

Department of Pharmacy

PGY1
Pharmacy Residency Program

DEPARTMENT OF PHARMACY
PGY1 – PHARMACY RESIDENCY PROGRAM

Policies and Procedures Manual

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Program Scope

Purpose Statement

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

Education Standards

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

Program Goals and Objectives

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

Purpose

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

Competency Areas:

Competency areas are broad categories of the residency graduates' capabilities. Educational goals are broad statements of ability, while objectives are observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. The educational goals and objectives listed below can be found in ASHP's documents entitled: "Required competency areas, goals, and objectives for postgraduate year one (PGY-1) pharmacy, community-based, and managed care residency programs." 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 these educational goals and objectives outlined in the PGY1 Harmonized CAGO.

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

Program Structure

Program Governance

Residency Advisory Committee

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

PGY1 Pharmacy Resident Advisor

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

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

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

RPD Eligibility and Qualifications

Qualifications to serve as RPD of Reading Hospital PGY-1 Pharmacy Residency Program Director 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 their 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 residency advisory committee (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 Reading Hospital PGY-1 Pharmacy Residency Program Director 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 area precepted, 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 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 Reading Hospital PGY1 Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

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

Residents must be licensed or eligible for licensure in Pennsylvania

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

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

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

The completeness of the application materials submitted via PhORCAS is assessed by the RPD. Complete applications of eligible candidates are reviewed by the pharmacy residents, applying a rubric to guide the selection of qualified candidates to present to the Residency Steering Committee to consider for onsite 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 6 interviews will be offered for each available residency position. Selected candidates are requested to provide their availability for interview, selecting 3 potential dates and times from those offered. Interviews will be scheduled to best accommodate availability of invited candidates.

Selected candidates will be offered a virtual interview to allow those with the inability to travel to have the same opportunities as on-site candidates. The interview will include presentation of a clinical pearl, time with the current residents, residency preceptors and department leadership, including the 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 Candidate Evaluation Form, the scores of which are totaled for each candidate to provide a preliminary rank list as a foundation for ranking discussions. The preliminary list will be reviewed by the interview participants for discussion. Any candidates who demonstrated inappropriate behaviors as defined by our evaluation rubrics will be removed from the rank list after discussion and consensus vote from at least 50% of the interview participants. Candidates position on the preliminary rank list may be adjusted by 3 positions in either direction after discussion and consensus vote from at least 50% of the interview participants. Once the rank list is finalized it 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, applying an abbreviated rubric utilized in Phase I and presented to the RAC to consider for interview. No more than 8 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 Reading Hospital PGY1 Pharmacy Residency Program will receive an acceptance letter acknowledging the match results and delineating the general terms and conditions of the residency by the deadline listed on the ASHP Match Schedule of Dates published annually on the National Matching Services website. Acknowledgement in writing by the resident will constitute acceptance of the match, agreement to fulfill the duties of the residency position for the upcoming year and confirmation that the resident has received the residency manual and understands the requirements for completion of the program.

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

Pharmacy Licensure Verification:

Participation in the Reading Hospital PGY1 Pharmacy Residency Program is contingent on securing and maintaining a license without restriction in the State of Pennsylvania (PA).

1. Residents will schedule the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) within two business days of receiving authorization to test (ATT). Both exams will be scheduled to be taken no later than the 31st of July of the residency year.

a. The Residency Program Director (RPD) will be notified as soon as possible via email of scheduled exam dates.
b. If there are unforeseen delays preventing exams from being scheduled by this deadline (i.e. significant delays from the School of Pharmacy/Board of Pharmacy/global pandemic) new specified dates will be determined by the RPD and Resident. If an extension is granted beyond September 30th, the resident is expected to complete a minimum of 52 weeks of residency training with at least 2/3 of that time as a licensed pharmacist.

2. If the Resident does not pass an exam the Resident is allowed **one** re-take of the exam provided, they will still be licensed by September 30th of the residency year. Any re-take should be scheduled for the earliest available date to ensure licensure is obtained as close to August 15th of the residency year as is feasible.
    a. The RPD will be notified as soon as possible via email of scheduled exam dates.
3. If a Resident is not licensed prior to August 15th of the residency year the following will occur:
    a. Progress in the residency program may be affected, and any activities missed will need to be made up. No extensions of the program will be permitted to support missed activities due to a delay in licensure.
4. If licensure is not obtained by September 30th of the residency year the Resident will be dismissed from the Program.
5. When licensure is obtained electronically, the RPD and staffing longitudinal preceptor will be notified via email by the Resident.
6. When the physical license is obtained a copy will be sent via e-mail to the RPD and Inpatient Operations Manager by the Resident.

The Educational Program

Program Requirements:

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

Required and Elective Learning Experiences:

Structured learning experiences spread throughout a 12 month period (52 weeks minimum) are utilized to facilitate the achievement of the Program outcomes. Within each structured experience, learning activities have been developed which allow the resident to meet the Program's goals and objectives. There are 14 mandatory learning experiences (7 rotation blocks and 7 longitudinal) and a minimum of 3 elective learning experiences. The Program is flexible to meet individual needs and interests of each resident. Residents are encouraged to develop areas of interest and become involved in all pharmacy activities.

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

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

- GME/Pharmacy Orientation (Prior to 1st block) - Up to 3 weeks
- Staffing Orientation (1st or *2nd block*) - 5 weeks
- Adult Critical Care Medicine (*2nd or later block*) - 5 weeks
- Adult Internal Medicine (*1st or later block*) - 5 weeks
- Antimicrobial Stewardship (*1st or later block*) - 5 weeks
- Unit-Based Pharmacy Practice (*3rd or later block)* - 5 weeks
- Medication Management (*1st or later block*) - 5 weeks
- Neonatal Intensive Care Medicine (*3rd or later block*) - 5 weeks

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

- Advanced Adult Critical Care Medicine
- Advanced Adult Internal Medicine
- Emergency Medicine
- Heart Failure/Transitions of Care
- Oncology
- Pediatrics
- Sterile Compounding
- Medication Safety

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

- Hospital Pharmacy Practice - Every 3rd weekend and every 3rd Friday evening and 2 of 6 major holidays
- Project/Research – time scheduled as needed to complete projects
- Drug Use Policy - time scheduled as needed
- Teaching/Precepting – scheduled based on learning opportunities and to include online, asynchronous certificate program
- Medical Emergencies – as needed for medical emergencies
- Heart Failure/OPAT Clinic – 4 hours each week for heart failure and 4 hours every week for OPAT clinic

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

The service component of the residency program is fulfilled by each resident staffing every third weekend, one Friday evening shift every 3rd week (not on the same week as weekend staffing), and splitting of holidays [Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Day, New Year's Day and Memorial Day]. Christmas Eve and New Year's Eve are regular attendance days with residency and rotation responsibilities. Weekends/Friday staffing will be 8-hour shifts. Residents must complete ≥ 80% of weekend requirements during the 52 week residency program requirement.

The program complies with pharmacy specific Duty Hours requirements, taking regular residency hours as well as service hours into consideration. Duty hours will be tracked by the resident and RPD via Pharmacademic attestations. Instances of non-compliance will be reviewed by the RPD and RAC to develop recommendations for actions to prevent excessive duty hours accounting for details of the specific instance or scenario. Residents and preceptors are required to be familiar with mechanisms for identifying fatigue through training offered by the Graduate Medical Education office.

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

The typical resident project includes the following steps:

- Project selection
- Presentation of project to the Residency Steering Committee including background, hypothesis, methods and timetable
- Submission to the Human Subject Protections Office

- If IRB approval required - presentation to the Research Advisory Committee
- Full project development
- IRB submission and approval, if necessary
- Implementation
- Poster presentation of progress to date
- Data collection
- Data analysis
- Oral presentation of results
- Final paper in an approved manuscript style

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

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

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

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. Each resident is expected to attend all student/resident presentations.

Residents may also attend department of medicine grand rounds, M&M conferences and other educational conferences offered throughout the Reading Hospital whenever scheduling permits.

Ambulatory/Transitions of Care: Each resident is required to spend a minimum of four hours each week participating in patient care activities in various clinics. Residents will also participate in patient education in the Pulmonary Rehabilitation setting, either directly counseling patients or mentoring APPE students as they counsel patients.

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

Additional Experiences:

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

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

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

To further enhance the development of leadership and management skills and to gain experience responding to and triaging drug information questions, the resident will take after-hours Clinical Call on a rotating Monday through Friday schedule designated on the resident calendar. This will encompass varying time requirements, usually of no more than 1-2 hours per call week. Calls that cannot be managed by the on-call resident will be triaged to the appropriate Clinical Pharmacy Specialist.

Customized Residency Plan:

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

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

Participation in Recruitment Efforts:

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

Assemble and Maintain a Resident Portfolio:

Each resident will compile a residency portfolio for the year to document activities completed during the residency year. 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 as instructed in the graduation checklist (Appendix A)

Evaluation and Assessment

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

Informal, verbal feedback

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

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

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

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

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

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

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

NI = Needs Improvement	The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" of "Satisfactory Progress". This means the resident could not: • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather even basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. 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.
SP = Satisfactory Progress	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: • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. 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.
ACH = Achieved	The resident has fully accomplished the ability to perform the objective independently in the learning experience. This means the resident rarely requires assistance to complete the objective; minimum supervision required. No further developmental work needed. There is a possibility the resident can receive NI or SP on future rotations in the same goal in which ACH was received if the resident does not perform at least at the same level as previously noted.
ACHR= Achieved for the Residency	This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. At such time, the Residency Program Director has the ability to mark the resident as "achieved for the residency". This means that the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary.

Requirements for Completion of Residency -

- Complete 12 months of full time service (52 week minimum)
- Completion of all mandatory rotation learning experiences
- Completion of all deliverables as outlined on pharmacy graduation checklist (Appendix A)
- Completion of all assigned evaluations
- Completion of required staffing shifts with no more than 5 shifts being missed due to sick leave
- A minimum of 80% of the Competency Goals must be evaluated as Achieved for Residency

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 non-satisfactory performance may include repeated tardiness, unprofessional behavior, 3 sequential ratings of NI on a single objective, missed deadlines, or concerns for patient safety due to clinical decision making are identified and are relayed to the RPD. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The Residency Program Director has the authority to initiate corrective actions, and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Supervision/Suspension
If remediation efforts have been unsuccessful, the Residency Program Director has the authority to place individuals on 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;
- expectations;
- what will be done to assist the individual in meeting expectations;
- mechanism of evaluation to determine improvement;
- and consequences if expectations are not met.

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

Dismissal

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

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

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

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

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing

Committee will be comprised of the Residency Program Director, CAO, Director of Pharmacy, COO, and Human Resources. The decision of the majority will be considered binding and conclusive.

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

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

General Information

Salary/Earned Time Off (ETO):

- PGY1 Pharmacy Residents will receive a stipend equivalent to standard PGY-1 residency programs
- Residents are granted a total of 96 hours of Earned Time Off (ETO) 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. Residents will receive a stipend for each 2 hour block equal to the current stipend offered to staff pharmacists.
- All moonlighting hours (both internal and external) MUST be reported to the Residency Program Director and tracked to ensure the resident is not working excessive hours, interfering with achievement of Program goals and objectives or negatively impacting patient care.
- Moonlighting shifts may be no more than 16 hours per month
- A minimum of 8 hours (preferably 10 hours) must elapse between duty periods.
- If a resident's ability to perform expected patient care activities is compromised, the Residency Program Director may deny all future requests for moonlighting.

Benefits:

- Health Insurance: comprehensive medical, dental and eye coverage
- 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/Sick Days:

- Scheduled time off for vacation, personal, and sick 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 (96 hours) during the residency year.
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing and other residency responsibilities.
- 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 Residency Program Director.
- Approval for vacation and time off will follow departmental policy and procedures
- 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 and approval required by 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 main pharmacy. In addition, the resident should also notify the current rotation preceptor and Residency Program Director as early as possible of their absence.
- It is the responsibility of the resident to coordinate with the preceptor for the current rotation and make up any associated missed work.
- Illnesses longer than 3 days will follow the Tower Health System illness policy. Such absences require a provider's note to return to work.
- Information regarding extended sick leave or family medical leave is delineated in the Tower Health Employee Benefits Highlights Handbook

- Multiple and/or extended illness may impact the resident's ability to complete the requirements of the residency program. Such absences should be discussed with the Residency Program Director as early as possible to evaluate and determine a plan of action for the resident.

Leave of Absence:

- Personal Leave for any reason (e.g. illness, family, professional) may be granted to the resident at the discretion of the Residency Program Director, with advice from the Residency Steering Committee, upon review of the circumstances surrounding the request for leave. All personal leave is unpaid. In general, residents would be eligible for 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 Residency Steering Committee will determine if, and when, the resident has met all requirements for program completion.

Appendix A-Graduation Checklist

PGY1 Pharmacy Practice Residency – Requirements for Successful Completion of the Program & Graduation Checklist								
The PGY1 pharmacy resident will be required to complete the following activities and produce the outlined work products listed below for successful completion of the residency program. All formative feedback and final work products requested shall be uploaded in a PDF format into PharmAcademic under the file tab. Files should be numbered and named in accordance with the checklist (e.g. 1 – Master Orientation Checklist). Quantities with a (+) indicate that the resident should include all iterations or versions of the submission with dates in the title. The Residency Program Director will assess progression of requirements quarterly. This PGY1 Pharmacy Graduation Checklist will be uploaded into PharmAcademic at resident closeout by the RPD.								
	Requirement	**Qty**	**Learning Experience**	**Comments**	Progress			
					Q1	**Q2**	**Q3**	**Q4**
Maintain competency as a pharmacist including appropriate licensure and certification [Onboarding and Orientation]								
1	Master Orientation Checklist	1	Orientation	Evidence Type: Miscellaneous				
2	PA Pharmacy License	1	Orientation	Due by 9/30 (upload to My Profile > Credential Records)				
3	Basic Life Support Certificate	1	Orientation	(upload to My Profile > Credential Records)				
4	Advanced Cardiac Life Support Certificate	1	Orientation	(upload to My Profile > Credential Records)				
5	Tower Health Training Modules	1	Orientation					
6	Pediatric Competency	1	Longitudinal	Due by 8/31				
7	Mentor	1	Longitudinal	Due by 8/31				
8	PK/Renal/PTD Sign Off	1	Longitudinal	Due by 9/30				
9	Warfarin Sign Off	1	Longitudinal	Due by 12/31				
Competency Area R1: Patient Care								
	Objective R1.4.2: Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	1+	MUE/P&T	**ASHP Required Deliverable** Minor Project (R2.1.2, R2.1.6). (Evidence type: Project) - Project reports submitted for each step of the process - Project selection by 8/31				
Competency Area R2: Practice Advancement								
	Objective R2.1.2: Develop a project plan as defined in the objective and criteria.	3	Research	**ASHP Required Deliverable** Major project (R2.1.1 – R2.1.6) (Evidence type: Research) - Resident to upload IRB determination submission, decision letter, and ASHP midyear abstract submission - Project selection due 8/31				

	Objective R2.1.6: Project reports for at least 2 projects.	3+	Research	**ASHP Required Deliverable** Major project (R2.1.1 – R2.1.6) (Evidence type: Research) - Project reports for the major project include poster presentation at Midyear, a platform audiovisual presentation at Eastern States, and a manuscript of publishable quality.				
		1+	MUE	**ASHP Required Deliverable** Minor project (R2.1.2, R2.1.6). (Evidence type: Project) - Project reports for the minor project include an initial project plan and presentation of a final report.				
Competency Area R4: Teaching and Education								
	Objectives R4.1.1, R4.1.2, R4.1.3: One verbal and on written example of an educational activity.	1	Teaching + Research	**ASHP Required Deliverable** (Evidence type: Presentation) - Verbal presentation (audiovisual or handout)				
		1	MUE + Teaching	**ASHP Required Deliverable** (Evidence type: Presentation) - Written example (patient education, provider or pharmacist education – newsletter, med/disease management or guidelines update)				
Rotational Requirements								
	Journal Clubs	2	As assigned + Teaching	Resident is responsible for identifying at least 2 journals for a pharmacy-wide JC presentation through the rotations. These count towards the Teaching/Precepting longitudinal rotation. All JC should be uploaded and mapped to the correct rotation. (Evidence type: Journal Club)				
	Topic Discussions	5	As assigned	Residents will be presenting topic discussions on each of their rotation blocks. Each should be uploaded and mapped to the correct rotation. (Evidence type: Miscellaneous)				
	Case Presentations	2	As assigned	Residents will be presenting patient cases on some of their specialty and ambulatory required selective rotation blocks. Each should be uploaded and mapped to the correct rotation. (Evidence type: Presentations)				
Longitudinal Requirements								

	UConn Teaching & Learning Program Certificate	1	Teaching	Complete the program along with co-residents and upload the final certificate as evidence. Also upload the audiovisual slides from the resident-led session. (Evidence type: Teaching Experience) (Upload to My Profile > Credential Records)				
	Heart Failure	1	Teaching	Residents will be responsible for teaching and providing education to heart failure patients Evidence Type: Teaching Experience				
	OPAT Clinic	1	Longitudinal	Residents will be collaborating with OPAT clinical specialist to ensure that all intravenous anti-infectives ordered are appropriate for outpatient infusion; then monitors and optimizes outpatient therapy for the duration of each patient's intravenous regimen under a collaborative practice agreement				
Complete or produce all checkout items								
	Complete Development Plan	4		Complete Initial and Quarterly Development plan				
	Completion of ≥80% of goals and objectives	NA		RPD to assess via PharmAcademic as Achieved for Residency				