



Category: PGY1 Pharmacy Residency

Title: Design and Conduct of the Residency Program

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations
- The following SPHP Component Corporations:**
  - St. Peter's Hospital – Pharmacy Residency**
- St. Peter's Health Partners Medical Associates (SPHPMA)

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**PURPOSE**

St. Peter's Hospital Residency Advisory Committee will provide high quality evaluations of the PGY1 residents, preceptor's and program learning experiences.

**POLICY STATEMENTS**

An essential component of developing the skills of a resident and continuous improvement to the residency program is frequent two-way feedback between residents and preceptors. The goal of such discussion and interaction is to:

- Discuss the resident's achievements in terms of achieving purpose, outcomes, goals and objectives established for the rotation
- Provide feedback that may assist the resident with how to improve performance in current rotation or future rotations or practice
- Provide feedback on how well the resident self-evaluates
- Provide feedback to the preceptors for continuous improvement of preceptor skills, that may strengthen mentoring during future rotations
- Provide feedback to the RPD, RPC and RAC to improve the residency program and that the RAC may provide feedback to RPD, RPC, preceptors and residents

## ***SCOPE OF AUTHORITY / COMPETENCY***

### ***DEFINITIONS***

RAC – Residency Advisory Committee

RPC - Residency Program Coordinator

RPD – Residency Program Director

RDM – Residency Development Committee (Meeting)

Evaluation scale

NI= Needs Improvement- resident's progress may result in non-achievement of objectives

SP= Satisfactory Progress- resident's progress is expected to result in achievement of objectives

ACH = Achieved - resident's performance is ideal and meet's what's expected as a PGY1 graduate of the residency program

NA = Not Applicable

### ***PROCEDURE***

#### **Residency Purpose and Description**

1. PGY1 Program Purpose: The SPH PGY1 pharmacy residency program builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

#### **Competency Areas, Educational Goals and Objectives**

1. The SPH PGY1 Pharmacy Residency program's educational goals and objectives support achievement of the residency's purpose meeting all requirements for diversity, variety, and complexity.
  - a. The SPH program includes the required ASHP PGY1 Pharmacy Residency Program required R1-4 competency areas, all of the goals and objectives encompassed are included.
    - i. R1: Patient Care
    - ii. R2: Advancing Practice and Improving Patient Care
    - iii. R3: Leadership and Management
    - iv. R4: Teaching, Education, and Dissemination of Knowledge, program requires the completion of the Albany College of Pharmacy and Health Sciences Teaching and Learning Program (ACPHS TLP) and is assigned to all PGY1 residents. The PGY1 residency program merged the ACPHS TLP as a required longitudinal learning experience with associated R4 appropriate goals and objectives. Should completion of ACPHS TLP be unachievable the RPD will oversee restructuring learning activities, and;
  - b. One additional required competency
    - i. E5: Management of Medical Emergencies, assigned to all PGY1 residents

## Resident Learning

1. Program Structure (3.3.a.(1-6))
  - a. Written description of the structure of the program is reviewed and updated at least once each year by the RPD with the approval of the RAC.
    - i. Learning experience program structure:
      1. three (3) required events, and
      2. thirteen (13) learning experiences (6 Longitudinal + 7 Rotation), and
      3. two (2) elective learning experiences. (3.3.a.(1))
  - b. Required events
    - i. General Orientation- Event (Week 1) Orientation, RPD and RPC orient residents to the residency program.
    - ii. Professional, project and practice development – Event (5 weeks as interspersed focus blocks: 1 week October-November, 2 week December, 1 week January-February and 1 week April-May
    - iii. Inpatient Central Distribution and Clinical Services – Event: resident is scheduled 1 weekend per month (Oct – June) two eight hours day shift, one eight hour Holiday and one half additional weekend four hour day shift per month (Oct – June)
  - c. Required rotations
    - i. Orientation/Introduction to Pharmacy Practice
    - ii. Surgery / Pain Management
    - iii. Cardiology/ Internal Medicine
    - iv. Pharmacy Practice
    - v. Antimicrobial Stewardship
    - vi. Emergency Medicine
    - vii. Critical Care
  - d. Required Longitudinal
    - i. Pharmacy Practice Management-CHIEF RESIDENT
    - ii. Pharmacy Practice Management-Pharmacy ADMINISTRATION
    - iii. Pharmacy Practice Management-MEDICATION SAFETY
    - iv. Pharmacy Practice Management-PHARMACY and THERAPEUTICS
    - v. Pharmacy Practice Improvement/Research Project
    - vi. Teaching & Learning Program - Albany College of Pharmacy and Health Sciences
    - vii. Inpatient Central Distribution and Clinical Services
  - e. Elective Rotations (resident is required to choose two (2) elective rotations, availability may change)
    - i. Oncology
    - ii. Pharmacy Administration
    - iii. Pharmacy Informatics
    - iv. Emergency Medicine 2
    - v. Critical Care 2
    - vi. Transitions of Care
    - vii. Ambulatory Anticoagulation Clinic
    - viii. Internal Medicine/Family Practice
    - ix. Ambulatory Primary Care
  - f. Durations as follows: Rotation : 2 to 12 weeks but 5 weeks is currently standardized , Longitudinal: 3 to 12 months

- 1) Residency program director and the resident development coordinator orient residents to the residency program in the 1<sup>st</sup> week of the program as an Orientation event, Orientation includes:
  - a) the residency's purpose and practice environment
  - b) the appropriate accreditation standards, competencies, goals and objectives
  - c) design of the residency program including all program requirements
  - d) description of required and, if applicable, elective learning experiences
  - e) evaluation strategy (see standard 3.4)
  - f) residency manual (if applicable)
  - g) residency policies, terms and conditions, e.g., requirements for completion, moonlighting, duty hours, dismissal

### **Preceptors**

- 1) Learning experience descriptions are developed by preceptors for all required and elective learning experiences under guidance of the RPD, and/or oversight by the RAC. Preceptors manage, teach and improve learning experiences (3.3c) as follows:
  - a) Learning activities are developed at the cognitive learning level (Bloom's Taxonomy) associated with the objective
  - b) Learning experience descriptions describe how residents will progress and the expectation for their skill development over time and in any repeated or extended (elective) learning experiences.
  - c) Descriptions must be documented and include:
    - i) a general description, including the practice area and the roles of pharmacists in the practice area (3.3.c.(1)(a));
    - ii) expectations of residents (3.3.c.(1)(b));
    - iii) educational goals and objectives assigned to the learning experience 3.3.c.(1)(c);
    - iv) for each objective,
      - (1) a list of learning activities that will facilitate achievement 3.3.c.(1)(d); and,
      - (2) a description of evaluations that must be completed by preceptors and residents 3.3.c.(1)(e).
- 2) Preceptors orient residents to the learning experience in the 1st few days of the learning experience which includes:
  - a) general description, including the practice area and the roles of pharmacist in the practice area;
  - b) expectations of residents;
  - c) educational goals and objectives assigned to the learning experience;
  - d) for each objective,
    - i) list of learning activities that will its facilitate achievement; and,
    - ii) description of evaluations that must be completed by preceptors and residents,
    - iii) explanation of the resident's expectations for supervision by preceptor.
  - e) First day rotation check-in documentation is reviewed with the resident and preceptor.
- 3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs. Preceptors assume the appropriate preceptor roles based on the time of the year and residents' progression using the following guidance:
  - a) Direct instruction appropriate for residents (as opposed to students), when needed.
  - b) Modeling of practice skills described in the educational objectives.
  - c) Coaching skills described in the educational objectives, providing regular, on-going feedback.
  - d) Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.
  - e) Residents function independently in each competency area by the conclusion of the residency program.

### Evaluation (3.4)

- 4) The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.
  - a) All evaluations are completed via PharmAcademic™ within 7 days of the due date. The residency assessment procedure incorporates the structure and ASHP system, PharmAcademic™. RPD ensures preceptors and residents are oriented and trained in the use of PharmAcademic™. Every effort is made to sign and date then warehouse all evaluation documentation using the PharmAcademic™ system.
  - b) The resident's learning experience evaluation scale is: "NA- Not Applicable", "NI- Needs Improvement", "SP= Satisfactory Progress", "ACH = Achieved" (please refer to DEFINITIONS section).
  - c) All evaluations containing "NA" must include narrative comment addressing the concern and an attainment strategy for the resident, "NI" scores must include narrative comment specifically addressing concern and a attainment strategy going forward, "SP" scores do not necessitate a written comment but a narrative addressing what the resident should consider in order to improve is to be considered, and "ACH" scores do not necessitate a written comment but a narrative addressing what the resident should consider in order to improve beyond the level of what's expected as a PGY1 graduate of the residency program is to be considered.
  - d) Initial assessment (3.4.a)
    - i) At the beginning of the residency, the RPD in conjunction with RPC for resident development and preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.
    - ii) The results of residents' initial assessments are documented by the resident program development coordinator in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.
  - e) Formative (on-going, regular) assessment (3.4.b.)
    - i) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. Oral formative feedback is required and often the only type of feedback used, to supplement this, documentation of feedback may be necessary for residents who are not progressing satisfactorily. The RPD and RPC may assist the preceptors in making such adjustments. 3.4.b.(1)
    - ii) Preceptors make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments. The RPD and RPC may assist preceptors in documenting such cases. 3.4.b.(2)
  - f) Summative evaluation (3.4.c.)
    - i) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. In addition, at the end of each learning experience residents will provide to the preceptor the resident's summative self-evaluation. Preceptor's will describe in PharmAcademic™ learning experience description the evaluation expectation for the experience and may elect to use multiple summative evaluations as determined by the preceptor. (3.4.c.(1).)
    - ii) For learning experiences greater than or equal to 12 weeks in length, a documented summative and summative self-evaluation must be completed at least every three months. (3.4.c.(2))
    - iii) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations. (3.4.c.(3))
    - iv) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations. (3.4.c.(4))

- v) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience. (3.4.c.(5))
  - vi) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience. (3.4.c.(6))
  - vii) The RPD or RPC will review and co-sign evaluation documents.
- 5) Residents' development plans (3.4.d.) Each resident must have a resident development plan documented by the RPD or RPC. The initial self-evaluation includes the following information:
- a) Short- and long-term career goals
  - b) Incoming strengths- professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives and personal strengths related to being a professional.
  - c) Incoming areas for improvements - professional areas for improvement in terms of knowledge, skills, and abilities related to the educational goals and objectives and personal areas for improvement related to being a professional
  - d) Incoming learning interests -related to required or elective learning opportunities.
  - e) An initial development plan is created for each resident by the end of orientation (generally within the first 30 days of the residency) by the RPD (and/or designee) and may be reviewed by the RAC. Summaries of initial development plans are shared with residents' preceptors using Pharmacademic. (3.4.d.(1))
- 6) On a quarterly basis, the RPD and/or designee (RPC) must assess residents' progress and determine if the development plan needs to be adjusted. (3.4.d.(2)) Adjustments to initial resident development plans include the following as appropriate:
- a. modification of residents' schedules.
  - b. preliminary determination of elective learning experiences.
  - c. educational goals and objectives to be emphasized in required and elective learning experiences.
  - d. addition of goals and objectives to required or elective learning experiences.
  - e. changing and/or increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas for improvement.
  - f. modify preceptors' use of modeling, coaching, and facilitation.
7. Adjustments to the 1st, 2nd and 3rd quarter plans are made based upon review of residents' performance relevant to the previous quarter's plan with input from preceptor(s) and residents; the identification of new strengths or areas for improvement and, optionally, changes in residents' short- or long-term career goals and interests. If there is no need for changes in the development plan, this is documented. The RPD and/or RPC may meet with the preceptor's and resident's in order to develop teaching methods or make changes to his/her training plan when appropriate. Over the course of the 12-month program, the RPD will advise the RAC on resident scores and progress toward attainment of goals and objectives. The RPD will provide feedback to the residents, preceptors, RAC and RPC when a resident's performance is scored suboptimal.
8. Quarterly review of residents' progress in achieving the competencies, goals and objectives of the program and the resident professional development plans. A quarterly meeting with RPD and/or RPC and the resident is used to track goals and objectives achieved, areas for improvement, and expected progress relative to the time of the year including tracking of adjustments to and the effectiveness of adjustments documented in development plans.
9. Overall Program Goal and Objective Score and Achieved for the Residency Program. The score Achieved for the Residency Program (ACH-R) is determined by the RPD and based on the summative evaluations submitted at the completion of each rotation.
- a. ACH-R indicates resident's performance is ideal, expected of a PGY1 graduate.
  - b. Resident's may be scored ACH-R for specific evaluated goals and objectives any anytime during the course residency based on criteria-based evaluations submitted.
  - c. Standards and criteria to complete the residency and receive a graduation certificate are listed and available. Please refer to Residency Program Policy: Successful Program Completion and Residency Certificate.

10. The RPD and/or RPC will review and discuss evaluations with the RAC at least quarterly and as needed.

The development plan and any adjustments must be documented and shared with all preceptors using PharmAcademic™ reports. (3.4.d.(3))

### **Continuous Residency Program Improvement**

1. The RPD, RAC and DOP must engage in an on-going process of assessment of the residency program's efficacy and process including a formal annual program evaluation using surveys and feedback.
  - a. A RAC meeting toward the end of every residency year will evaluate areas of strength, opportunities for improvement, and strategies to improve the residency program.
    - i. The RAC will use PharmAcademic learning experience and preceptor evaluations, and additional survey instruments and interviews if needed for gathering feedback and evaluations from residents and preceptors. (3.5.a.)
    - ii. The RPD and RAC will use a resident exit survey and meeting(s) if needed for gathering feedback at the end of the residency year.
      1. Program will survey and assess resident's self-evaluation regarding achievement of the program competencies (e.g. end of the year exit survey)
  - b. The DOP, RAC, RPD must develop and implement program improvement activities to respond to the results of the annual assessment of the residency program. (3.5.b.)
  - c. The residency program's continuous quality improvement process measures whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking. (3.5.c.)
    - i. The information tracked must include initial employment, changes in employment, board certification with annual survey of past graduates. (3.5.c.(1))

### **REFERENCES**

ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs

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