptors will use a combination of both Formative and Summative evaluations.
 - a. Formative: Monitors the learner in order to provide ongoing feedback. This helps the learner identify strengths and weaknesses and target areas that need work. A criteria-based snapshot performed throughout the rotation. Maybe formal or informal, written or verbal.
 - i. Residents who are not progressing according to expectations receive more frequent formative feedback
 - ii. Help preceptors recognize where the learner is struggling and develop an effective strategy to correct the deficiency
 - iii. Strategies include but not limited to: requiring rough draft before final is due, asking learner to identify in one to two sentences the main points after each topic discussion, asking learner to apply

concept learned to another disease or issue.

- b. Summative: Assesses learning at the end of an instructional unit for competency.
 - i. Written criteria based summative assessment to evaluate the resident’s achievement of objectives at the end of a learning experience. Assess the resident’s mastery of the 33 required ASHP residency objectives.

2. Preceptors will utilize the following Rating Descriptions when completing evaluations.

Rating Description	Criteria Definition
NI: Needs Improvement	<ul style="list-style-type: none"> • Resident’s level of skill on the goal does not meet the preceptor’s standards of achieved or satisfactory progress. • Resident was unable to complete assignments on time and/or required significant preceptor oversight • Resident’s aptitude or clinical abilities were deficient • Unprofessional behavior was noted
SP: Satisfactory progress	<ul style="list-style-type: none"> • Resident’s skill levels has progressed at a rate that will result in full mastery by the end of the residency program • Resident is able to perform with some assistance from the preceptor • Improvement is evident throughout the experience
ACH: Achieved	<ul style="list-style-type: none"> • Resident has fully mastered the goal/skill based on their residency training • Resident has performed the skill consistently with little or no assistance from the preceptor
ACHR: Achieved for Residency	<ul style="list-style-type: none"> • When sufficient evidence is presented in the form of feedback from preceptors (summative evaluations, formative) and deliverables (documents uploaded) to indicate that a resident has achieved a residency goal, it will be marked as such in PharmAcademic • Will be marked by the RPD quarterly based on

	feedback from the RAC
NA	• Not applicable

3. A resident must have 'Achieved' the objectives at least once for competency R1 and upon preceptor consensus for other competency areas before you can 'Achieve for Residency'.
 - a. Preceptors on subsequent rotations will not be required to evaluate (but they still have the option).
 - b. It makes it clear to all subsequent preceptors that this item has been 'Achieved for Residency'.
 - c. It lets the resident know that we are monitoring their progress as a whole, not just on each experience.
 - d. RPD can change the evaluation status of an objective to 'Achieved for Residency' status if warranted.

4. Evaluation documentation

- a. Evaluations may be both written or verbal.
- b. Evaluations will be submitted using PharmAcademic. All evaluations are expected to be completed in PharmAcademic within one week of the conclusion of an experience
- c. Verbal evaluations should be documented with the date and topics of discussion under the feedback section in PharmAcademic.

C. Preceptor Required Evaluations

1. Formative Evaluation of Resident

- a. Can be both verbal and written and maybe formal or informal.
- b. Monitors the learner in order to provide ongoing feedback.
- c. Helps learner identify strengths and weaknesses and target areas that need work
- d. Assist preceptor to recognize where the learner is struggling and plan instruction to better meet those needs

2. Summative Evaluation of Resident

- a. Written evaluation of what the resident did well and what they can improve upon.
- b. Should include:
 - i. Specific examples of how the resident is working to meet the objective. Describe what is it about the activity that indicated the resident in on track to achieving the objective.
 - ii. If the resident has not yet achieved the objective, list what

specifically the resident should do to achieve the objective.

- c. Occur at the end of each learning experience and at least quarterly during longitudinal experiences
3. Resident Project/Presentation Evaluations
 - a. Preceptors to provide feedback of residents projects/presentations utilizing the following evaluation forms
 - i. Journal Club Evaluation Form
 - ii. Presentation Evaluation Form- for both case presentations and formal topic presentations
4. Preceptor hand off to next learning experience
 - a. Pharmacy resident to schedule meeting between resident, current preceptor, and future preceptor to discuss
 - i. strengths, weaknesses, and adaptations for future learning experiences
 - ii. Residents wellbeing and resilience during learning experience and concerns for next learning experience
 - b. Preceptors will document preceptor to preceptor hand off in PharmAcademic. It will include a summary of verbal conversations, Date, topic discussed, and preceptors/residents in attendance
5. Self- Evaluation
 - a. Preceptors are required to complete the Self-Evaluation Survey Form on a yearly basis
 - b. In collaboration with RPD, Preceptors not meeting full requirements are required to complete the Preceptor Development Plan

F. RELATED POLICIES AND FORMS

N/A

G. REFERENCES

Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. Updated 2023. Available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

Preceptor Self-Assessment Tool developed by University of Washington School of Pharmacy based on student-valued teaching behaviors. O'Sullivan et al. Student-Valued Measurable Teaching Behaviors of Award-Winning Pharmacy Preceptors. Am J Pharm Educ 2015; 79(10).

Attachments

[AP Record Form-Residency.pdf](#)

[Preceptor Development Plan.docx](#)

[Preceptor Self Evaluation.docx](#)

Approval Signatures

Step Description	Approver	Date
Endorser	JONATHAN REYNOLDS: VP CLINICAL SERVICES	7/20/2023
Residency Advisory Committee- Endorser	SAISHA BRANCHAUD: SR DIRECTOR LAB PHARM SVCS	7/19/2023
	SAISHA BRANCHAUD: SR DIRECTOR LAB PHARM SVCS	7/19/2023

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