PGY-1 Pharmacy Resident Development Plan

Resident Name:

Start Date of Residency Program:	NYS Intern/License Number:
End Date of Residency Program:	

Resident's Self-Reflection				
Self-Reflection includes strengths, opportunities for improvement, practice interests, career goals, and Resident well-being and resilience.				
	Initial	**Quarter 1**	**Quarter 2**	**Quarter 3**
Date	**June 29, 2023**			
Personal Strengths and Weaknesses	From initial self-reflection: Personal Strengths: Personal areas of Improvement:			
Practice Interests and Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:	Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:
Well-being and Resilience	From initial self-reflection: Well-being strategies from initial self-reflection:	Current well-being:	Current well-being:	Current well-being:

Vacation, Sick, Absence and Paid Time off (<mark>INSERT PAID LEAVE POLICY LINK HERE WHEN FINISHED)</mark>

PTO days	Dates of PTO	Total PTO hours remaining (128h = 16days)	RPD Approval
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Resident's Self Evaluation					
Self-Evaluation is related to the Program's Competency Areas					
		Initial	Quarter 1	Quarter 2	Quarter 3
Date		6/29/2023			
Strengths and Areas of Improvement Related to Competency Areas	R1	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

	R2	**From Initial Self-Evaluation: Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R3	**From Initial Self-Evaluation: Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R4	**From Initial Self-Evaluation: Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	E5.1	**From Initial Self-Evaluation: Strengths:** **Opportunities for Improvement:**			

<table>
<tr><td colspan="5" align="center">RPC & RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas</td></tr>
<tr><td>Date</td><td colspan="2">6/29/23</td><td></td><td></td></tr>
<tr>
<td colspan="2">Strengths:

Opportunities for Improvement (OFI):</td>
<td>Progress on previous OFI:

Strengths:

New OFI:</td>
<td>Progress on previous OFI:

Strengths:

New OFI:</td>
<td>Progress on previous OFI:

Strengths:

New OFI:</td>
</tr>
<tr><td colspan="5" align="center">RPC & RPD: Planned Initial and Quarterly Changes to the Program*</td></tr>
<tr>
<td colspan="2" align="center">Initial</td>
<td align="center">Quarter 1</td>
<td align="center">Quarter 2</td>
<td align="center">Quarter 3</td>
</tr>
<tr>
<td colspan="2">Changes Related to CAGOS: None at this time

Changes Related to Resident's Self Reflection:</td>
<td>Changes Related to CAGOS:

R1:

R2:

R3:

R4:

Changes Related to Resident's Self Reflection:</td>
<td>Changes Related to CAGOS:

R1:

R2:

R3:

R4:

Changes Related to Resident's Self Reflection:</td>
<td>Changes Related to CAGOS:

R1:

R2:

R3:

R4:

Changes Related to Resident's Self Reflection:</td>
</tr>
</table>

*Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.

Completion Requirements Tracker

Completion Requirements MUST include: • **Required deliverables for each program type's Competency Areas, Goals, and Objectives (CAGO's)** • **The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program** • **Appendix Requirements (if the CAGO's for the residency type (e.g., PGY2) include an Appendix)**	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements
ACHR 27 out of 34 required objectives.	X / 34 (%) objectives marked as ACHR	X / 34 (%) objectives marked as ACHR	X / 34 (%) objectives marked as ACHR	X / 34 (%) objectives marked as ACHR *No needs improvement ratings.*
Complete one medication-use evaluation and presentation *(Longitudinal Leadership Requirement)*				
Present longitudinal research or clinical poster at ASHP's Midyear Clinical meeting.				
Complete one professional manuscript on longitudinal research.				
Present longitudinal research project as platform presentation during NYSCHP Annual Assembly.				
Present longitudinal research project as platform presentation during Trinity Health's Resident Research Presentations				

Prepare and deliver one 60-minute CE presentation on a topic that meets the needs of the SPHP Pharmacy department. *(Longitudinal Leadership Requirement)*			
Present at least one education topic update at the pharmacy staff meeting. *(Longitudinal Leadership Requirement)*			
Generate 1 NEW research project idea.			
Resident Exit Interview	NA	NA	NA	Completed Resident Exit Interview on xx/xx/xx

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RPD signature

_____

Date

_____

Resident signature

_____

Date