Concordia University Wisconsin
School of Pharmacy
24-Month Resident
Policy Manual

2025

Program Structure

PGY1 Program Purpose: 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.

Program Description: The Concordia University Wisconsin School of Pharmacy (CUWSOP) PGY1 Pharmacy Practice Residency Program will prepare ambulatory care practitioners capable of developing, providing and advancing ambulatory care services in any practice setting with a specific focus on urban underserved practice settings.

Following program completion, graduates will be prepared for academic and ambulatory care practitioner careers, and will demonstrate the ability to navigate teaching, practice, research and service roles of faculty members.

Graduates of our program;
- will be highly sought ambulatory care pharmacists that will be desired for their advanced academic preparation and experiences in developing and advancing urban underserved ambulatory care practices.
- will be able to combine an advanced pharmacotherapy knowledge base with skills in teaching, learning, scholarship and service to be highly effective faculty members upon residency graduation.

The CUWSOP PGY1 Pharmacy Residency program prepares pharmacists for generalist ambulatory practice in urban underserved areas and roles in teaching. The residency is a 24-month practice and academia emphasis with time split equally in practice and on-campus. Practice is at an established site providing care to patients with a variety of chronic conditions in Year 1 and developing or expanding clinical pharmacy services in Year 2. Time on campus is split between teaching roles and academic development via Master's in Education coursework. Graduates of our program will be prepared for success in a variety of ambulatory care practice positions as well as pharmacy practice faculty positions.

24-Month Practice and Academia Emphasis
Residents will spend half of their residency experience in patient care at an established pharmacy practice site at a federally qualified health center, Progressive Community Health Center (PCHC). PCHC pharmacists (currently 1.4 FTE) support the primary care providers in managing patients with a variety of chronic diseases and are a resource to the providers on medication questions and other patient consultations. Residents will spend 30% of their time in a variety of teaching roles at CUWSOP, a Christian School of Pharmacy in suburban Milwaukee. The remaining 20% will be allocated to academic development including completion of a Master's in Education with emphasis on teaching and learning. The graduate will be prepared for success in pharmacy practice faculty positions as well as a non-academic ambulatory care practice positions.

Learning Experience	Required or Elective	Rotation Type	Duration
Orientation	Required	Concentrated	6-8 weeks
Direct Patient Care Year 1	Required	Longitudinal	12 months
Direct Patient Care Year 2	Required	Longitudinal	12 months
Staffing	Required	Longitudinal or Concentrated	10 days
Teaching	Required	Longitudinal	24 months
Academic and Personal Development	Required	Longitudinal	24 months

Program participants include

- Sarah Ray, PharmD – residency program director and preceptor for Academic and Personal Development, Orientation, and co-preceptor for Direct Patient Care Year 2 learning experiences.
- Jordan Wulz, PharmD, MPH – co-preceptor for Teaching learning experience
- Joe Dutzy, PharmD, BCACP- co-preceptor for Teaching learning experience
- Francesca Napolitano Johnson, PharmD, M.Ed. – co-preceptor for Direct Patient Care Year 1 learning experience
- Jordan Bell, PharmD, M.Ed.- co-preceptor for Direct Patient Care Year 1 and 2 learning experiences
- Nicole Lentz, PharmD, BCACP, AAHIVP- preceptor for Staffing learning experience
- Sarah Mayer, M.Ed. – program director for Master's of Science in Education

Interprofessional Education (IPE)

There are several ways the resident will be exposed to interprofessional education. The resident will facilitate a Nurse Practitioner student prescribing workshop. This typically occurs in the fall and spring of Year 1. IPE Coordinator Dr. Anne LaDisa will be your contact for this activity. Past activities have included delivering a lecture on best prescribing practices and then leading the nursing students through examples of prescribing antibiotics and antidepressant medications.

There are other IPE activities that are strongly encouraged- these include facilitating IPE sessions for our first and second year pharmacy students each semester and facilitating diabetes case workshops for pharmacy and physician assistant students with Dr. Beth Buckley.

24-month Learning Experience Schedule

1st Semester	2nd Semester	3rd Semester	4th Semester
Teaching Activities			
APC Lab Series Instruction and Isolated Lectures	APC Lab Series Instruction	APC Lab Series Instruction	APC Lab Series Instruction
	Coordination of Section/Unit in APC Lab Course	Co-Coordination of APC 5	Co-coordination of Elective Course or Pharmacotherapy Course/Module
	Isolated Lectures	Lectures within Pharmacotherapy	
Practice Activities			
Patient Care at Year 1 Site		Practice/Staffing at Year 2 Site	
Service Activities			
Curriculum Committee		Assessment Committee	
Masters of Education Activities			
Masters of Education Coursework (see separate document)			
Masters Capstone Manuscript – Educational Research Project (also presented as poster at graduation)			

Masters of Science in Education-Teaching and Learning

Getting Started:

Acceptance into the School of Education at Concordia
You will have to be formally accepted into the School of Education in order to participate in coursework for the Master of Science in Education-Teaching and Learning. You should contact Sarah Mayer (Sarah.Mayer@cuw.edu) in your first week if she hasn't reached out to you yet, and she will provide you with next steps. You will need to formally apply, but the application fee and essay are typically waived for pharmacy residents.

Payment Program/Financial Aid
As a Concordia employee, you will receive a discount for the e-learning courses which is a 75% discount versus a 90% discount for face-to-face courses (FF). Whenever possible, look for options to take the courses in a FF format to save money. Prior to your courses, you will need to complete the Employee Tuition Waiver Request Form. This will need Sarah Ray's signature first and she can forward it to the necessary people. **This form also needs to be filled out prior to each school year.**

Money can be tight following APPEs and licensure, but there are a few payment methods for the Master's program:
1. You can pay cash for your tuition and fees.
2. You can work out a payment plan option, where you can pay monthly towards your tuition instead. To apply for the monthly payment plan option, log on to the university portal. From there, click on the student tab in the left column. Scroll down to a box that says, "Pay My Bill Online." In the box, you will see options that will allow you to make a current payment and then there will be an option for "Concordia Payment Plan." Click on "Concordia Payment Plan" to pay monthly for tuition. You will need to enroll each semester. There is a current enrollment fee of $35.00. If you choose this option there will be a hold on your account, but they can remove this whenever you need to register for courses. If you have any questions about applying for financial aid, please visit Concordia's financial aid website at https://www.cuw.edu/Departments/financialaid/.
3. You can take out additional financial aid to cover the cost of tuition and fees via a Grad PLUS loan. The Grad PLUS loan coordinator at CUW is Kimberly Mittelsteadt (kimberly.mittelsteadt@cuw.edu). You will also need to fill out a Grad PLUS loan application (available below) and fill out your FAFSA for the year at https://fafsa.ed.gov/.

It will also be important to keep in mind your previous student loans. Based upon your own personal preference, you may choose to defer your loans because of your enrollment in the Master's program. If you choose to defer, it will be important for you to keep in touch with your loan vendor to ensure they are aware that you are, technically, still a student. Your vendor may also require extra paperwork.

At some point after the first semester, you may receive an email from CUW regarding Satisfactory Academic Progress. The email may state that you are ineligible for further financial aid because you are

not meeting satisfactory academic progress. **This email is typically an error.** This email includes graduate/professional programs as one category and does not differentiate between pharmacy and Master's programs. You simply need to respond to the employee whose name is included in the email and apprise them of your situation and they will fix the error for you.

Masters Coursework Considerations
It will be important to email each of your instructors when you sign up for each course to explain that you are a pharmacy resident in order to find ways to make the courses as relevant to pharmacy education as possible. You will complete the following required courses, along with 2 elective courses (6 credits). Most courses are self-paced 8-week online courses. If you are unclear on format of a course, whether online or FF, please don't hesitate to contact Sarah Mayer.

For the Teaching Portfolio, it is highly recommended that you strive to work on this in a continual nature. You are required to have 2 artifacts per each of the 11 CUW standards. If you work on clinic projects or academic lectures, it is a good idea to take some time to find out which CUW standard it aligns to and update your online portfolio immediately. This will save you stress from trying to rush to complete all standards at one time.

Some suggestions for elective courses include:

Multimedia for the classroom (EDT 6040)

This course provides an overview of best practices in presenting information for student learning in a digital format. Digital technologies explored include podcasting, infographics, audio recordings, online interactive learning systems, and more. This course is self-paced for 8 weeks and is customizable to pharmacy education.

Addictions Counseling (COUN 520)

In addition to alcohol and drug concerns, this course will also address behavioral addictions such as: gambling, shopping, gaming, sex and hoarding. The course will address treatment and relapse plans and goals, as well as the impact of addiction on family, friends and support systems. Developmental issues, as well as comorbidity, are addressed in the addiction process as therapeutic models are discussed.

Pharmacy Resident Progression Towards Masters in Teaching and Learning

Semester	Courses Taken

Fall Year 1	I. Human Learning & Motivation (3 credits)- EDG 5310
	    a. This course examines how emotion impacts educational outcomes. It equips residents to critically evaluate theory and practice as it relates to their professional role. The course includes an analysis of tenets of human motivation and engagement, and how to utilize them effectively in a setting focused on teaching and learning.
	
	II. Instructional Strategies for Effective Teaching (3 credits)- EDG 5315
	    a. This course focuses on examining one's personal pedagogy in order to reflect upon and expand one's repertoire of effective instructional strategies. The course offers opportunities for practical application while still requiring a critical analysis of one's own worldview.
	
	III. Teaching Portfolio I (No credit)- EDG 7320
	    a. This course series provides residents the opportunity to learn how to effectively document and reflect upon their teaching activities. Emphasis is placed on developing a teaching philosophy based on information learned in EDG 5310 and 5315 and creating artifacts for 2 out of 11 CUW education standards. Documentation will be digital (google sites has been highly suggested).

Spring Year 1	I. Assessment for Learning (3 credits)- EDG 5320
	    a. This course is designed to provide the resident with a focus on the myriad of types and methods of assessment in educational settings. The emphasis is placed on the application of assessment to professional classroom teaching practice (formative and summative assessment) . Resident's explore data obtained from assessments to inform instruction and promote continuous improvement. Residents also examine assessment related to educator effectiveness and accountability.
	
	II. Teaching Pharmacy Students I (3 credits)- EDG 7330
	    a. This course is designed to provide direct teaching opportunities to pharmacy students. It includes weekly debriefing sessions with a resident mentor(s) to discuss connections of M.Ed. Coursework to pharmacy education, teaching in applied patient care labs, and delivering pharmacotherapy lectures.

Fall Year 2	I. Curriculum Leadership (3 credits)- EDG 5225
	  a. This course considers the factors that influence design, implementation, and evaluation of a curriculum. Emphasis is placed on major educational philosophies and their respective approaches to curriculum development.
	
	II. Educational Research Methods (3 credits)- EDG 5100
	  a. This course examines the research tools available to design, implement and evaluate the formal study of the educational process in order to conduct research. The course includes the study of descriptive and experimental research methods, basic statistical methods as well as techniques of literature review and report writing, that is, the reporting of research. Residents completing this course work through the development of a draft of their capstone manuscript.
	
	III. Teaching Pharmacy Students II (3 credits)- EDG 7331
	  a. The focus of this course is to coordinate a module within a pharmacotherapy course or co-coordination of an applied patient care course, which builds upon the knowledge gained in Teaching Pharmacy Students I.
	
	IV. Teaching Portfolio II (No credit)- EDG 7321
	  a. See description above. Continuation of Portfolio I and includes working on the next artifacts for the next 5 CUW standards.

Spring Year 2	I. Capstone Manuscript Completion Seminar (3 credits)- EDG 7340
	  a. Residents have the opportunity to complete a manuscript to be submitted for publication along with the opportunity to present results to other residents, faculty, and students.
	
	II. Teaching Pharmacy Students III (3 credits)-EDG 7332
	  a. Provides opportunities to coordinate additional courses that align with resident interests and/or address the needs of the school of pharmacy.
	
	III. Teaching Portfolio III (No credit)- EDG 7322
	  a. See description above. Continuation of Portfolio II and includes working on the next artifacts for the last 4 CUW standards.

This schedule may be revised based upon consultation between the resident and Sarah Mayer as resident interests and research projects develop.

Certification of Program Completion

Resident: _____

The Residency Director determines whether a resident has met all of the requirements of the residency program and is therefore qualified to receive a Certificate of Completion from the program. Criteria for graduation from the residency program include successful completion of the following:

_____ Learning experiences. Resident must have documented achievement (for the residency) of 90% of learning objectives associated with these learning experiences and satisfactory progress with the learning objectives that are not achieved.

_____ Completion of *at least* 2000 hours of service and learning completed over each residency year

_____ Flash-drive containing all required materials

_____ Presentation of the following program activities at their practice site
　　____ Clinical Pearls or Practice Management Presentation
　　____ Journal Club

_____ R1.4.2- Completion of drug class review, monograph, treatment guideline, or treatment Protocol

_____ R2.1.2/R2.1.6 -Completion of project plan and report for Medication Use Evaluation (MUE), clinical program development/enhancement/analysis, pipeline forecast, cost or budget analysis, or quality assurance (e.g., HEDIS, STARS)

_____ R4.1.1, R4.1.2, R4.1.3- Completion of effective medication and practice-related education to students, patients, or providers that includes:
　　_____ Evidence of a verbal presentation (slides/handout)
　　_____ Evidence of written education (newsletter, update, etc…)

_____ Completion of Masters in Education degree

_____ R2.1.2/R2.1.6- Residency project (related to patient care or medication use), including;
　　_____ Project Plan
　　_____ Presentation at a statewide, regional or national meeting
　　_____ Submission of a manuscript consistent with guidelines for an appropriate article type of a journal that would be an appropriate fit for the project.

_____ Presentation of their Master's project via poster to CUWSOP faculty and residency program preceptors.

The resident identified above has completed the required activities noted above and is therefore qualified for graduation and receipt of a Certificate of Program Completion.

_____   _____

Sarah Ray, PharmD, BCPS, FAPhA   Date of Review
Residency Program Director

Resident Portfolio

Policy
The CUW PGY1 Pharmacy Residency Program will document all resident activities utilizing an electronic portfolio.

Purpose
Residents, preceptors, and the residency director have the professional responsibility to ensure proper documentation of completion of all aspects of the residency program.

Procedure
In a timely manner, compile all works within the electronic portfolio, preferably a USB drive. At least quarterly, all documents should be uploaded to the USB drive.

The resident will follow the structure of the table of contents provided in this document to create folders (or a table of contents if using a pdf format).

At least 1 draft with feedback shown should be included to show progression of skills leading to final product.

At the end of the residency program a USB drive containing all the above documents shall be given to the residency program director.

Residents are required to archive on a flash drive the following:

Date Archived	Artifact
	CREDENTIALS
	Copy Of Wisconsin Pharmacist License
	Any other certifications
	PRESENTATIONS
	Effective medication and practice-related education to students, patients, or providers that includes verbal presentation (slides/handout) and written education (newsletter, update, etc…)
	Clinical Pearls or Practice Management Presentation
	Journal Club
	Any other presentation given
	Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)
	Masters Portfolio (Teaching Portfolio)
	Teaching Philosophy (including any drafts)
	Lecture (including any drafts)
	Lecture Teaching Evaluations
	Education Journal Club Documentation
	Lab Teaching Evaluations
	IRB Proposal/Procedure
	Education Manuscript
	At least two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner
	Reflection Document describing any teaching experiences or Link to Teaching Portfolio
	POSTERS
	PowerPoint Poster Content
	Draft Poster Image
	Final Poster
	PDF any emails with feedback and changes
	Any other posters
	CLINICAL PROJECT
	IRB proposal / Procedure
	Informed consent document (if applicable)
	HIPAA document (if applicable)
	Copy of survey tool (if applicable)
	Copy of all data collected (if applicable)
	Presentation Draft
	Presentation Final
	Manuscript Draft
	Manuscript Final
	Any other related documents
	PDF any emails with feedback and changes

	DRUG CLASS REVIEW/MONOGRAPH/TREATMENT GUIDELINE/ OR PROTOCOL
	Draft Document
	Final Document
	PDF any emails with feedback and changes
	Medication Use Evaluation (MUE), clinical program development/enhancement/analysis, pipeline forecast, cost or budget analysis, or quality assurance (e.g., HEDIS, STARS)
	Draft Document
	Final Document
	PDF any emails with feedback and changes
	PATIENT CARE DOCUMENTATION
	De-identified copies of patient care services/clinic notes (3 per quarter)
	De-identified copies of communication of information to health care professionals when transferring a patient from one health care setting to another or documentation of medication reconciliation after patient has transferred from one health care setting to another (3 per quarter)
	At least two examples of resident's written materials to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.
	Any documentation of formative feedback
	ACTIVITY TRACKING SPREADSHEET
	Quarter 1 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 2 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 3 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 4 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 5 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 6 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 7 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	Quarter 8 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, leadership)
	OTHER
	Pre-residency CV
	End of residency CV
	List of activities at a national, state and/or local professional association during the residency
	Evidence of resident's contributions to the Pharmacy planning process.

Program Disciplinary Policy

I.	Resident Standards

While every effort is made to assure the success of a resident through a residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each resident must meet, and the deadline, if applicable:

A.	Administrative Requirements: The following are required for all residents by the end of their first 120 days of the residency. A copy of documentation or proof of training must be provided to the Program Director by the due date:

- CPR Certification for Basic Life Support
- Licensure to practice pharmacy in the state of Wisconsin

B.	Policies
- The Resident is subject to all applicable rules, policies and procedures of the resident's host practice site, the School of Pharmacy, and Concordia University.
- Resident must adhere to HIPAA policy of each site where education occurs.
  Gross misconduct towards the RPD, any member of the Pharmacy Department, other healthcare worker, or patients will result in a warning and, based on the severity, a written warning as outlined in bullet point two of section II.A.
- Chronic absenteeism may be considered to impede progress towards residency goals attainment and can result in a written warning as outlined in bullet point two of section II.A.
- If resident does not show steady progress during the residency program, the resident will be placed on probation and provided in writing an outline of expectations that must be met in order to continue in the program. (see II: Disciplinary Policy)
- If the resident commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy, this would result in immediate dismissal.

II.	Disciplinary Policy
A.	If the Program Director determines through documentation that the Resident is not meeting program expectations or performance criteria, the following actions will be taken:

- The Resident will be notified in writing of the specific complaint against the Resident.
- Within 30 days of receiving the written complaint a meeting will be scheduled between the resident and Program Director.   The purpose of the meeting will be to present the evidence, allow the Resident an opportunity to defend him or herself, and determine if the Resident should continue or be dismissed from the program. The Resident may choose to be represented by an attorney at the hearing. The University may choose to invite legal counsel to participate. One of three courses of action will be taken after the conclusion of this meeting, as determined by the Program Director.

1. *Dismissal of the Complaint*: If the Resident is able to prove that the complaint is not supported by the evidence, the complaint will be dropped, and the Resident will continue in the program.
2. *Probation*: A plan of action will be designed and implemented, giving the Resident a defined period of time to demonstrate improvement. The benchmarks for improvement will be outlined in writing. The Resident and Program Director will meet once per week during the probation period, to review progress. At the end of the defined period, the Resident and Program Director will meet to evaluate the Resident's progress. One of two courses of action will be taken after this meeting, as determined by the Program Director:
   - The Resident will be taken off probation and allowed to continue with the residency program; or
   - The Resident will be dismissed from the program, effective immediately.
   - The residency program may be extended if a resident is not meeting expectations and a remediation plan is implemented, to a maximum of 3 months. At that time, if the resident is still not meeting expectations, they will be dismissed from the program.
3. *Dismissal*: The Resident will be dismissed from the program by the Program Director, upon recommendation of the Preceptor(s), effective immediately. Any decision by the Program Director will be communicated to the Resident in writing.

B. <u>Appeals</u>

The Resident has the right to appeal any decision to the Dean of the School of Pharmacy. The appeal must be made in writing within five business days after the receipt of the Program Director's decision. It must include the Resident's basis for appealing the decision. The Dean will contact all parties to determine a mutually agreeable time for the Program Director to discuss the matter. The Dean will question each person and consider the evidence presented. Within 10 business days after the Dean's receipt of the Resident's appeal, the Dean will decide either to dismiss the Resident or remand the matter back to the Program Director. The decision by the Dean will be communicated to the Resident in writing and will be considered final.

Employment Policies for 24-month Practice and Academic

Leadership Emphasis Resident at CUWSOP

All policies related to pharmacy resident employment for the 24-month resident can be found in the Employee Handbook, available at Employee Handbook 2024.pdf.

The resident is encouraged to read the policies in their entirety. As it relates to resident progression through the program, policies related to professional, family and sick leaves can be found in Section 10 and the consequences of any such leave on the residents' ability to complete the residency program are outlined below.

Residents are considered staff employees and are regular salaried, exempt employees with an end date coinciding with two years from start date OR another later time as determined by Human Resources based upon the need to complete residency program requirements due to an approved leave.

Holidays

Residents will receive holiday hours equal to the hours they would have worked but for the holiday. CU recognizes the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Holidays that fall on a weekend may be observed on the preceding Friday or the following Monday as determined by the University's administrators. A holiday falling on an authorized vacation day is recorded as holiday time.

Vacation

Vacations should be scheduled in no less than one-half (1/2) day increments.

Supervisors will attempt to grant vacation requests whenever possible, but work requirements and seniority within the department will be considered. All vacation time must be approved in advance by the employee's supervisor.

Benefit Eligibility: Exempt Full-Time Employees Less than 10 years of employment:
- One and one-half (1-1/2) day for each month completed at July 1st – up to a maximum of fifteen (15) working days per year.

It is expected that residents will take their vacation time proportionally from their time in direct patient care activities (50%) and time on campus (50%).

Consequences of Leave on Program Completion

1. Violation of any policies in the Employee Handbook may be grounds for dismissal from the program.
2. It is expected that residents will put forth an effort of at least 45 hours of work/week and will complete the residency completion requirements. Any extended leave beyond 37 days per year (includes professional/conference days, interview days, vacation days, holidays, sick leave, extended leave, paid leave, unpaid leave) must be made up in its entirety. The residency program director may offer a paid extension of the residency program in order to complete the program requirements, up to a maximum of 6 months.

Conferences and Travel

CUW SOP will pay for membership in Pharmacy Society of Wisconsin (PSW) and American Association of Colleges of Pharmacy (AACP). In addition, the residency program will support membership in one other pharmacy organization. Residents should communicate with the residency program director (RPD) to coordinate reimbursement for this membership.

Residents will receive some financial support and conference days for professional meeting attendance to further their professional development. Residents should coordinate with the RPD to ensure that conference attendance will be supported and reimbursed.

Residents may also be asked to attend recruitment events for the residency program. In general, registration, travel, and a minimum number of hotel nights will be reimbursed. Residents should coordinate with the RPD to ensure what the resident responsibilities will be and what will be reimbursed.

Actual itemized receipts and credit card receipts will be needed and an expense form will need to be completed within two weeks after traveling. Contact residency program coordinator for help in completing the expense form.   In general, reasonable meal, airfare, and hotel costs will be reimbursed. You must also fill out the purpose of the expense. Please work with the DPP/residency program coordinator or the RPD to accurately complete the form.

Staffing and Moonlighting

Staffing

- A staffing component (activity primarily comprised of a traditional medication dispensing role) may be a core component of the resident's experience and should not exceed an average of 9 hours of commitment during normal business hours per week. Any required staffing component during normal business hours should be associated with the day-to-day activities of the pharmacy department at the resident's primary practice site. These activities will be a component of the resident's stipend. No additional compensation will be provided for this service.

- "Duty Hours" are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
    - o Duty hours cannot exceed 80 hours per week, averaged over a four-week period.
    - o With respect to this 80 hour limit, all on-call/staffing activities (required and voluntary) will be counted toward this weekly limit.
    - o Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
    - o Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Moonlighting

- Residents may choose, if desired, to pursue part-time employment with other organizations as long as this work does not interfere with patient care and learning responsibilities of the resident within the program.
- Because residency education is a full-time endeavor, the Program Director is responsible for ensuring that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Residents shall report any moonlighting hours to the Residency Program Director.
- Moonlighting hours will be considered in the overall process of evaluation resident performance and may be a factor in considering and related to actions in disciplinary processes.

Duty Hour Requirements for Pharmacy Residencies

Purpose Statement

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

Statement on Well-Being and Resilience

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.

C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.

D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

II. Duty Hour Requirements

A. Duty hours: Defined as all hours spent on <u>scheduled</u> clinical and academic activities, regardless of setting, related to the pharmacy residency program that are <u>required</u> to meet the educational goals and objectives of the program.

1. Duty hours **includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and

assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

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

B. Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

C. Mandatory Duty-Free Times

1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

2. Residents must have at a minimum of 8 hours between scheduled duty periods.

D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.

2. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section**.**

E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.

    a. The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)

2. Review of tracking method must be completed on a monthly basis.

3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

III. Moonlighting

A. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor

compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.

D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:

1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.

2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.

3. A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

IV. Call Programs

A. If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:

1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.

2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.

4. Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c)) must be included in the tracking of hours.

5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.

6. In-House Call Program

    a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.

    b. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.

        i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

c. Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.

d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.

7. At-Home or Other Call Programs

a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

b. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:

i. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.

ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.

PGY1 Pharmacy Residency Program
Procedure for Recruitment, Application Review, Finalizing Candidate Rankings
and Issuance of Offer Letters

1. The Residency Program will recruit at local, state, and national residency showcase/events. The Residency Program will participate in at least one virtual recruitment event when they're offered in an effort to reach a more diverse applicant pool.
2. The Residency Program will utilize a centralized application process, managed by the Residency Program Coordinator, under the direction of the Residency Program Director.
    a. The Program Director will establish an application deadline each year.
    b. The Program Coordinator will facilitate the receipt of applications, electronically when feasible. The required applications materials will include: cover letter, completed centralized application form, curriculum vitae, 3 letters of reference and professional school transcripts.
    c. The Program Director will confirm that applicants to the program are graduates or candidates for graduation of an ACPE accredited (or in process of pursuing accreditation) degree program or have a FPGEC certificate from NABP.
    d. Preceptors will be notified of the receipt of application materials. All application materials for these candidates will be made available electronically to preceptors.
3. The program director with site preceptors, will determine which candidates they wish to interview, applying criteria outlined in the program's "*Candidate Application Screening Rubric*."
4. The Residency Program Coordinator will process interview requests and facilitate scheduling of interviews across the program.
    a. Selected candidates will have virtual interviews. Interviews will include

        i. 1:1 meeting with the Director
        ii. group interview with Preceptors
        iii. meeting with current resident (when applicable)
        iv. group interview with selection of APC coordinators
        v. a presentation
    b. Interviewed candidates will be evaluated based on the criteria outlined in the program's *Post-Candidate Interview Evaluation Rubric*. Informal feedback will also be solicited from faculty that attend the presentation and will be considered by the preceptors when ranking candidates.
    c. Following completion of all candidate interviews, preceptors will submit preferred candidate rankings to the Program Director.
    d. The Program Director and preceptors will consult on the submitted candidate rankings, collaboratively establishing a final rank ordered list to be submitted to the National Matching Service.

i. Individual scores from the interview rubrics will be summed and an initial rank list developed

ii. The Program Director and preceptors will be unblinded to all scores and comments for each candidate

iii. The initial rank list may be re-ordered based on discussion about resident's fit with the program. A candidate may not be ranked if they are deemed unfit for the residency program

iv. If a consensus is not reached by the Program Director and preceptors the RPD will finalize the final Rank Order list

e. If Phase II or Scramble interviews occur, the same process as above is utilized.

5. Applicants will be offered an optional on-site tour of campus and the first-year clinic site. This tour will be conducted by the current residents, and will occur after the preceptors meet to rank the applicants. The tour will occur in the 1-2 weeks prior to when the applicants' rank lists are due. Whether applicants participate will have no bearing on their ranking by the preceptors.

6. The Program Director will facilitate all logistics with the National Matching Service, including:

a. Program registration and establishing the specific site listings within the National Matching Service.

b. Submitting final rank ordered candidate lists for each training site within the program.

c. Receiving the results of the Match and communicating these to each affiliated site.

d. Reviewing non-matched candidates for potential consideration of unfilled residency positions in Phase II or the Scramble.

7. Upon receiving result of the National Matching Service and considering candidacy of non-matched candidates for un-matched positions, the Program Director will prepare official offer letters to candidates within the prescribed time.

a. Acceptance of offer letters will be contingent upon:

i. Returning a signed offer letter

ii. Completing professional licensure examinations prior to the deadline established by the program

iii. Passing a criminal background check

Candidate Application Evaluation

Candidate: _____   *Reviewer:* _____

Candidate Application Screening

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
Cover Letter • *Clarity/written communication skills* • *Desired learning experience aligned with program goals* • *Evidence of knowledge of program*	Cover letter does not address any of the expected components adequately *0 points*	Cover letter displays appropriate communication skills, but fails to address either of the other two components *2 points*	Cover letter displays appropriate communication skills and addresses one of the other two components *5 points*	Cover letter address all components, but does not do so clearly or in a compelling way *7 points*	Cover letter address all components and is clear and compelling *10 points*	
Experience/Curriculum Vitae • *Extracurricular involvement* • *Well-rounded practice experience* • *Pursuit of unique learning experiences* • *Seeks leadership opportunities*	CV displays one or less desired components *0 points*	CV displays evidence of two components *2 points*	CV displays evidence of three components *5 points*	CV displays evidence of four components, but evidence is not substantial *7 points*	CV displays substantial evidence of four components *10 points*	
Letters of Reference • *Self-motivated* • *Completes high quality work* • *Important contributor to a team*	Letter does not address any of the components	Letter addresses one component	Letter addresses two components	Letter addresses all components	Letter addresses all components exceptionally	
Letter 1	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Letter 2	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Letter 3	*0 points*	*0.5 points*	*1.5 points*	*2.5 points*	*3.5 points*	
Transcript	Extremely poor academic performance (< 2.24 GPA or <25% class rank in P/F system) *0 points*	Poor overall academic performance (2.25-2.49 GPA or Top 75% class rank in P/F system) *1 point*	Average academic performance (2.5 – 3 GPA or Top 50% class rank in P/F system) *2 points*	Above average performance in practice-related coursework (Top 25% class rank in P/F system) *4 points*	Above average overall coursework (Top 10% class rank in P/F system) *5 points*	
					Total Score	

Comments:

Candidate Interview Evaluation

Candidate: _____   *Reviewer:* _____

Post-Candidate Interview Evaluation

Criteria	Unacceptable	Below Average	Average	Above Average	Exceptional	Pts
Communication skills • Eye contact • Confidence • Asks appropriate questions • Responses to questions are articulate and appropriate • Critical thinking demonstrated	Poor skills/poise *0 points*	Minimal skills/poise *2 points*	Average skills/poise (meets several criteria) *5 points*	Above average skills/poise (meets most criteria, including critical thinking) *7 points*	Exceptional skills/poise (meets all criteria) *10 points*	
Ability to articulate a personal vision for career in pharmacy	Cannot describe vision *0 points*	Vision is not clearly articulated *2 points*	Vision is clearly articulated *5 points*	Vision clearly articulated/ somewhat compelling *7 points*	Vision is clearly articulated and very compelling *10 points*	
Evidence of ability to effectively manage workload of residency program	No ability noted *0 points*	Minimal evidence/ability *2 points*	Average ability noted (project or org involvement) *5 points*	Above average ability noted (multiple projects OR significant org involvement) *7 points*	Exceptional ability noted (excellent time management skills, multiple projects AND significant org involvement) *10 points*	
Commitment to providing patient-centered care	No commitment noted *0 points*	Minimal evidence/commitment *2 points*	Average experience/commitment shown (limited ambulatory care experience) *5 points*	Good experience and desire demonstrated (in-person ambulatory care experience) *7 points*	Substantial experience in ambulatory care and desire demonstrated *10 points*	

Commitment to teaching	No commitment noted *0 points*	Minimal evidence/commitment *2 points*	Minimal experience, but desire for involvement shown *5 points*	Teaching experience and desire demonstrated *7 points*	Substantial experience (lecturing/lab instruction) and desire demonstrated *10 points*	
Experience in leading groups and/or program improvement	No experience discussed *0 points*	Experience is limited *2 points*	Minimal experience, but desire for involvement shown *5 points*	At least 1 leadership experience and desire demonstrated *7 points*	Multiple leadership experiences experience and desire demonstrated *10 points*	
Presentation skills • Confidence • Avoid Filler Words • Eye Contact • Presentation Flow • Speaking beyond slides • Ability to "Think on Feet" • Response to Audience Questions • Topic Appropriate for Audience	Poor skills/poise *0 points*	Minimal skills/poise (minimal engagement) *2 points*	Average skills/poise (some active learning, meets time req.) *5 points*	Above average skills/poise (meets several criteria and includes active learning) *7 points*	Exceptional skills/poise (meets all criteria and includes active learning) *10 points*	
Alignment of career and educational goals with program (mission fit)	No alignment demonstrated *0 points*	Alignment is minimal and may be better with another program *2 points*	Alignment is evident, but another program may be better. *5 points*	Alignment with site is clear and a good fit *7 points*	Alignment with site is clear, compelling and an exceptional fit. *10 points*	
					Total Score	

Comments:

Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) *Indicates Objective results in a resident deliverable.*	DPC Year 1	DPC Year 2	Teaching	Academic & Personal Dev.	Staffing	Orientation
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).						
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	X	X				
R1.1.2: (**Evaluating**) Assess clinical information collected and analyze its impact on the patient's overall health goals.	X	X				
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	X	X				
R1.1.4: (Applying) Implement care plans.	X	X				
R1.1.5: (**Creating**) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	X	X				
R1.1.6: (**Analyzing**) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	X	X				
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.						
R1.2.1: (Applying) Collaborate and communicate with healthcare team members.	X	X				X
R1.2.2: (Applying) Communicate effectively with patients and caregivers.	X	X				X
R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.	X	X				

Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) *Indicates Objective results in a resident deliverable.	DPC Year 1	DPC Year 2	Teaching	Academic & Personal Dev.	Staffing	Orientation
Goal R1.3: Promote safe and effective access to medication therapy.						
R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.					X	
R1.3.2: (Applying) Participate in medication event reporting.	X				X	
R1.3.3: (**Evaluating**) Manage the process for preparing, dispensing, and administering (when appropriate) medications.					X	
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).						
R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures. [New]	X					
*R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	X	X				
Goal R2.1: Conduct practice advancement projects. (could add to DPC year 1 if 2 year project vs creating a project learning experience)						
R2.1.1: (**Analyzing**) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.		X				

Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) *Indicates Objective results in a resident deliverable.*	DPC Year 1	DPC Year 2	Teaching	Academic & Personal Dev.	Staffing	Orientation
*R2.1.2: (Creating) Develop a project plan.	X (2nd project)	X				
R2.1.3: (Applying) Implement project plan.		X				
R2.1.4: (**Analyzing**) Analyze project results. [New]		X				
R2.1.5: (**Evaluating**) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.		X				
*R2.1.6: (**Creating**) Develop and present a final report.	X (2nd project)	X				
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.						
R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.	X			X		
R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	X			X		
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.						
R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.	X	X	X	X		X
R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	X	X	X	X		X
R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.	X	X	X	X		X
R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served. [New]				X		

Harmonized PGY1 Pharmacy, Managed Care, Community-Based CAGO (2024) *Indicates Objective results in a resident deliverable.*	DPC Year 1	DPC Year 2	Teaching	Academic & Personal Dev.	Staffing	Orientation
Goal R4.1: Provide effective medication and practice-related education.						
*R4.1.1: (**Creating**) Construct educational activities for the target audience.	X		X			X
*R4.1.2: (**Creating**) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	X		X			
*R4.1.3: (**Creating**) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	X		X			X
R4.1.4: (**Evaluating**) Assess effectiveness of educational activities for the intended audience.	X		X			
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.						
R4.2.1: (**Evaluating**) Employ appropriate preceptor role for a learning scenario.	X		X			

Resident Orientation Topics

Logistics (Sarah Ray)

- One Drive, Outlook
- Portal
- Blackboard
- Faculty Handbook/Employee Handbook
- Bylaws
- Office supplies and other office needs
- Maintenance
- Classroom (AV) support
- IT support
- Chapel time
- ATM, vending, exercise, sports
- Admin Support
    - Lisa Pintor
- Concordia Cares
- Vaccines
- Phones and long distance
- Accreditation standard
- ID card

Development (Sarah Ray)

- Annual development dollars
- Self-tracking expenses
- "Own" expenses vs SOP expenses
- Reimbursement process
- Assessment process
- CELT
- DPP and CUWSOP Seminars
- Topic Discussions
- Masters Coursework

Practice

- Faculty practice site partners overview
    - Progressive Community Health Center
    - Second year site
- Insurance coverage

Scholarship

- Peer reviewed abstracts/posters
- Poster printing
- Manuscripts and journal options

- o Clinical
- o Educational
- Faculty scholarship interests

Sessions to be scheduled with others (resident to schedule)

Teaching and Assessment

- Curriculum Overview (Mike Brown)
- Curriculum Committee Overview and Policies (Chair of committee)
- APC series
  - o Overview (Sarah Ray)
  - o APC instructors (Beth Buckley, Kassy Bartelme, Joe Dutzy, Megan Fleischman, James Lokken, Hazel Morgen)
- Pharmacotherapy series including guiding principles for lecturers (Anne LaDisa)
- Academic Resident Rotation/Teaching Certificate (Audrey Kostrzewa, Sarah Ray)
- DI resources and library access (Kathy Malland)
- Dual Degree programs (Sarah Ray)
- IPE (Anne LaDisa)
- IPPE/APPE series and Pathways (Melissa Theesfeld)
- Instructional Design Center (Justin Frisque)
- SLOs and Assessment (Nicia Lemoine)
- PollEverywhere (Nicia Lemoine)
- EHR-Go (Sarah Ray)
- Grading rubric system (Mike Brown)

Service

- CUWSOP opportunities (Hazel Morgen)
  - o CSPA and other student groups
  - o Standing Committees
  - o Ad hoc committees
- CUW opportunities (Sarah Ray)
- National and local involvement (Sarah Ray)
- Admissions (Michael Pickart & Nancy Stoehr)
  - o Student candidate interviews
  - o Recruitment
- Student Affairs (Lauren Dixon)

CUWSOP PGY1 Pharmacy Residency Program
Resident Assessment Process

Preceptors and residents will document progress with respect to specific educational goals and objectives on a quarterly basis. All evaluations will be completed online through the PharmAcademic system as outlined through the Residency Learning System Workbook.   The resident's initial resident assessment will be completed and customized quarterly learning plans will be completed. The following summarizes the timing and components of the evaluation process.

Initial Resident Assessment
Incoming residents will complete the Initial Resident Entering Self-Assessment prior to their start date. Preceptors and residents must meet to review the initial resident assessment and complete the Initial Development Plan which includes resident self-reflection and self-evaluation within 4 weeks of their start dates. Preceptors must ensure that areas identified as initial strengths and weaknesses are evaluated during the first quarter for the purpose of fostering strengths or offering remediation as future learning.

Rating Scale Guidance

Rating Scale Component	Definition
Needs Improvement (NI)	- Deficient in knowledge/skills in this area - Often requires assistance to complete the objective - Unable to ask appropriate questions to supplement learning - Repeatedly unable to meet deadlines
Satisfactory Progress (SP)	- Adequate knowledge/skills in this area - Sometimes requires assistance to complete the objective - Able to ask appropriate questions to supplement learning - Requires skill development over more than one rotation
Achieved (ACH)	- Fully accomplished the ability to perform the objective - Rarely requires assistance to complete the objective; minimum supervision required - No further developmental work needed
Achieved for Residency (ACHR) Completed by RPD only	Resident consistently performs objective at Achieved level, as defined above, for the residency.

Formative and Summative Evaluations
Formative evaluations are opportunities to provide feedback about a learning activity as the resident is working on the activity. The feedback helps the resident improve as they progress through the learning activity/project. It may be verbal or written feedback.   If written, copies should be saved and uploaded to PharmAcademic (or use the feedback button in PharmAcademic to send feedback).

Summative evaluations are more formal, written opportunities to provide feedback after a learning activity has been completed or at regular intervals (i.e quarterly).   Assessment of the completed activity or progress on the learning activity outlines strengths, weaknesses, and next steps or areas for improvement.

Assessments to be Completed by Preceptors
You will be prompted via the PharmAcademic system to complete evaluations as they are set-up in the system each quarter. Evaluations are set up for each learning experience outlined. You are asked to evaluate the attainment of residency program objectives that are linked to each learning experience. ***This does not mean that there needs to be progress on every objective each quarter.*** It is acceptable to mark NA on some objectives, particularly in the first quarter of the residency. Evaluations should NOT include a list of activities that were completed; rather the evaluations should be an assessment of the resident's strengths and weaknesses and progress towards achieving the objective, with a plan for improvement as necessary. ***We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the residency, with the rest marked as satisfactory progress.***

Please see the section on summative evaluation tips at the end of this document.

Assessments to be Completed by Residents
Residents will complete self-evaluations of their attainment of residency objectives in a manner similar to that requested of preceptors (detailed above).

What is self-evaluation?   It can be described as a process of residents reflecting on and evaluating the quality of their work, their progress towards achieving the goals/objectives of their learning experiences, and identification of their strengths or weaknesses. The self-evaluations should not be a listing of what the resident completed throughout the learning experience, but rather a reflection on their progress towards achieving the objectives and what they will do to improve.

In addition, residents will be asked to evaluate (every 6 months for longitudinal learning experiences) their:
- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience.   Preceptors and residents should meet to discuss the evaluations prior to the quarterly evaluation debriefing meetings.

Quarterly Evaluation Debriefing Meetings
Residents and preceptors must meet to debrief about the contents of the evaluations by the end of each quarter or end of learning experience. The following can be reviewed:
I.   Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.
II.   Identified strengths and areas for improvement in resident's performance for learning experiences covered that quarter.
III.   Plans for addressing areas of improvement in the future.
IV.   Review of preceptor and learning experience evaluations.

Within 2 weeks of completing quarterly online evaluations, residents and the RPD will meet to debrief about the content of evaluations. The following items will be discussed during this meeting, taking all learning experiences into account:

I.   Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.

II.   Identified strengths and areas for improvement in resident's performance for learning experiences covered that quarter.

III.   Plans for addressing areas of improvement in the future.

IV.   Review of preceptor and learning experience evaluations.

V.   Discussion and completion of custom training plans document.

Development Plans Quarters 2-8
Development plans must be completed for the upcoming quarter and discussed at the previous quarter's evaluation review meeting. The intention of these plans is to continue progress in areas of strength and resident interest and address areas of improvement evident from completion of resident evaluations.

Deadlines
There are two deadlines to meet for the purpose of evaluations, a deadline for completing evaluations online and a deadline for residents and preceptors meeting to review evaluation results together and plan for the next quarter. These deadlines for are outlined in the table below.

Deadline for Completing Evaluations Online	Deadline for Evaluation Review Meeting
October 1	October 15
January 4	January 18
April 1	April 15
June 25	June 30 (or last day of residency)

Tips for Summative Evaluation Feedback
1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing formative feedback (can give feedback directly through PharmAcademic) or developing your own evaluation rubric to evaluate their performance.
2. Check the status of Achieve, Satisfactory Progress, Needs Improvement or Not Applicable for each learning objective.
3. When entering commentary for the status of each learning objective ensure that your comments are;
   a. Based on criteria for the objective
   b. Based on firsthand knowledge
   c. Is specific and focused
   d. Is limited to areas of either really exceptional performance or areas of improvement
   e. Do NOT simply restate what the resident did as a part of the objective
4. In the open commentary box at the end of each learning experience evaluation, address the following areas related to resident performance in the learning experience overall.
   a. What strengths the resident demonstrated as a part of this learning experience?
   b. What areas of improvement exist as a part of this learning experience?
   c. What can be done to improve?

See the example below for summative evaluation feedback to include at the end of each learning experience evaluation.

Small Group Teaching Performance

X's greatest strength is in her organizational skills and preparation. From her discussion preparation to ensuring the lab activity flowed smoothly and on time to keeping her grading organized, X applied this strength to all aspects of her teaching. She was conscientious of her effort and time spent on activities, thus, I think that time and personal management is exceptional for this resident. Her grades were always entered on time with no reminders from me. There were no weaknesses identified with her small group teaching performance. Additional areas of performance include;

Factual Content - X was always well versed and showed a high degree of understanding of her topics in drug information, acute renal failure, IV compatibility and patient education. To complement the Acute Renal Failure lab, X developed a phenytoin/fosphenytoin dosing sheet that helped the students develop their knowledge. Evaluating student performance and responding to their needs in this manner exceeds my expectations for first time TAs.   X also provided a nice balance of factual content and her own experiences from practice in the lab. This is the hallmark of our best instructors!

Interaction with Students - X was always deliberate in explaining what was going to be done, which is very important for this generation of learners. She was always positive and demonstrated a passion for teaching and interacting with students.

Lecture Performance - X delivered a lecture on IV Compatibility on October 12, 2009.

Strengths - X developed a very nice presentation and great handout to foster student learning. Bringing an example of a precipitate in a line was excellent. Good use of humor in the lecture. Poise was quite good, especially during student questions. Good opening and use of learning objectives.

Areas to Work On - Make sure to look at all slides ahead of time to assess their legibility on the screen, including color schemes and lighting in the room. There was a little reading off of slides. Using slides to make main points and foster discussion would be ideal. Could optimize active learning techniques a little more especially when working through the case. Instead of just providing the answer, give the students a chance to address it or work through the steps to solve the issue.