



Reading Hospital

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# READING HOSPITAL **Rx** AMBULATORY PHARMACY

Department of Pharmacy

PGY1 Residency Program  
Reading Hospital/Specialty Pharmacy

DEPARTMENT OF PHARMACY  
PGY1 – Reading Hospital/Specialty Pharmacy

Policies and Procedures Manual

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## Program Scope

### Purpose Statement

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

### Education Standards

The PGY1 Reading Hospital/Specialty Pharmacy Residency Program has been designed in accordance with the American Society of Health-System Pharmacists (ASHP) accreditation standards approved by the ASHP Board of Directors effective July 1, 2023.

### Program Goals and Objectives

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

### Purpose

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

### Competency Areas

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

Over the course of residency, the resident will have learning experiences and opportunities to achieve the educational goals and objectives outlined in the [ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#).

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

## Program Structure

### Program Governance

#### *Residency Advisory Committee*

The Residency Advisory Committee, or RAC, governs the residency program. The RAC is comprised of preceptors and select members of the pharmacy leadership group. The committee is chaired by the Residency Program Director (RPD) and meets routinely (at least quarterly) to review and discuss the progress of the residents. Interactive feedback within the committee is utilized to direct the resident's current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The group will recommend modifications to the resident's schedule as necessary. The final quarter meeting is utilized for feedback from residents to provide guidance for future changes in residency program or structure. The RAC committee reviews and discusses qualifications/reappointment for preceptors at least every 4 years.

#### *PGY1 Pharmacy Resident Advisor*

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

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

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

the resident and the RPD, managers of the pharmacy department, or preceptors within the residency program.

#### *RPD Eligibility and Qualifications*

Qualifications to serve as RPD of the PGY-1 Reading Hospital/Specialty Pharmacy Residency Program are in accordance with Criteria set forth by ASHP.

PGY1 RPDs are licensed pharmacists from the practice site who: completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience; or completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience; or has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

The RPD will follow ASHP requirements for continued eligibility by contributions to pharmacy practice, participation in drug policy/workgroups, ongoing professional engagement, and creating an environment that leads to professional growth. This will be reflected in the academic and professional record (APR).

When interim leadership for a residency program is required due to vacancy or leave of absence of the RPD, the director of pharmacy or administrative authority such as the RAC, may appoint a pharmacist to serve as interim RPD. The interim appointment is acceptable for a period of no longer than 120 days.

#### *Preceptor Eligibility and Qualifications*

Qualifications to serve as a preceptor of the PGY-1 Reading Hospital/Specialty Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

PGY1 preceptors must be licensed pharmacists who have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or have completed an ASHP-accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

Preceptors will follow ASHP requirements for continued eligibility by continued content knowledge/expertise in the area of pharmacy practice precepted, contributions to pharmacy practice in the area precepted, and active practice in the area precepted in order to guide and teach residents in the area precepted, and provide role modeling and professional engagement. This will be reflected in the APR.

Preceptors who do not meet qualifications will have an individualized preceptor development plan in order to meet qualifications within 2 years. Progress will be evaluated in RAC meetings. Preceptor appointment and reappointment decisions will be approved by RAC each year prior to the start of a new residency class and will be documented in meeting minutes and the preceptor roster.

## Resident Appointment

### *Qualifications*

Qualifications for participation in the PGY-1 Reading Hospital/Specialty Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

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

Residents must be licensed or eligible for licensure in Pennsylvania by the start of the residency program.

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

### *Application Requirements*

Residency candidates are required to submit the following items for application to the PGY-1 Reading Hospital/Specialty Pharmacy Residency Program:

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

The completeness of the application materials submitted via PhORCAS is assessed by the RPD. Complete applications of eligible candidates are reviewed by the RPD, current pharmacy resident, and/or select pharmacy preceptors, applying a rubric to guide the selection of qualified candidates to present to the RAC to consider for virtual interviews. The rubric allows for a more holistic review of the residency candidates allowing a combination of unique experiences and backgrounds in conjunction with traditional didactic measures of performance with the goal to enhance a diverse group of pharmacy residents. No more than 9 interviews will be offered for each available residency position. Selected candidates are requested to provide their availability for interview, selecting at least 3 potential dates and times from those offered. Interviews will be scheduled to best accommodate availability of invited candidates.

Selected candidates will be offered a virtual interview to allow those with the inability to travel to have the same opportunities as candidates who are capable of travel. The interview will include presentation of a clinical pearl, time with the current residents (when applicable), residency preceptors, and department leadership, including the RPD and hospital-based PGY1 RPD. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions regarding the program and the requirements for completion.

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

Should participation in Phase II of the ASHP Match be necessary, a similar but expedited applicant and candidate assessment will be applied. Completeness of the application materials submitted via PhORCAS will be assessed by the RPD. Complete applications of eligible candidates will be reviewed by the pharmacy residents and/or RPD, applying an abbreviated rubric utilized in Phase I and presented to the RAC to consider for interview. No more than 9 interviews will be offered for each available residency position. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions. Preceptors and departmental leadership who participate in candidate interviews will complete a Post-Interview Candidate Assessment and participate in ranking discussions. Phase II candidates will be ranked based on consensus of participating interviewers and the Phase II rank order list will be submitted to the Resident Matching Program.

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

#### *Acknowledgement of Residency Match and Pre-Employment Requirements*

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

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

#### *Pharmacy Licensure Verification*

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

The resident will provide the RPD confirmation that:

- He/she has already taken the NAPLEX and the PA pharmacy law exam, or
- He/she will take the PA law exam upon transfer of NAPLEX scores from another state, or
- He/she already has a valid PA pharmacy license.
- Upon notification of completion of the licensure requirements, the resident will provide documentation of licensure to the RPD.



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

## The Educational Program

### Program Requirements:

Successful candidates are asked to complete the ASHP PGY1 Pharmacy Resident Entering Self-Assessment Form via PharmAcademic prior to their arrival for the start of the residency. This will aid residents in identifying areas of strength, weakness, and interest. These forms are also utilized in developing the residents' training schedule and the residency plan for each resident.

### *Required, Selective Required, and Elective Learning Experiences*

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

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

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

- Orientation/Staffing (*1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> block*) - 5 weeks (+ 2 intro weeks)
- Acute Care Rotation (*3<sup>rd</sup> or later block*) - 5 weeks

Selective required rotation learning experiences with minimum lengths and general scheduling sequence:

- 3 specialty rotations based on resident interest and preceptor availability (*1<sup>st</sup> or later block*):
  - Oncology/Hematology - 5 weeks
  - Neurology - 5 weeks
  - A4 Specialty Clinics - 5 weeks
  - Infectious Disease - 5 weeks
  - Cardiology - 5 weeks

- 2 ambulatory rotations based on resident interest and preceptor availability (*1<sup>st</sup> or later block*):
  - Internal Medicine - 5 weeks
  - Family Health - 5 weeks
  - Endocrine/Weight Management - 5 weeks

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

- Any of the above listed experiences, not previously completed
- Advanced rotations for the available specialty/ambulatory rotations or others may be developed based on resident interest and preceptor availability, but no more than 2 blocks may be completed in one therapeutic area

### *Longitudinal Learning Experiences*

Requirements of the mandatory year-long longitudinal learning experiences are described below. The learning experiences are:

- Health-System Ambulatory Pharmacy Practice
- Population Health
- Leadership and Administration
- Project/Research
- Drug Use Policy
- Teaching/Precepting
- Ambulatory On-Call Specialist

### *Health-System Ambulatory Pharmacy Practice*

Each resident is required to complete a pharmacy practice component of the residency program. This service component, often referred to as staffing, is crucial to the development of professional practice and distribution skills to ensure provision of safe and effective pharmaceutical care. Through this longitudinal experience, the resident will develop insight into the operations, policies, and procedures of the ambulatory/specialty pharmacy.

The service component of the residency program is fulfilled by each resident staffing every third weekend, every third Friday evening, and two holidays [Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day and Memorial Day]. Christmas Eve and New Year's Eve are regular attendance days with residency and rotation responsibilities.

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

### *Population Health*

Each resident is required to spend a minimum of four hours each week participating in patient care activities related to population health. Residents will be trained in the clinical care activities during the orientation block and then will be assigned patients and activities for longitudinal follow-up throughout the year. Scheduled times may vary depending on current rotation activities and staffing needs.

### *Leadership and Administration*

Each resident will spend time with pharmacy management, engaging in projects and activities that contribute to departmental and organizational operations and excellence. Residents will gain an understanding of factors influencing current pharmacy services and future planning. Specific activities will vary based on departmental needs, but residents will gain an understanding of relevant accreditation standards, clinical program development, 340b program requirements, and other administrative duties.

### *Project/Research*

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

The typical resident project includes the following steps:

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

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

### *Drug Use Policy:*

To include the following experiences:

*Medication-related policy or intervention development:* Each resident is required to participate in the preparation or revision of a drug class review, monograph, treatment guidelines, treatment protocol, utilization management criteria, and/or order set development. Project selection will be based on a combination of resident interest and departmental needs. The results of the project will be presented to the relevant committee and/or departmental body.

*Participation on teams and committees:* Each resident is required to participate in the monthly Clinical/Quality Navigator Committee and quarterly pharmacist navigator meetings. Pharmacy

residents may share responsibility for taking minutes and preparing quarterly newsletters to communicate actions and decisions of the committee to the general pharmacy staff.

*Medication Safety:* The resident will complete activities related to medication safety and present findings at relevant meetings. Activities will include review and preparation of assessments of risk for new specialty medications, review and assessment of ISMP newsletters for relevant safety alerts, and other safety related interventions and communications. The objective of this participation is to provide the resident with the opportunity to better understand the Quality Improvement process and how it impacts the functioning of the pharmacy department as well as patient care within the Reading Hospital.

*Contracting and Reporting:* The resident will gain experience in contracting and required medication utilization reporting required for limited distribution medications and restricted insurance contracts.

#### *Teaching/Precepting*

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

Each resident may present an in-service program to the Department of Pharmacy during the residency program depending on availability. The goal of this requirement is to improve the resident's communication skills, literature evaluation, and presentation techniques.

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

Residents will be given opportunities to participate in and conduct staff education, as well as conferences and symposia outside the department by invitation.

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

#### *Specialty Pharmacist On-Call*

Resident will rotate through the pharmacist on-call schedule every 4 weeks. On-call hours will begin Monday at 8AM on the assigned week and will end at 8AM the following Monday. The resident must coordinate pager hand-off to and from other pharmacists as dictated by the on-call schedule, accessible to the resident. The resident is not required to be on-site during on-call hours but must be within 1 hour of the hospital if needed for emergent issues. Any calls received during the on-call period will be documented by the resident in the [On-Call Log](#) and will be reviewed at monthly pharmacy meetings. Any time spent engaging in an on-call activity outside of normal work hours will be counted as duty hours and will be tracked by the resident according to the duty hour requirements per ASHP standards.

If a resident is unable to complete the responsibilities required for the on-call program, the resident will be paired with another pharmacist as back-up. The RPD is responsible for monitoring duty hours and ensuring that on-call duties do not interfere with the resident's ability to complete other rotation responsibilities due to sleep deprivation or fatigue. The on-call schedule may be modified to reduce hours or limited days if deemed necessary for the wellbeing of the resident and patient safety.

#### *Customized Residency Plan*

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

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

#### *Participation in Recruitment Efforts*

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

#### *Resident Portfolio*

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

1. Curriculum Vitae
2. Initial assessment
3. Residency plan and updates
4. Schedule
5. Global assessments – quarterly longitudinal rotation evaluations, RPD's progress reports, all rotation self-evaluations
6. Rotations – goals and objectives, projects, preceptor evaluation of resident, resident evaluation of preceptor
7. Teaching – in-services, cases, educational programs (handouts, outlines, slides)
8. Research – proposal, abstract, IRB application, etc.
9. Other - MUEs, monographs, reports, etc.

## Evaluation and Assessment

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

### Informal, verbal feedback

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

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

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

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

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

Routine progress report: The resident's progress on goals and objectives as well as their program plan are discussed routinely at RAC meetings. Quarterly, a written assessment and update of the resident plan will be prepared collaboratively by the RPD and the resident advisor and shared with the resident. The summative evaluations and criteria-based checklists will provide the basis for the progress report.

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

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

### Requirements for Completion of Residency

- Complete 12 months of full-time service
- Completion of all mandatory rotation learning experiences and associated requirements
- Completion of all requirements associated with longitudinal learning experiences
  - Research project
    - completed project presented at regional residency conference or approved alternate venue
    - submission of manuscript in publishable format
  - Drug Use Policy activity
    - Completed policy or medication-use improvement activity with recommendations and conclusions presented to Navigator Committee and/or appropriate interdisciplinary team
  - Journal Clubs
    - Evaluate, present, and lead discussion of published article on at least two occasions
  - Departmental In-Service
    - Prepare and conduct a minimum of one staff education program
- Completion of all assigned evaluations
- A minimum of 80% of the competency goals must be evaluated as Achieved for Residency without persistent evaluations indicating Needs Improvement

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

### Remediation

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

Academic Supervision/Suspension: If remediation efforts have been unsuccessful, the RPD has the authority to place individuals on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

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

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



### *Dismissal*

Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the RPD and requires the support of the RAC.

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

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

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

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

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

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of 37 days, the COO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the RPD and Director of Pharmacy, the resident may be placed on a leave of absence.

## General Information

### Salary/Earned Time Off (ETO)

- PGY1 pharmacy residents will receive a stipend equivalent to standard PGY-1 residency programs
- Residents are granted a total of 96 hours of Earned Time Off and 96 hours of IPT for the 12-month program.

### Moonlighting (internal or external)

- Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- Opportunities may be present for the resident to take on additional staffing hours if there is a departmental need.
- Eligibility to take on additional staffing hours will be contingent on the resident's ability to staff independently and may require additional onboarding activities.

- Resident eligibility to participate in internal moonlighting must be approved by the RPD in consensus with the pharmacy manager.
- All moonlighting hours (both internal and external) MUST be reported to the RPD and tracked to ensure the resident is not working excessive hours, interfering with achievement of program goals and objectives or negatively impacting patient care.
- Moonlighting may not result in duty periods exceeding 16 hours.
- A minimum of 8 hours (preferably 10 hours) must elapse between duty periods.
- If a resident's ability to perform expected patient care activities is compromised, the RPD, resident advisor and rotation preceptor will develop a strategy to address the issue(s).

### Benefits

- Health Insurance: comprehensive medical, dental, and eye coverage – eligible the first full month after hire date.
- Reimbursement for one major national meeting (ASHP Midyear Clinical Meeting) and for the Eastern States Residency Conference.
- Additional benefits (provided and optional) are detailed in the Tower Health Employee Benefit Highlights Handbook
- Each resident will have their own assigned desk, laptop, and/or desktop

### Vacation/Personal Days

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

### Sick Days/Extended Illness

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

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

#### Leave of Absence

- Personal leave for any reason (e.g. illness, family, professional) may be granted to the resident at the discretion of the RPD, with advice from the RAC, upon review of the circumstances surrounding the request for leave. All personal leave is unpaid. In general, residents would be eligible for up to 37 days of unpaid leave, but the duration of approved leave would be determined on an individual basis, taking all extenuating circumstances into consideration. The expectation is that the program end date would be extended by a duration equivalent to the leave of absence to allow fulfillment of the 12-month service obligation and completion of all residency requirements. If absence extends past 37 days, dismissal from the program would ensue. As outlined previously, all requirements of the pharmacy residency program must be satisfied within the time allotted to complete the residency and receive the residency certificate. The RAC will determine if, and when, the resident has met all requirements for program completion.