



PHARMACY RESIDENCY MANUAL

Cleveland Clinic Akron General

2020-2021

The residency manual will provide guidance to residents and preceptors who participate in pharmacy residency training at Cleveland Clinic Akron General. Where necessary, specific policies are referenced for further information. The manual is organized according to Standards 1 through 4 of the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Pharmacy Residencies accessible at <https://www.ashp.org/Professional-Development/Residency-Information>

Cleveland Clinic Akron General Pharmacy Residency Program Manual

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1. Standard 1: Requirements and Selection of Residents

1.1. Residency Applicants

1.1.1. Candidate Criteria

Pharmacy Residency Applicants will be received through an online submission process with an established deadline in early January. All requested application material must be included to be considered for an onsite interview. Cleveland Clinic Akron General Pharmacy does not sponsor residents for employment-based non-immigration sponsorship. PGY1 pharmacy residents may apply for early commitment to the PGY2 critical care program, as outlined in the early commitment policy. The following are required for an application to be considered:

- a. Pharm.D. degree from an ACPE-accredited school/college of pharmacy (or one in process of pursuing accreditation)
- b. Eligibility for licensure in the state of Ohio
- c. Ability to start residency on established start date
- d. Letter of intent
- e. College transcript
- f. Three (3) letters of recommendation
- g. A response to the requested essay statement that is separate from the letter of intent.

1.1.2. Screening Procedure

All qualifying candidates' application materials will be screened by at least two (2) faculty screeners using a standardized rubric that takes into account scholarly activity, professional and community involvement, work /practice experience, learning experience rotations, letters of recommendation, letter of intent, and the applicant's essay. Any discrepancy in an evaluation criterion that is separated by more than one step on the rubric by the two (2) faculty screeners will be reviewed and adjudicated by the RPD. On-site interview offers will be extended to the top number of qualifying candidates.

1.2. On-site Interview

On-site interviews will be offered to qualifying candidates via email within two (2) weeks of the application deadline. The interview offer email will include:

- (1) Residency Policies
 - a. Pharmacy Residency Successful Completion Policy
 - b. Pharmacy Residency – Licensure in Ohio Policy
 - c. Pharmacy Residency Leave of Absence Policy
 - d. Pharmacy Resident Duty Hours Policy
 - e. Resident Disciplinary Action – Dismissal Policy
 - f. Pharmacy Residency Early Commitment Policy
- (2) Stipend and Benefits information
- (3) Human Resources information

Once interview dates are confirmed, candidates will receive an email confirming the interview date along with an itinerary for the day. Candidates who are not offered an interview will also be notified via email within four (4) weeks of the application deadline.

Interviews will be conducted on site in groups of up to six (6) candidates. Each interviewer will submit an evaluation of the candidate using a standardized rubric. The interview itinerary will include representation from:

- (1) Residency leadership
- (2) Department leadership
- (3) Clinical faculty
- (4) Current residents
- (5) A clinical skills assessment

1.3. Scoring Rubric

The scoring rubric for purposes of ranking candidates will consist of three components added together to determine a final rank score.

- (1) Screening rubric
 - The average score from the screening rubric will be factored in to the final rank score.
- (2) Interview evaluation
 - The average score from all interview evaluations will be added to the final rank score.
- (3) Score on clinical skills assessment
 - During the on-site interview, candidates will complete a patient assessment of a case using a standardized format.
 - The candidate will submit a written evaluation and conduct a face-to-face discussion with one or two clinical faculty who will ask standardized questions and assess the candidate's clinical thinking skills.

1.4. Rank Process

1.4.1. Initial Rank

After completion of all interviews, interview evaluations, and clinical skills assessment evaluations, a committee meeting of all faculty involved (screeners, interviewers, clinical skills reviewers) will be scheduled. Items of business for the rank meeting will be to:

- (1) Determine which (if any) candidates should not be ranked. The reason for not ranking the candidate will be documented in meeting minutes with final decision made by the RPD.
- (2) Discuss the generated rank list based on the three evaluation components listed above. As necessary, specific components and evaluation will be reviewed during the discussion of the actual rank list.
- (3) A final rank list will be approved by the committee.

1.4.2. Phase 2

In the event the program does not match one or more PGY1 residency positions during Phase 1, the program may pursue candidates through the second phase of the match. Applications received during Phase 2 will be reviewed for the following criteria:

- Letters of recommendation – Number of letters that “Highly Recommend” as well as the number of categories marked “Exceeds”, “Appropriate”, etc.
- Faculty recommendations based on professional experience with the candidate.

An opportunity to match will be offered to the top candidates based on the above criteria. The number of offers will depend upon the number of open resident positions with a goal to rank at least 5 candidates per open position.

Candidates in Phase 2 will undergo the same screening and clinical skills assessment as those in Phase 1. Given the shorter timeline, alternatives to an on-site interview may be permitted. Clinical skills assessment may be conducted by review of a case via appropriate technology (e.g. Skype, telephone, etc).

1.4.3. Scramble

In the event the program does not match one or more residency positions in Phase 1 or Phase 2 of the match, the program may pursue residency candidates through the scramble.

Candidates will undergo the same selection and evaluation process as in Phase 2. Given the shorter timeline, alternatives to an on-site interview may be permitted.

1.5. Requirements for Successful Completion

Requirements for successful completion of the Residency are provided to the Residency Candidate prior to the onsite interview and again after successfully matching as part of the residency position acceptance process. (see Pharmacy Residency Successful Completion Policy)

2. Standard 2: Responsibilities of the Program to the Resident

2.1. Residency Policies

Pharmacy residency policies may be accessed through the Cleveland Clinic Policy and Procedures Manager (PPM) from the Akron General homepage. The following six (6) policies are referenced to govern the administration of the Pharmacy Residency programs:

- (1) Pharmacy Residency Successful Completion Policy
- (2) Pharmacy Residency – Licensure in Ohio Policy
- (3) Pharmacy Residency Leave of Absence Policy
- (4) Pharmacy Resident Duty Hours Policy
- (5) Resident Disciplinary Action – Dismissal Policy
- (6) Pharmacy Residency Early Commitment Policy

2.2. Duty Hours

Residents will adhere to duty hour restrictions as outlined in the Cleveland Clinic Akron General duty hours policy. Residents will track their hours and document in the duty hours spreadsheet that is part of the Successful Completion Tracker. Any resident in danger of a duty hours violation must notify the RPD to determine if a resolution plan is needed. Residents will also attest duty hours compliance through PharmAcademic as required. (see Pharmacy Resident Duty Hours Policy on PPM)

2.3. After The Match

Once a candidate successfully matches for the PGY1 pharmacy residency, the RPD will send an acceptance letter no later than 30 days from the match date that includes the following items:

- (1) Starting and ending date for the residency
- (2) Stipend
- (3) Days off
- (4) Benefits information
- (5) Staffing requirements
- (6) Successful Completion Requirements
- (7) Six (6) residency policies
- (8) Paid travel for specific conferences

The residency candidate will be required to sign and date the acceptance letter and return the signed letter to the RPD by the date requested in the letter and prior to beginning residency training.

2.4. Resident Workspace and Resources

Each resident will be provided a dedicated workspace and equipment which includes a desk, chair, desktop phone, laptop computer, desktop computer, corporate mobile phone, and a shared printer.

2.5. Graduation Certificate

Upon successful completion of the residency, each resident will be presented with a graduation certificate signed by the President of Cleveland Clinic Akron General; Cleveland Clinic Chief Pharmacy Officer; Cleveland Clinic Akron General Director of Pharmacy; and the Residency Program Director. The graduation certificate will be presented to the resident by the RPD or designee during the Cleveland Clinic Pharmacy Residency Graduation Ceremony.

3. Standard 3: Design and Conduct of the Residency Program

3.1. Purpose and Structure of Residency Programs

3.1.1. PGY1 Pharmacy Residency

3.1.1.1. PGY1 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.

Pharmacists completing this residency will be competent and confident practitioners of direct patient care in multiple environments, equipped to meet the challenges of current and future pharmacy practice. They will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will exercise skill in educating other health care professionals, students, patients, and the community on drug-related topics. They will demonstrate a high level of professionalism by following a personal philosophy of independent practice, monitoring their own performance, and will contribute to the profession.

3.1.1.2. PGY1 Program Structure/Curriculum

PGY1 Learning Experiences

The PGY1 Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences. There are seven (7) required block learning experiences and three (3) elective experiences.

PGY1 Required block learning experience: A one-month learning experience with a pharmacist attending who practices in that area. A primary preceptor month where the resident functions as the primary preceptor for an APPE student is also required and will be assigned to occur during one of the required experiences. This will be assigned at the beginning of the residency based on the APPE student schedule.

PGY1 Elective block learning experience: A one-month learning experience with a pharmacist attending who practices in that area or with a non-pharmacist clinician (typically a physician).

- See PharmAcademic for a complete list of possible pharmacist-precepted learning experiences.
- Any non-pharmacist precepted learning experiences will be coordinated between the RPD or resident's advisor and the non-pharmacist preceptor. Specific feedback on at least one residency objective relevant to that practice area will be provided by the non-pharmacist preceptor. The resident will also be required to write a reflection on the experience. Non-pharmacist precepted learning experiences will not be scheduled in the first half of the residency year and will be dependent upon adequate progress toward achieving the program objectives as determined by the resident's advisor and the RPD.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.
- **OFF-SITE LEARNING EXPERIENCES:** A PGY1 resident may complete a maximum of one (1) learning experience at another Cleveland Clinic facility as long as the experience is available. In order to be considered for an off-site experience, the resident must:
 1. Request the learning experience by July 31st by notifying the RPD
 2. Complete and submit the necessary application to the hosting institution

Attendance for block learning experiences: It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.

- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

PGY1 Longitudinal learning experience: A learning experience that occurs over the course of the residency year (at least 6 months, but typically 12 months).

PGY1 Pharmacy Residency Learning Experience Schedule Overview

July	August-November	December	January-June
Block Learning Experience Overview			
Orientation <ul style="list-style-type: none"> • Medical Center • Department • Residency • Research 	Four (4) required one-month block learning experiences from the following list: <ul style="list-style-type: none"> • Internal Medicine • Family Medicine • Infectious Diseases • Emergency Medicine • Critical Care (CVICU, NSICU, MICU, SICU) • Ambulatory Clinic • Unit Based Pharmacy 	<ul style="list-style-type: none"> • ASHP Midyear • Projects 	<ul style="list-style-type: none"> • Three (3) required one-month block learning experiences (those not completed during the August to November period) • Three (3) elective one-month block learning experiences
<i>One (1) of the elective learning experiences may be scheduled between August and November based on availability, resident interest and to prepare for interviews at ASHP Midyear</i>			
Longitudinal Learning Experience Overview			
<ul style="list-style-type: none"> • Research project • NEOMED Teaching Certificate or Cleveland Clinic Leadership Certificate • Weekend Staffing • Medication Policy • Medication Safety • Practice Management • Professional Presentations 			

PGY1 Projects

Research Project

- Each PGY1 Pharmacy Resident will develop, conduct, and present a research project over the course of the academic year. Research ideas are generated by the pharmacist attendings who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a therapy related clinical or practice research question. A list of preliminary research ideas will be emailed to candidates in the spring, prior to the start of the residency year. The PGY1 HSPAL resident will complete a project during the second year of their program.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience.
- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project. One (1) advisor should be designated as primary and will be responsible for oversight of the resident’s project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert.

- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

Medication Use Evaluation (MUE)

- The resident will conduct a Medication Use Evaluation as part of the Medication Policy Learning Experience.
- Please see MUE guidance document on PharmAcademic for more details.

Committee Involvement

- The resident will attend and participate in Pharmacy and Therapeutics Committee meetings.
- Each resident will be assigned as a member of one of the four (4) residency subcommittees. The resident will be required to complete one project as determined by the particular subcommittee and needs of the program that year.

PGY1 Professional Presentations

All required presentations will be presented during the weekly dedicated didactic time. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

Pharmacotherapy Conference

- The resident will present one formal Pharmacotherapy Conference (PTC) to the pharmacy faculty.
- The purpose of the PTC is for the resident to deliver a high-quality didactic lecture to pharmacists, pharmacy residents and pharmacy students on a therapeutic topic that is current and relevant to the practice of pharmacy. The allotted presentation time (45 minutes) should be spent outlining learning objectives and evaluating primary literature and/or evidence-based guidelines around the selected topic. The presentation should incorporate active learning to encourage audience participation. At the end of the presentation, an additional 15 minutes should be spent discussing questions prepared by the resident regarding controversial topics, as well as answering general audience questions. The resident will be evaluated on presentation delivery and program content.
- The Pharmacotherapy Conference will be chosen by the resident in collaboration with a sponsoring faculty member and approved by the RPD. Topics will be of timely clinical interest to the patient population served by Cleveland Clinic Akron General. The resident may be asked to repeat the assignment if significant deficiencies are identified by evaluators and the sponsoring faculty.
- Please see the Pharmacotherapy Guidance Document in PharmAcademic for more details.

Formal Case Presentation

- The resident will present one (1) formal case presentations to pharmacy faculty during the residency year. The cases will be identified during patient care rotations and will have a faculty advisor to provide guidance.
- The purpose of the Case Presentation is for the resident to verbally present a patient case to pharmacists and pharmacy residents. This should be interactive with the audience and include a discussion of the primary disease state including primary literature, guidelines, and controversies/questions as appropriate. The allotted time (45 minutes) should be spent presenting the patient case, facilitating problem list development with the audience, discussion of the therapy plan and related controversies/questions. A handout that includes key patient information related to the case should be provided to the audience as well. The resident will be evaluated on presentation delivery and program content with a focus on the following four areas:
 - (1) Presentation of the case itself.
 - (2) Discussion of the problem list (engage co-residents in discussion).
 - (3) Presentation of the topic of interest.

(4) Engaging experts in the room for discussion of clinical controversies or practice-related dilemmas.

- Please see the Resident Case Presentation Guidance Document in PharmAcademic for more details.

Morbidity and Mortality Conference

- The resident will present one (1) Morbidity and Mortality Conference (M&M) to the pharmacy department during a monthly staff meeting. The purposes of the M&M presentation are for the resident to discuss outcomes associated with an adverse event and/or medication error, and to analyze the circumstances surrounding the incident to identify ways to minimize the occurrence of future events within the health system. The resident will be allotted 10 minutes during department staff meetings, which should be spent presenting the circumstances around the medication event, facilitating discussion around possible factors leading to the event, and identifying ways to improve the system to prevent future occurrences of the event. Following the presentation, the resident will prepare and distribute a handout summarizing the discussion and outlining steps for improving the health system. The resident will be evaluated on presentation delivery, program content and handout quality.
- The case will be identified in collaboration with the medication safety pharmacist.
- Please see M&M Guidance Document on PharmAcademic for more details.

Journal Club Presentation

- The resident will present two (2) Journal Club Presentations to pharmacy faculty during the residency year.
- The purpose of the journal club presentation is for the resident to verbally summarize, evaluate and critique new primary literature to pharmacists and pharmacy residents. The resident will be allotted 30 minutes to present relevant background information and summarize the methodology and results of the study. Within this time frame, the resident is also expected to provide a critique of the methodology used within the study (including statistical methodology), and to form a conclusion regarding the clinical applicability of the findings that is independent of the authors' conclusions. A one-page handout that includes pertinent information from the article should be provided to the audience as well. The resident will be evaluated on presentation delivery and program content.
- Journal articles will be chosen by the resident and approved by the advisor or RPD.
- Please see the Journal Club guidance document in PharmAcademic for more details.

PGY1 Didactics

A two hour block of time will be set aside on the same day each week for didactic learning. Residents will be required to attend. During this time, residents will present patient cases, journal clubs, and pharmacotherapy conferences. Residents will also participate in topic discussions and board review sessions. Each resident will be provided with study material for the Board Certified Pharmacotherapy Specialist Exam. Each resident will be assigned topics that they will be responsible for presenting and reviewing with the other residents. Residents should also identify a faculty member with expertise in each topic and invite them to join the discussion. Monthly RPD-Resident meetings will be scheduled during didactics.

3.1.1.3 PGY1 Orientation

An orientation checklist will be provided to the resident and reviewed with the chief resident at the beginning of the residency year. It is the resident's responsibility to make sure all items on the checklist are covered and ask for additional training if needed. Documentation of completion of orientation will be achieved via the Orientation Learning Experience in PharmAcademic where the checklist can also be found. (See Appendix 3.1.1.3)

PGY1 Medical Center Orientation

Orientation to the medical center will occur at the start of residency. This will occur through Graduate Medical Education orientation.

PGY1 Department of Pharmacy Orientation

Orientation to the pharmacy department will occur at the end of June and throughout July. This will be coordinated by the current and incoming chief residents. Residents will receive a tour of the department, introduction to staff, training on hospital and computer systems, and training on pharmacy services. Residents will complete all computerized and written hospital and department competencies for employment.

PGY1 Residency Program Orientation

Orientation to the residency program will occur in June and July. Residents will be oriented to PharmAcademic, the evaluation process, timeline, residency policies, etc. Residents will be reoriented to the Pharmacy Residency Successful Completion Policy and introduced to the Successful Completion Tracker. Residents will complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation and Initial Development Plan to be completed before August 1st.

PGY1 Research Orientation

Residents will receive orientation to the research process in June and July. Residents will complete all required IRRB training during this time.

3.1.2. PGY2 Critical Care Pharmacy Residency

3.1.2.1. PGY2 Critical Care Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

3.1.2.2. PGY2 Critical Care Program Structure/Curriculum

PGY2 Critical Care Learning Experiences

The PGY2 Critical Care Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences. There are five (5) required block learning experiences.

PGY2 Critical Care Required block learning experience: A one-month learning experience with a pharmacist attending who practices in that area.

PGY2 Critical Care Elective block learning experience: A one-month learning experience with a pharmacist attending who practices in that area or with a non-pharmacist clinician (typically a physician).

- See PharmAcademic for a complete list of possible pharmacist-precepted learning experiences.
- Any non-pharmacist precepted learning experiences will be coordinated between the RPD or resident's advisor and the non-pharmacist preceptor. Specific feedback on at least one residency objective relevant to that practice area will be provided by the non-pharmacist preceptor. Non-pharmacist precepted learning experiences will not be scheduled in the first half of the residency year and will be dependent upon adequate progress toward achieving the program objectives as determined by the resident's advisor and the RPD.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.

- **OFF-SITE LEARNING EXPERIENCES:** A PGY2 Critical Care resident may complete learning experiences at another Cleveland Clinic facility as long as the experience is available. In order to be considered for an off-site experience, the resident must:
 3. Request the learning experience by July 31st by notifying the RPD
 4. Complete and submit the necessary application to the hosting institution

Attendance for block learning experiences: It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

PGY2 Longitudinal learning experience: A learning experience that occurs over the course of the residency year (at least 6 months, but typically 12 months).

PGY2 Critical care Pharmacy Residency Learning Experience Schedule Overview

July	August-November	December	January-June
Block Learning Experience Overview			
Orientation <ul style="list-style-type: none"> • Medical Center • Department • Critical Care • Competencies • Residency • Research • Weekend 	Four (4) required one-month block learning experiences from the following list: <ul style="list-style-type: none"> • MICU • SICU • NSICU • CVICU • Emergency Medicine 	<ul style="list-style-type: none"> • ASHP Midyear • Research • Longitudinal projects 	<ul style="list-style-type: none"> • One (1) required one-month block learning experiences (those not completed during the August to November period) • Critical Care Consult • Four (4) elective one-month block learning experiences
Longitudinal Learning Experience Overview			
<ul style="list-style-type: none"> • Research project • Weekend Clinical Service • Critical Care Medication Policy and Management • Professional presentations 			

PGY2 Critical Care Projects

Research Project

- Each PGY2 Critical Care Pharmacy Resident will develop, conduct, and present a research project over the course of the academic year. Research ideas are generated by the pharmacist attendings who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a therapy related clinical or practice research question. A list of preliminary research ideas will be emailed to candidates in the spring, prior to the start of the residency year.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience.

- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project. One (1) advisor should be designated as primary and will be responsible for oversight of the resident's project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert.
- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

Medication Use Evaluation (MUE)

- The resident will conduct a Medication Use Evaluation as part of the Critical Care Medication Policy and Management rotation
- Please see MUE guidance document on PharmAcademic for more details.

Committee Involvement

- The resident will attend and participate in the ICU committee meeting monthly
- The resident will be assigned to be a member to a critical care committee. Examples include but are not limited to sepsis committee or STAT page committee

PGY2 Critical Care Professional Presentations

All required presentations will be presented during the weekly dedicated didactic time. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

Pharmacotherapy Conference

- The resident will present one formal Pharmacotherapy Conference (PTC) to the pharmacy faculty.
- The purpose of the PTC is for the resident to deliver a high-quality didactic lecture to pharmacists, pharmacy residents and pharmacy students on a therapeutic topic that is current and relevant to the practice of pharmacy. The allotted presentation time (45 minutes) should be spent outlining learning objectives and evaluating primary literature and/or evidence-based guidelines around the selected topic. The presentation should incorporate active learning to encourage audience participation. At the end of the presentation, an additional 15 minutes should be spent discussing questions prepared by the resident regarding controversial topics, as well as answering general audience questions. The resident will be evaluated on presentation delivery and program content.
- The Pharmacotherapy Conference will be chosen by the resident in collaboration with a sponsoring faculty member and approved by the RPD. Topics will be of timely clinical interest to the patient population served by Cleveland Clinic Akron General. The resident may be asked to repeat the assignment if significant deficiencies are identified by evaluators and the sponsoring faculty.
- Please see the Pharmacotherapy Guidance Document in PharmAcademic for more details.

Formal Case Presentation

- The resident will present one (1) formal case presentations to pharmacy faculty during the residency year. The cases will be identified during patient care rotations and will have a faculty advisor to provide guidance.
- The purpose of the Case Presentation is for the resident to verbally present a patient case to pharmacists and pharmacy residents. This should be interactive with the audience and include a discussion of the primary disease state including primary literature, guidelines, and controversies/questions as appropriate. The allotted time (45 minutes) should be spent presenting the patient case, facilitating problem list development with the audience, discussion of the therapy plan and related controversies/questions. A handout that includes key patient information related to the case should be provided to the audience as well. The resident will be evaluated on presentation delivery and program content with a focus on the following four areas:
 - (1) Presentation of the case itself.

- (2) Discussion of the problem list (engage co-residents in discussion).
- (3) Presentation of the topic of interest.
- (4) Engaging experts in the room for discussion of clinical controversies or practice-related dilemmas.
- Please see the Resident Case Presentation Guidance Document in PharmAcademic for more details.

Internal Medicine Pharmacy Lecture

- The resident will present one (1) didactic pharmacy lecture to internal medicine residents
- The purpose of this presentation is to teach internal medicine residents a specific critical care pharmacy topic
- The presentation should include pathophysiology, guideline recommendations, and primary literature, as indicated
- The allotted time is 45 minutes

Morbidity and Mortality Conference

- The resident will present one (1) Morbidity and Mortality Conference (M&M) to the pharmacy department during a monthly staff meeting. The purposes of the M&M presentation are for the resident to discuss outcomes associated with an adverse event and/or medication error, and to analyze the circumstances surrounding the incident to identify ways to minimize the occurrence of future events within the health system. The resident will be allotted 10 minutes during department staff meetings, which should be spent presenting the circumstances around the medication event, facilitating discussion around possible factors leading to the event, and identifying ways to improve the system to prevent future occurrences of the event. Following the presentation, the resident will prepare and distribute a handout summarizing the discussion and outlining steps for improving the health system. The resident will be evaluated on presentation delivery, program content and handout quality.
- The case will be identified in collaboration with the medication safety pharmacist.
- Please see M&M Guidance Document on PharmAcademic for more details.

Journal Club Presentation

- The resident will present two (2) Journal Club Presentations to pharmacy faculty during the residency year.
- The purpose of the journal club presentation is for the resident to verbally summarize, evaluate and critique new primary literature to pharmacists and pharmacy residents. The resident will be allotted 30 minutes to present relevant background information and summarize the methodology and results of the study. Within this time frame, the resident is also expected to provide a critique of the methodology used within the study (including statistical methodology), and to form a conclusion regarding the clinical applicability of the findings that is independent of the authors' conclusions. A one-page handout that includes pertinent information from the article should be provided to the audience as well. The resident will be evaluated on presentation delivery and program content.
- Journal articles will be chosen by the resident and approved by the advisor or RPD.
- Please see the Journal Club guidance document in PharmAcademic for more details.

PGY2 Critical Care Didactics

A two hour block of time will be set aside on the same day each week for didactic learning. Didactic time may be shared with PGY1 residents or separated for PGY2 critical care pharmacy residents and preceptors. Residents will be required to attend. During this time, residents will present patient cases, journal clubs, and pharmacotherapy conferences. Residents will also participate and lead topic discussions. Residents should also identify a faculty member with expertise in each topic and invite them to join the discussion. This time will also include meetings with the RPD and meetings of the research committee.

3.1.1.4 PGY2 Critical Care Orientation

An orientation checklist will be provided to the resident and reviewed with the chief resident at the beginning of the residency year. It is the resident's responsibility to make sure all items on the checklist are covered and ask for additional training if needed. Documentation of completion of orientation will be achieved via the Orientation Learning Experience in PharmAcademic where the checklist can also be found. (See Appendix 3.1.1.3)

PGY2 Critical Care Medical Center Orientation

Orientation to the medical center will occur at the start of residency.

PGY2 Critical Care Department of Pharmacy Orientation

Orientation to the pharmacy department will occur at the end of June and throughout July. This will be coordinated by the current and incoming chief residents. Residents will receive a tour of the department, introduction to staff, training on hospital and computer systems, and training on pharmacy services. Residents will complete all computerized and written hospital and department competencies for employment.

PGY2 Critical Care Residency Program Orientation

Orientation to the residency program will occur in June and July. Residents will be oriented to PharmAcademic, the evaluation process, timeline, residency policies, etc. Residents will be reoriented to the Pharmacy Residency Successful Completion Policy and introduced to the Successful Completion Tracker. Residents will complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation and Initial Development Plan to be completed before August 1st.

PGY2 Critical Care Research Orientation

Residents will receive orientation to the research process in June and July. Residents will complete all required IRRB training during this time.

3.1.3. PGY1/2 Health-Systems Pharmacy Administration and Leadership (HSPAL) Pharmacy Residency

NOTE: The 1st year HSPAL will be enrolled into the PGY1 program and will be required to meet the requirements for graduation as specified in the PGY1 section of this manual. Exceptions will be items related to the PGY1 research project. The PGY1 HSPAL resident will meet their research components through assessment of these objectives within their Medication Use Evaluation and Pharmacy Practice Project. The descriptions below represent structure of the PGY2 HSPAL year.

3.1.3.1. PGY2 HSPAL Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Additional focus: A PGY2 health-system pharmacy administration and leadership residency builds upon PGY1 residency graduates' competence in the delivery of patient-centered care and in pharmacy operational services to prepare residents who can assume high level managerial, supervisory, and leadership responsibilities. Areas of competence emphasized during the program include safe and effective medication-use systems, quality assurance and improvement, the management of human resources, the management of financial resources, use of technology, and advanced leadership. The residency lays the foundation for continued growth in management and leadership skills.

Our program: Is designed to provide experiences/competencies to allow a graduate to assume clinical or operational leadership positions. In addition, our program provides experiences at the hospital and enterprise level to allow for a foundation that propels a graduate to enterprise position later in their career.

3.1.3.2. PGY2 HSPAL Program Structure/Curriculum

PGY2 Learning Experiences

The PGY2 HSPAL Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences. There are nine (9) required block learning experiences, 1 month for longitudinal project focus and two (2) elective experiences.

PGY2 Required block learning experience: A one-month learning experience with a pharmacist attending who practices in that area. A primary preceptor month where the resident functions as the primary preceptor for a PGY1 HSPAL pharmacy resident is also required as the last rotation of the PGY2 year.

PGY2 Elective block learning experience: A one-month learning experience with a pharmacist attending who practices in that.

- See PharmAcademic (and listed in the table below) for a complete list of possible pharmacist-precepted learning experiences.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.
- **OFF-SITE LEARNING EXPERIENCES:** A PGY2 resident will have three required rotations off CC AGMC campus. Elective rotations off-site will be restricted to within the CCHS. These rotations will need to be coordinated based on availability of the hosting site in concert with the RPD.

Attendance for block learning experiences: It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

PGY2 Longitudinal learning experience: A learning experience that occurs over the course of the residency year (at least 6 months).

PGY2 HSPAL Pharmacy Residency Learning Experience Schedule Overview

July	August-February	March	April - June
Block Learning Experience Overview			
Leadership, CC AGMC <ul style="list-style-type: none"> • Leadership philosophies for the year • Review of organizational structure • Reiterate Chief Pharmacy Resident responsibilities 	Six (6) required one-month block learning experiences (see below) and one elective: <ul style="list-style-type: none"> • Procurement & Support Services, CC AGMC • Operations, CC AGMC • Clinical Operations, CC AGMC • Technology/Automation, CC AGMC 	<ul style="list-style-type: none"> • Project finalized and MUE coordination completed. 	<ul style="list-style-type: none"> • One (2) required one-month block learning experiences <ul style="list-style-type: none"> ○ Medication Safety/Drug Information – CCHS ○ PGY1 HSPAL transition month • One (1) elective one-month block learning experiences

	<ul style="list-style-type: none"> • Regional Operations, CCHS • Health-System Pharmacy Administration, CPO CCHS • One (1) elective one-month block learning experiences 		
<p><i>Available elective rotations:</i></p> <ul style="list-style-type: none"> • Unit-Based Pharmacist Practice/Management/Leadership • Regional Leadership, CCHS • Specialty Pharmacy, CCHS • Advanced, rotation in an area of management that matches position secured post-graduation • 340B management/optimization, CCHS 			
<p>Longitudinal Learning Experience Overview</p>			
<ul style="list-style-type: none"> • Research project • NEOMED Teaching Certificate • Budget Performance/Variance Reporting, Regulatory and Continuous Quality Improvement • Medication Safety • Human Resource Management • Clinical Operations (6 month longitudinal) • NEOMED Masters of Science in Hospital Pharmacy Administration course work 			

PGY2 HSPAL Projects

Research Project

- The PGY2 HSPAL Pharmacy Resident will develop, conduct, and present a research project over the course of the residency year. The research project will start in the PGY1 year. Project development and IRB submittal will be completed at the latest in February of their PGY1 year. Research ideas are generated by the pharmacist leaders who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a practice research question. A list of preliminary research ideas will be emailed to the PGY1 HSPAL resident by September of their PGY1 year. The requirement for completion of their research project will be in the 2nd year of their HSPAL program.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience. In general, the research for the PGY2 HSPAL will expand over one and one-half years to allow for a project larger in scope than can be conducted over 1 year.
- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project. One (1) advisor should be designated as primary and will be responsible for oversight of the resident’s project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert. All documents required during the research year, should also be sent to the RPD for review and comments.
- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents’ projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

Leader/Manager of a define group in the pharmacy

- **Intern Program**
 - The PGY2 HSPAL resident will be responsible for being the “manager” for our fifteen interns.
 - This includes hiring, engagement efforts, progressive discipline, coordinating their summer programs and confirming availability.
 - The PGY2 HSPAL resident is responsible for surveying satisfaction with our intern program, continuous quality improvement and reporting out on metrics (number of interns that successfully secured a residency of their top two choices, the number of interns that apply to our program.

- **Chief Resident**
 - Coordinates PGY1 orientation (new class)
 - Conducts/summarizes SWOT analysis (graduating class)
 - Along with the PGY1 RPD assists with creating the block schedule for each of the 7 residents for the PGY1 year.
 - Creates the staffing schedule (holidays and weekends) for the incoming class of PGY1s.
 - Reviews travel/meeting expectations and coordinating lodging
 - Member of House Staff Senate
 - Serves as liaison between residency and department leadership

- **Pharmacist’s schedule**
 - The resident will be responsible for creating an 8-week pharmacist schedule during their Operations Rotation. This will include navigating all schedule requests, maintaining core staffing and communicating when requests cannot be honored. The resident will also manage filling all scheduling holes which are required to maintain core staffing.

Medication Use Evaluation (MUE)

- As part of the PGY2 HSPAL pharmacy residents’ Clinical Operations rotation, the resident will be responsible for guiding seven (7) PGY1 residents and two (2) PGY2 residents through their MUE projects. The PGY2 HSPAL pharmacy resident will need to assure all deadlines are met and that all PGY1 residents have an actionable plan for continuous quality improvement above “providing education”.

Committee Involvement

- The resident will attend and participate in Pharmacy and Therapeutics Committee meetings.
- The resident, when on-site, will attend and participate in the weekly management meeting.
- The resident, when on-site, will assist with coordinating and participate in the monthly nursing/pharmacy liaison committee
- The PGY2 HSPAL resident will be responsible for chairing CC AGMC’s Pharmacy and Therapeutics Committee meeting in March/April. This will consist of developing the agenda and completing minutes.

Performance evaluations (annual)

- In addition, to evaluations of interns (90-day and annual), the PGY2 HSPAL pharmacy resident will be delegated 6 annual evaluations to complete with guidance from their direct manager and RPD. Those six will consist of:
 - Two pharmacy technicians
 - Two Clinical pharmacists
 - Two Clinical Pharmacy Specialists

PGY2 Professional Presentations

All required presentations will be presented at a staff meeting or during the management weekly meeting. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

Management Case Presentation

- The resident will be responsible for providing two management case presentations during the residency year.
- The presentation will be 20-25 minutes long, with 5-10 minutes for questions.
- Management Case Presentations will be based on:
 - Validating a service against practice standards and making recommendations for improvement
 - Optimizing a service based on workflow assessments and quality outcomes
 - Enhancing employee engagement through actions, feedback, strategies
 - Reducing variance in performing a service to improve the consistency of our service to published expectations.

3.1.3.3. PGY1/2 HSPAL Orientation

The last month of the PGY1 HSPAL resident's residency year will be an orientation to the resident's PGY2 year responsibilities and hand-off. Topics that will be reviewed are as follows:

- Chief Pharmacy Resident Responsibilities
- Hand-off on any open issues within the internship program
- The PGY1 will perform most of activities with coordinating the new PGY1 schedules, staffing schedules and building out the PGY1 residents' residency orientation to staffing

PGY2 Medical Center Organizational Structure Orientation

Orientation to all leaders at CC AGMC and CCHS.

PGY2 PharmAcademic Evaluations Orientation

Orientation on maintaining criteria-based evaluations for preceptors, learning experiences and self-evaluations (when requested). The resident will be educated on the PharmAcademic evaluations should be discussed face-to-face with the preceptor ideally before the end of the rotation, but definitely within 7 days of rotation end or as required with longitudinal rotations.

PGY2 Residency Program Orientation

Requirements for graduation will be reviewed and a general time-table on when items should start to be achieved for the residency will be discussed. The Resident will have an introductory meeting with each of the on-site longitudinal rotations preceptors.

3.1.4. Staffing Learning Experience Requirements

Pharmacy resident staffing is a critical learning experience that will prepare the resident for potential responsibilities post-graduation. Residents will be scheduled to staff on the weekends and holidays as outlined in their Acceptance Letter. Residents will be scheduled to staff as follows:

- PGY1 Residents (including PGY1 HSPAL) will staff every other weekend (Saturday and Sunday) and three (3) recognized holidays as follows:
 - It is a 12 day per pay period (2 weeks) schedule
 - Residents will work 3 of the following holidays (Memorial, 4th of July, Labor Day, Thanksgiving, Christmas and New Year's)
 - Unless someone requests to work Thanksgiving, Christmas or New Years – those holidays will be assigned to the 7 PGY1 residents by a lottery.
 - Shifts on the holidays may be 1st, swing or 2nd shift as assigned
 - Evenings prior to recognized holidays are not considered holidays. If the holiday falls on a Sunday, the resident may be scheduled on a Saturday evening.
- PGY2 Critical Care Residents will staff every other weekend (Saturday and Sunday) and two (2) recognized holidays. PGY2 Critical Care Residents will receive (1) weekday off for each weekend worked.

Resident switching on staffing weekend or holiday.

- A resident may not request time off for a weekend or holiday shift. This is also true for all pharmacists at Akron General
- A resident may switch a weekend shift with any of his/her co-residents but must get approval from the appropriate manager and RPD. Residents have historically had great success supporting each other when planned and unplanned occurrences prevent a scheduled resident from fulfilling their shift. If there are situations where a resident is not able to arrange for coverage, we will create a plan together to fill the schedule hole and have the resident make-up the staffing requirement.

Resident call off on a weekend or holiday shift

- A resident who needs to call off on a weekend or holiday shift due to illness or emergency should follow the call off procedure in the Pharmacy PTO policy (see manager for policy).
 - Residents should first try to switch with a co-resident for the shift that cannot be worked in order to avoid a call off.
 - If none of the other residents is able to switch with the resident calling off, the resident should notify the appropriate manager as below.
 - PGY1 residents should call or text the administrator on call and the Operations Manager.
 - PGY2 Critical Care residents should call or text the administrator on call and the Clinical Manager.
 - A resident who calls off on a weekend or holiday shift must make up the missed shift. The scheduling of the make-up shift will occur at the discretion of the Staffing Learning Experience preceptor based on departmental needs and to ensure the resident has sufficient opportunity to achieve the associated learning objectives. The following will provide guidance for making up a shift.
 - The rescheduled shift may be up to the number of hours that were missed.
 - Residents may be required to take a day off and charged a time-off day in order to make up the missed shift and remain within duty-hours restrictions.
 - In special circumstances at the end of the year, the staffing learning experience preceptor may excuse an absence that has not been made up; so that the resident will be able to meet graduation requirements. This exception will be considered rare and will be communicated to the RPD/RAC if applicable.

3.2 Learning Experiences

3.2.1 Orientation

The primary preceptor for the learning experience will be responsible for orienting the resident to the learning experience by the first day of the orientation. The orientation will be documented in PharmAcademic and should include the following components:

1. Review of Resident's Development Plan
2. Review of Learning Experience Description from PharmAcademic
3. Review of Learning Activities and associated educational objectives
4. Statement of specific activities that will receive special focus based on resident's interests and Development Plan.

3.2.2 Preceptor Evaluation of Resident

Preceptors will provide ongoing and timely feedback to residents regarding their performance on a learning experience. The goal of preceptor feedback is to guide the resident's development as a confident and competent pharmacist, moving the resident toward independent practice on the learning experience. Evaluation may be informal or formal written feedback and should be documented in PharmAcademic.

- For Learning Experiences with more than one preceptor (e.g. Emergency Medicine), one primary preceptor will complete all formal evaluations and will be responsible for collecting input from the other preceptors. Input from other assigned preceptors will be documented in the Summative Evaluation by the primary preceptor.
- For Preceptors-in-training, the preceptor advisor must also participate in and sign off on evaluations.

Formative – Preceptors will provide ongoing timely feedback to residents throughout the learning experience. Informal constructive feedback should be provided immediately as residents complete tasks and the preceptor instructs, models, coaches, and facilitates the experience. Residents who are not progressing satisfactorily should have written formative feedback uploaded in to PharmAcademic during the learning experience. Written feedback must include suggestions for improvement. Examples of written formative feedback may include:

- Comments on SOAP notes
- Evaluation of a patient presentation
- Evaluation of a teaching session

Summative – At the conclusion of each learning experience (quarterly for longitudinal experiences), the preceptor will provide verbal and written feedback on the resident’s progress toward achieving assigned educational goals and objectives. This will be documented on the Summative evaluation in PharmAcademic and reviewed with the resident no later than 7 days after the due date. The following are some general guidelines for documenting summative evaluations:

- Evaluation ratings (e.g. needs improvement, satisfactory progress, and achieved) must be marked for each objective evaluated.
- The majority of commentary provided should be associated with a specific educational objective in order to help track resident progress across multiple learning experiences. The Overall Comments box should NOT contain feedback that is not already presented with one of the objectives.

Definitions for Summative Evaluations – Evaluation Ratings

<p>NI=Needs Improvement</p>	<p>By the end of the Learning Experience, the resident’s skill level does not meet the preceptor’s expectations as demonstrated by performance on the learning activities mapped to that objective. Examples of performance that may be marked as NI include:</p> <ul style="list-style-type: none"> • Inability to complete tasks or assignments without preceptor guidance from start to finish. • Inability to gather patient information required to make basic clinical decisions. • Inability to find information in the literature needed to resolve clinical questions. • Weak knowledge base AND poor retention of information covered during the experience. <p>ALL objectives marked as NI should be accompanied by modifying narrative commentary with suggestions on how to improve (see Level 4 below). The resident and his/her advisor will use this information to modify the Development Plan.</p>
<p>SP=Satisfactory Progress</p>	<p>By the end of the Learning Experience, the resident’s skill level has progressed to a level that the preceptor feels the resident should be able to achieve the objective by the end of the residency. Consideration should be given to the timing of the experience (August vs. May), practice setting (e.g. ambulatory vs. critical care), previous evaluation of that objective on other learning experiences, and upcoming experiences where that objective will be evaluated. Examples of performance that may be marked as SP include:</p> <ul style="list-style-type: none"> • Some tasks or assignments required guidance but the level of appropriate independence increased over the month. • Gathering of patient information improved over the month and progressively required less adjustment by the preceptor. • Increased ability to identify major guidelines and answer drug therapy questions that arose during practice but still needed some guidance. • Weak knowledge base that improved throughout the month with reasonable retention of information covered.
<p>Ach=Achieved</p>	<p>The resident has mastered the objective in the particular practice setting being evaluated and to the level of residency training to date. Many objectives are evaluated in different practice settings and some residents may achieve an objective in one setting and not in</p>

	another. All objectives marked as Achieved should be accompanied by affirming narrative commentary that provides specific examples. (see Level 3 or 4 below)
ACHR=Achieved for Residency	The resident, resident’s advisor, and RPD will collaborate to determine when an objective can be marked as achieved for the residency. The advisor may mark an objective as ACHR based on particular criteria (see below). The RPD may also determine that an objective can be marked as ACHR based on the above criteria and in collaboration with the resident’s advisor, especially in the 4 th quarter of the residency. The residents will track this as part of their development plan and review with their advisors. *Once an Objective is marked ACHR, future evaluations do not need to comment on that Objective unless there is a problem. Future preceptors may mark that Objective as Achieved and state in the commentary, “Already marked ACHR. No problems identified on current Learning Experience.”

Definitions for Summative Evaluations – Narrative Feedback

Preceptors provide narrative feedback to residents during the residency experience. Feedback can be classified as either Affirming (Strength) or Modifying (Area for improvement) and can be provided on 1 of 4 different levels as outlined in the table below.

Example

Objective R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate

Affirming Feedback	
Feedback Level	Example
1 - Acknowledgment	<i>Great job!</i>
2 - Repeats criteria	<i>Documented patient care activities appropriately in the chart.</i>
3 - Reporting of observation	<i>You documented patient care activities appropriately. Problem lists were complete, accurate, and properly prioritized.</i>
4 - Level 3 + example	<i>Your notes were well written from the beginning of the rotation and continued to improve throughout the month. You were able to take complex patients and develop complete, accurate, and properly prioritized problems lists (e.g. patient with acute gout and uncontrolled diabetes had 7 or 8 other problems. Your note demonstrated the proper prioritization of problems and allowed for plan development that considered all the patient’s problems)</i>

Modifying Feedback	
Feedback Level	Example
1 - Acknowledgment	<i>No</i>
2 - Repeats criteria	<i>Patient care activities were not appropriately documented.</i>
3 - Reporting of observation	<i>You struggled with documenting patient care activities clearly. Your notes were not written in a way that the next person seeing the patient would understand your rationale or what you intended to do for the patient based on follow up monitoring.</i>
4 - Level 3 + example and suggestion	<i>Your notes were not written in a way that the next person seeing the patient would understand your rationale or what you intended to do for the patient based on follow up monitoring. Ask yourself what you would want to read in the note if you were the next clinician to see that patient. Avoid using partial phrases and be sure to complete thoughts in your plan section. On future experiences focus on writing notes this way and seek specific feedback from preceptors.</i>

3.2.3 Resident Self-Evaluation

Self-evaluation is an important skill to develop as residents progress to be more efficient, effective, and able to work independently as pharmacists and lifelong learners. Residents may conduct self-evaluation in the following four ways.

1. Each resident will complete a summative self-evaluation on PharmAcademic each quarter through the “Advisor Customized Learning Plan” Learning Experience.
2. At the end of each month, the resident will evaluate progress on each objective via the Successful Completion Tracker.
3. The resident will conduct an initial and quarterly objective-based self-evaluation in PharmAcademic.
4. The resident will formally update his/her Development Plan at the end of each quarter to be presented by the resident’s advisor to the RAC.
5. Residents may be required to write a reflection on particular experiences throughout the year. The reflection tool built in to PharmAcademic will be utilized.

3.2.4 Resident Evaluation of Preceptor and Learning Experience

- Residents will complete an evaluation of each Learning Experience in PharmaAcademic at the end of each experience.
- Residents will also provide an evaluation of each preceptor on each learning experience at the end of the experience. If more than one preceptor is assigned to a learning experience, the resident will provide an evaluation for EACH preceptor with significant exposure to the resident throughout the experience. A resident may decline an evaluation if there was not significant exposure to that preceptor.

3.2.5 RPD Oversight

The RPD will review all evaluations submitted through PharmAcademic. The RPD may send an evaluation back to a preceptor or resident for any of the following reasons:

- Clarification on a comment that is unclear
- Request a higher level of narrative feedback (e.g. an objective marked NI with less than level 4 feedback)
- A significant amount of feedback provided in the Overall Comments box that should be linked with a specific objective
- Unhelpful/confusing narrative feedback such as “See R1.2.1” or “See Above”

3.3 Resident Development Plan

3.3.1 Overview

The resident will have a development plan documented and adjusted quarterly based on evaluation feedback. Each resident will be assigned an advisor who will assist in adjusting the development plan and will serve as the liaison with the RAC.

The Resident Development Plan will include an initial plan and quarterly adjustments that will include:

- **CAREER INTERESTS** – Examples of resident interest areas that may be listed include the following:
 - Practice specialty (e.g. internal medicine, critical care, infectious diseases, psychiatry, etc)
 - Practice setting (e.g. inpatient, ambulatory, academia, publishing, etc.)
 - Both short-term and long-term career goals should be listed. (e.g. Pursue a PGY2 in infectious diseases and eventually a faculty position at a school of pharmacy)
- **STRENGTHS AND OPPORTUNITIES**
 - Professional and personal strengths and opportunities will be assessed for each of the four PGY1 Residency domains. Each assessment will be addressed at subsequent quarterly adjustments.
- **PLAN** – Each identified strength and opportunity will have an associated plan that is followed up on each quarter.
- **REVIEW OF PROGRESS BY OBJECTIVE** – The resident and advisor will review evaluations and note objectives that are achieved and where they are achieved. This information along with narrative feedback will be used by the advisor to determine objectives that can be marked as achieved for the residency (ACHR). Objectives marked NI or

SP with accompanying modifying commentary will also be assessed and used to modify the resident's quarterly Development Plan.

3.3.2 Initial Plan

The initial Development Plan will be completed by the resident based on the resident's incoming self-assessment. The resident will identify strengths and opportunities based on the educational goals and objectives for the residency program and will complete the plan during the orientation period. The advisor will review the initial plan with the resident and complete the Orientation evaluation for the "Advisor Customized Learning Plan" Learning Experience in PharmAcademic to document review of the plan. The RPD will upload the plan in to PharmAcademic to be available to all preceptors.

3.3.3 Quarterly Assessment and Adjustment

Each quarter the resident will review all evaluations for the quarter and adjust the development plan accordingly. The advisor will meet with the resident to review evaluation feedback and help guide the adjustment to the development plan. The resident and advisor will need to address the plan in the following two ways:

1. New plan items – List any new plan items based on interests/career goals, strengths, and opportunities identified that quarter (from review of summative evaluations and feedback).
2. Update on previous plan items – Address progress on previous plan items and whether a specific plan item needs to be addressed further.
3. Objectives that may be marked as achieved for the residency (ACHR). (The resident should use the flow diagram provided in the Successful Completion Tracker and in Appendix 3.5.3)

3.3.4 Review of Progress on Residency Objectives

Marking Objectives as Achieved for the Residency (ACHR)

The resident will review his/her progress toward achieving residency goals and objectives each month using the process below. This review will be done in collaboration with the resident's advisor. The resident's advisor will make recommendations to the RPD for objectives that can be marked as ACHR and continue to monitor progress. The resident will formally update his/her Development Plan at the end of each quarter to be presented by the resident's advisor to the RAC for approval. Any objectives not meeting criteria below for ACHR may be evaluated based on the level of commentary and marked as ACHR by the RPD in collaboration with the resident's advisor.

CRITERIA FOR MARKING AN OBJECTIVE AS ACHR BY THE RESIDENT'S ADVISOR

The resident may recommend and the advisor approve an objective for ACHR when one of the following criteria is met:

- (1) The objective has been achieved on more than one (1) Learning Experience
- (2) After the midpoint (December 31) the objective has been evaluated at least three (3) times and has been achieved on one (1) Learning Experience and has received no Needs Improvement ratings.

ADDITIONAL CRITERIA FOR MARKING AN OBJECTIVE AS ACHR

- (1) Any objective evaluated quarterly on a single longitudinal Learning Experience marked as Achieved on that Learning Experience may be marked ACHR by the RPD based on summative commentary.
- (2) After the midpoint, the RPD and advisor will collaborate to determine objectives that do not meet the above criteria but may be marked as ACHR based on narrative commentary. No objective may be marked ACHR if there is a Needs Improvement rating that has not been subsequently evaluated and received a rating of at least Satisfactory Progress. All objectives with an NI rating must be specifically addressed in the Development Plan.

3.3.5 Role of the Resident Advisor

Each resident will be assigned a resident advisor during the orientation period. Consideration will be given to career interest when selecting an advisor. The advisor will provide guidance to the resident in assessing progress toward achieving the educational goals and objectives for the residency program. The role of the advisor will be to:

- Meet with the resident during orientation to review and complete the initial development plan.
- Meet with the resident monthly to discuss progress and any issues that may arise.
- Meet with the resident quarterly to review evaluations and help adjust the development plan.
- Oversee progress with professional presentations longitudinal learning experience.
- Present resident progress and development plan to the RAC.
- Recommend educational objectives to the RPD and RAC that can be marked as ACHR based on summative feedback provided on Learning Experiences.
- Serve as a resource to the resident for career path development.

(See Resident Advisor checklist – Appendix 3.5.5)

3.3.6 Residency Advisory Committee Review

Review of the content of the resident’s development plan will be the primary mechanism by which the RAC oversees and documents resident progress toward achieving the educational goals and objectives for the residency program. The RAC may make recommendations for adjustment to the resident’s development plan. See section 4.2 for more information on the structure and function of the RAC.

3.4 Continuous Residency Improvement

3.4.1 Curriculum Subcommittee

The curriculum subcommittee of the RAC will consist of preceptors, the RPD, director of pharmacy, and two pharmacy residents. The subcommittee will meet a minimum of twice each year (e.g. June and November) and then periodically as needed to evaluate the residency program structure and curriculum. The subcommittee will make and carry out an action plan for any identified areas for improvement. The chair of the committee or designee will provide updates to the RAC.

3.4.2 Preceptor Appointment and Development Subcommittee

The Preceptor Appointment and Development subcommittee of the RAC will consist of preceptors, the RPD, director of pharmacy, and two pharmacy residents. The subcommittee will meet periodically to review applications for preceptor appointment and reappointment. The committee will also plan preceptor development activities throughout the year. The chair of the committee will provide updates to the RAC.

3.4.3 Resident Recruitment Subcommittee

The Residency Recruitment subcommittee of the RAC will consist of preceptors, the RPD, director of pharmacy, and two pharmacy residents. The subcommittee will be responsible for overseeing the recruitment process. They will evaluate the recruitment process each year and then make and carry out an action plan for any identified areas of improvement. The chair of the committee will provide updates to the RAC.

3.4.4 Residency Research Subcommittee

The Residency Research Subcommittee will consist of all pharmacy residents, all resident research project advisors, and any other interest pharmacy residency preceptors. The subcommittee will be responsible for overseeing the selection, vetting, conduct, progress, and presentation of all pharmacy residency research projects. The subcommittee will meet monthly to review residency research project progress and assist residents with completion of their projects.

3.4.5 Residency Retreat

The RAC will participate in a residency retreat at the end of each residency year. The RAC will review a SWOT analysis compiled by that year’s residency class and develop an action plan based upon this analysis. The standing agenda for the Residency Retreat will include:

- (5) SWOT analysis review and discussion
- (6) Annual subcommittee updates (Review of prior year’s activities and plans for upcoming year)
- (7) Preceptor development activity

3.4.6 Resident Tracking

The RPD will keep a record of each resident and their initial employment after graduating the residency.

3.4.7 Residency Document Review

The following residency documents will be reviewed annually to incorporate any updates/changes.

- Residency Manual
- Residency Policies
- Orientation checklists

4 Standard 4: Requirements of the Residency Program Director and Preceptors

4.1 Program Leadership

Director of Pharmacy: The Director of Pharmacy provides oversight for the conduct of all the pharmacy residency programs at Cleveland Clinic Akron General and also serves as the preceptor for the Practice Management Learning Experience for the PGY1 Pharmacy Residency. The Director of Pharmacy also serves as the Program Director for the Health-Systems Pharmacy Administration and Leadership (HSPAL) PGY1/2 Residency Program.

Residency Program Director: The Pharmacy Residency Program Director for each pharmacy residency program is responsible for oversight of the conduct the respective pharmacy residency program. The RPD is also responsible for appointment and development of preceptors for the respective pharmacy residency program.

Preceptors: Pharmacist preceptors serve as leaders for the residency program in their particular practice areas. Preceptors also serve as research project advisors and residency advisors to mentor and assist residents adjusting their development plans. All preceptors are also members of the Residency Advisory Committee for the respective pharmacy residency program.

Chief Resident: The PGY2 HSPAL resident will serve as the chief resident for the PGY1 Residency Programs. The chief resident will work closely with the RPDs of each program to coordinate resident activities. The chief resident will also participate as a non-voting member of the RAC. Additional duties include but are not limited to assisting the program directors in making the pharmacy resident schedule and planning the resident orientation schedule.

Residents: Residents in all Pharmacy Residency programs should also see themselves as leaders in the program. Residents should be willing to step up and fill a leadership role in their class when needed. Opportunities for specific leadership roles will also be available throughout the residency year. Residents may also help to improve the residency experience and program by providing feedback through Learning Experience evaluations and the end of the year SWOT analysis. Residents may also approach anyone in residency leadership at any time with feedback and suggestions for the program.

4.2 Residency Advisory Committee (RAC)

4.2.1 Structure of the RAC

Each pharmacy residency program will convene a Residency Advisory Committee (RAC) to discuss residency policies and procedures and quarterly to review each resident's progress in the program. The agenda will be determined by the RPD and sent to all members prior to the meeting.

Voting member: All preceptors and preceptors-in-training are considered voting members.

Non-voting member: The chief resident is a non-voting member of each RAC.

Quorum: A quorum will be necessary to vote on and approve any official business. A quorum will be considered present when:

- Eight (8) voting members are in attendance at the PGY1 RAC meeting.
- Four (4) voting members are in attendance at the PGY2 Critical Care RAC meeting.
- Four (4) voting members are in attendance at the PGY1/2 HSPAL RAC meeting.

4.2.2 Function of the RAC

Each pharmacy residency advisory committee serves to establish and maintain an accredited pharmacy residency program. Activities of each RAC include but are not limited to:

- Residency program policy development and approval
- Residency program curriculum development
- Review and approve each resident's development plan
- Review and evaluate resident performance on learning experiences to date

RAC meetings will generally be scheduled during the third week of each month, August through June as follows:

- **Monthly Residency Update:** August, September, November, December, February, March, May

AGENDA

- Review and approval of minutes
- Subcommittee updates
- Policy review/update
- RPD update
- Resident Feedback Tips
- Research project update
- Other Business

- **Quarterly Resident Progress Review:** October, January, April

AGENDA

- Review and approval of minutes
- Review of resident progress and development plans
- Subcommittee or policy updates if needed
- RPD update
- Resident Feedback Tips
- Research project update
- Other business

- **Annual Residency Retreat:** June

Quorum and voting

A quorum must be present to conduct a vote of official business. In the event that a quorum is not present, the meeting may still proceed but any items that need to be voted upon must be tabled. Examples of issues that will require a vote may include:

- (1) Approval of minutes
- (2) Approval of policy changes or updates
- (3) Acceptance of resident quarterly development plan updates
- (4) Resident remediation plan (if needed)
- (5) Resident dismissal (if needed)
- (6) Meeting adjournment

4.3 Preceptors

4.3.1 Overview

Any qualified pharmacist at Cleveland Clinic Akron General may serve as a pharmacy residency preceptor. The RPD for each program is responsible for ensuring that preceptors meet criteria for initial appointment and that reappointment is considered every three (3) years. Preceptors must also participate in ongoing self-evaluation and development.

4.3.2 Responsibilities

Preceptors of each pharmacy residency program are expected to contribute to the success of the pharmacy residents and to the success of the program. Pharmacy residency preceptors should also act as pharmacy role models and at all times maintain professionalism, have a high level of communication, meet deadlines, and support pharmacy residents within all programs. Each preceptor is responsible for completing the academic professional record (APR) form, and participating in three (3) preceptor development activities every 3 years.

Preceptors are responsible for developing and maintaining a learning experience description for their respective learning experience(s). The learning experience description must be completed in PharmAcademic with objectives and learning activities documented as appropriate. Residents should be oriented to the learning experience either prior to the learning experience or on the first day of the experience. Throughout the experience, preceptors should employ direct instruction, modeling, coaching, and facilitating as appropriate. All evaluations must be completed no later than 7 days from the completion of the learning experience.

Preceptors are also expected to follow residency and department policies regarding residents and clinical services. For longitudinal experiences, preceptors should work with the resident to set feasible deadlines for projects when indicated.

4.3.3 Non-pharmacist Preceptors

Rotations with non-pharmacist preceptors will be permitted as electives in the latter half of the residency. A pharmacist preceptor will be identified to establish goals and objectives for training, as well as participate actively in the evaluation of the resident's performance. Approval to complete an elective rotation with a non-pharmacist preceptor must be secured from the resident's advisor and RPD and will be dependent upon adequate progress on achieving residency goals and objectives.

4.4 Preceptor Appointment

Criteria for Appointment

To be considered for appointment (or reappointment) as a preceptor in the pharmacy residency program at Cleveland Clinic Akron General, the preceptor candidate must meet all of the following criteria and be approved for appointment by a majority vote of the RAC Preceptor Appointment Subcommittee. All decisions of the RAC Preceptor Appointment Subcommittee will be reported back to the RAC for affirmation. The details of criteria 3 through 5 can be found on ASHP's Preceptor Academic and Professional Record form.

1. Licensed pharmacist
2. Experience (one of the following)

PGY1 Preceptor

- a. ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- b. ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience.
- c. Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

PGY2 Preceptor

- a. ASHP-accredited PGY2 residency followed by a minimum of one (1) year of pharmacy practice experience in the advanced practice area.
 - b. Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.
3. Recognition in the area of pharmacy practice for which the pharmacist will serve as preceptor.
 4. An established active practice for which the pharmacist will serve as preceptor.
 5. Ongoing professionalism, including a personal commitment to advancing the profession.

4.4.1 Initial Appointment (Appendix 4.4.1)

- Any qualified pharmacist may be considered for appointment as a preceptor for the pharmacy residency program. All pharmacy clinical specialists are required to be preceptors within the pharmacy residency program.
- To be considered for appointment as a preceptor the pharmacist must complete and submit ASHP's "Preceptor Academic and Professional Record" form to the RAC Preceptor Appointment Subcommittee chairperson.
- The chairperson (or designee) will review the submitted documents and present a recommendation to the RAC Preceptor Appointment Subcommittee for approval. Recommendation options include:
 - **Approved** – The RPD and subcommittee will also determine the date at which a newly appointed preceptor may begin taking residents with a goal to wait at least 6 months after the preceptor's start date.
 - **Provisional approval** - The subcommittee may grant provisional approval provided the candidate is able to provide any missing information needed to qualify as a preceptor. The RPD will be able to make this determination and will not require another vote by the subcommittee.
 - **Denied** - If an initial appointment is denied, the subcommittee chairperson will contact the preceptor candidate addressing areas of deficiency and allowing the candidate to provide any additional documentation needed. If a second application is denied, the candidate will not be able to reapply for preceptor until the next year.
 - **Appointment as a preceptor-in-training** – If a preceptor candidate is assigned as a preceptor-in-training, he/she will be assigned a preceptor advisor who will work with the preceptor-in-training to write a specific development plan to achieve full preceptorship within two (2) years.

4.4.2 Reappointment (Appendix 4.4.2)

- Preceptors will demonstrate a sustained record of contributing to pharmacy practice and to self-development.
- Reappointment will occur every three (3) years and will be evaluated on a rolling basis with 1/3 of active preceptors evaluated each year.
- A preceptor who is up for reappointment will submit all necessary documentation to the subcommittee chairperson by May 1st of the year in which reappointment is required. The chairperson (or designee) will review the information and make a recommendation for reappointment for consideration by the RAC Preceptor Appointment Subcommittee. Recommendation options include:
 - **Approved**
 - **Provisional approval** - The subcommittee may grant provisional approval provided the candidate is able to provide any missing information needed to qualify as a preceptor. The RPD will be able to make this determination and will not require another vote by the subcommittee.
 - **Denied** - The subcommittee chairperson will notify the preceptor of the decision and areas of deficiency. The preceptor will be permitted to respond with additional information for reconsideration of reappointment. Preceptors may be granted a one-year probationary period in order to achieve the noted deficiencies. A specific plan to address deficiencies will be required in order to grant a probationary period.
- Items necessary for consideration of reappointment
 - Meets criteria for appointment based on the preceptor's updated Academic and Professional Record.

- Has participated in at least three (3) approved preceptor development activities over the previous three (3) years.
- Has completed at least one (1) annual preceptor and learning experience self-evaluations and improvement plans in the past three (3) years.

4.4.3 Preceptor In Training

- Pharmacists who do not meet qualifications for residency preceptor may participate in residency training as a preceptor-in-training upon approval by the RPD. In such cases, the following things will occur:
 - A currently appointed pharmacist preceptor will be assigned as an advisor.
 - A preceptor development plan will be in place so that the preceptor-in-training will meet qualifications of a preceptor within two (2) years of the implementation of the plan.

4.5 Preceptor Development

It is the expectation that preceptors will continuously develop their teaching skills. Preceptor development will be addressed in two (2) ways.

- Preceptor and learning experience self-assessment and improvement which must be completed every reappointment cycle by each preceptor. (see Appendix 4.5)
- Participation in three (3) approved preceptor development activities each reappointment cycle. The RAC Preceptor Appointment subcommittee chairperson will maintain a list of approved activities which may include but not be limited to:
 - Online or live continuing education activities sponsored by an organization (ASHP, ACCP, etc) or a College of Pharmacy.
 - Review and discussion of key articles provided by the RPD or other residency leadership.
 - Live or recorded development activities offered through the department.
 - If a preceptor participates in an activity at a conference or meeting that may qualify, he/she may submit supporting documentation (slides, objectives, etc).
 - CCHS Preceptor Development conference
 - The Residency Program will provide specific preceptor development in the following ways:
 - Monthly Residency Advisory Committee meeting discussion of residency policies, resident performance, and precepting pearls
 - Residency Retreat Preceptor Development exercise (June)
 - Two (2) resident-led preceptor development activities presented throughout the year during resident didactics. Development topics will be decided upon by the Preceptor Appointment/Development committee and coordinated by the two (2) residents that sit on that committee.

APPENDICES

- Appendix 3.3 Orientation checklist
- Appendix 3.5.3 Flow diagram for monthly assessment of performance by objective
- Appendix 3.5.5 Resident advisor checklist
- Appendix 4.4.1 Preceptor initial appointment checklist
- Appendix 4.4.2 Preceptor reappointment checklist
- Appendix 4.5 Preceptor and learning experience self-evaluation and improvement

APPENDIX 3.3: Orientation Checklist

PGY1 Resident Pharmacist Checklist

Employee name:	Classification: Exempt
Date of hire:	Position:

Orientation	Date Completed	Verified
New employee hospital orientation		Chief Resident
Orientation to the pharmacy department		
<ul style="list-style-type: none"> • Introduction to co-workers 		Chief Resident
<ul style="list-style-type: none"> • Central pharmacy 		Chief Resident
<ul style="list-style-type: none"> • Unit based practice & Clinical specialists 		Chief Resident
<ul style="list-style-type: none"> • Leadership 		Chief Resident
Kronos/Schedule-source		Chief Resident
<ul style="list-style-type: none"> • Timecard approval 		Dept Secretary
<ul style="list-style-type: none"> • Schedule 		Chief Resident/Ops Mgr
<ul style="list-style-type: none"> • PTO request process 		RPD
Job description and assignments with Pharmacy Operations Manager (Staffing) and RPD (Residency)		Ops Mgr/RPD
Pharmacist license/registration received		Dept Secretary
Dress code		Chief Resident
Policy review with Pharmacy Operations Manager		
<ul style="list-style-type: none"> • Policy and Procedure Manual (PPM): enterprise-wide & Akron General-specific policies 		Chief Resident
<ul style="list-style-type: none"> • Pharmacy-specific policies 		Chief Resident/Ops Mgr
Phone contact added to the department list		Dept Secretary
Formulary (online/EPIC)		Chief Resident
Automated Dispensing Cabinet (ADC; Omnicell/Pyxis) password verification statement (signature)		Clinical Systems Analyst
Patient information confidentiality agreement (signature)		Chief Resident
Received policy regarding conflicting cultural values, ethics, and religious beliefs		Chief Resident
<u>Receive and test</u> Pharmacy System Passwords		Mgr Pharm Informatics
<u>Review</u> important dates/deadlines for the year		Chief Resident
Staff meetings/minutes		Chief Resident
Didactics		Chair, Curriculum committee
Downtime & Disaster Plan		Mgr Pharm Informatics / Mgr Medication Safety
<ul style="list-style-type: none"> • Downtime Manual 		Mgr Pharm Informatics / Mgr Medication Safety
<ul style="list-style-type: none"> • Disaster Manual 		Mgr Pharm Informatics / Mgr Medication Safety
Antimicrobial Stewardship Introduction		ID Pharm Specialist
Review all appropriate documents: <ul style="list-style-type: none"> • http://pharmacy.ccf.org/Communications/Antimicrobial%20Stewardship/Forms/AllItems.aspx 		ID Pharm Specialist

<ul style="list-style-type: none"> http://pharmacy.ccf.org/Communications/MedReview/Forms/AllItems.aspx 		
Inpatient Services	Date Completed	Verified by
Orientation to nursing units: location and service		Chief Resident
Orientation to EPIC: CCHS Regional Class and Informatics Manager		
<ul style="list-style-type: none"> Order entry/verification 		Staffing preceptor
<ul style="list-style-type: none"> Patient profile maintenance 		Staffing preceptor
<ul style="list-style-type: none"> Intervention (i-vent) documentation 		Staffing preceptor
<ul style="list-style-type: none"> Label generation 		Staffing preceptor
<ul style="list-style-type: none"> Akron Specific EPIC functions 		Mgr Pharm Informatics
Order Entry		
<ul style="list-style-type: none"> STAT orders, PRN orders, Review Transfer 		Staffing preceptor
<ul style="list-style-type: none"> Telephone: answering, transferring, paging 		Staffing preceptor
<ul style="list-style-type: none"> Non-formulary/Restricted drugs 		Staffing preceptor
<ul style="list-style-type: none"> "Problem orders": documentation + contacting ordering provider 		Staffing preceptor
Dispensing		
<ul style="list-style-type: none"> Automatic Dispensing Devices 		Clinical Systems Analyst
<ul style="list-style-type: none"> Delivery schedule 		Tech (intern)
<ul style="list-style-type: none"> Requirements of pharmacist "check" 		Staffing preceptor
Dispensing of Controlled drugs		
<ul style="list-style-type: none"> Loading to ADCs 		Clinical Systems Analyst
<ul style="list-style-type: none"> Patient's own controlled drugs process 		Staffing preceptor
<ul style="list-style-type: none"> Secure tube process 		Staffing preceptor
<ul style="list-style-type: none"> Discrepancies (resolution and weekend responsibilities) 		Chief Resident
Cart Fill & Exchanges		
<ul style="list-style-type: none"> Assignment schedule and responsibilities 		Staffing preceptor
<ul style="list-style-type: none"> Filing/storage of documentation 		Staffing preceptor
<ul style="list-style-type: none"> Labeling 		Staffing preceptor
<ul style="list-style-type: none"> Returns & Waste 		Staffing preceptor
<ul style="list-style-type: none"> Antibiotics 		Staffing preceptor
Delivery		
<ul style="list-style-type: none"> Delivery Schedule & Procedure 		Staffing preceptor
<ul style="list-style-type: none"> Stat Medications 		Staffing preceptor
TPN: CAPS		
<ul style="list-style-type: none"> Procedure review 		Staffing preceptor
<ul style="list-style-type: none"> Faxing/contacting CAPS 		Staffing preceptor
<ul style="list-style-type: none"> Clinimix 		Staffing preceptor
Other Pharmacy Technologies		
<ul style="list-style-type: none"> Pharmacy Keeper (PK) 		Mgr Pharm Informatics
<ul style="list-style-type: none"> Swisslog 		Lead Pharm Automation Tech
Chemotherapeutic agents		Mgr IV Room
Non-conforming medication use (Policy regarding orders not supported by literature)		
<ul style="list-style-type: none"> Patient's own medication 		Staffing preceptor
<ul style="list-style-type: none"> Stock outs/special orders 		Mgr Pharm Support Svc
<ul style="list-style-type: none"> Borrowing/lending 		Mgr Pharm Support Svc
<ul style="list-style-type: none"> Cerner (Weekend indigent/SAFE program) 		Mgr Outpt Pharm

• Problem solving		Chief Resident
• Employee prescriptions		Chief Resident
Emergency carts and boxes		Chief Resident
• Orientation with ED pharmacy specialists		ED Pharm Specialist
• STAT cart re-stock process		Chief Resident
Clinical Services	Date Completed	Verified by
Vancomycin consult service		ID Pharm Specialist
Anticoagulation consults		Mgr Pharm Clinical
Introduction to HAART monitoring		N/A at this time
Admission medication history & reconciliation		UBP Preceptor
Discharge medication reconciliation & counseling		UBP Preceptor
Requests for counseling on medications		UBP Preceptor
Rounding team assignments (nursing unit-based pharmacists)		UBP Preceptor
Protocols	Date Completed	Verified by
Competency Assessment		
• Floor Stock		Mgr Pharm Support Svc
• Ordering and Receiving		Mgr Pharm Support Svc
• Competency assessment (extemporaneous repackaging, compounding, and labeling)		Pharm Tech Supervisor Mgr Pharm Informatics
Inventory		
• Physical counts/verification		Mgr Pharm Support Svc
• Report generation		Mgr Pharm Informatics Clinical Systems Analyst
• Refilling stock (Swisslog)		Mgr Pharm Support Svc
• OR/Anesthesia		Cx – N/A anymore
• Returns		Tech (intern)
• Report filing/storage		Staffing preceptor
• Discrepancy resolution		Chief Resident
• Nursing Unit Inspections in Pharmacy Keeper with Medication Safety Manager		Mgr Pharm Med Safety
Repackaging and Production with Technician Supervisor		
• Orientation to non-sterile compounding area		Pharm Tech Supervisor
• Use of equipment		Pharm Tech Supervisor
• Procedure		Pharm Tech Supervisor
• Record keeping		Pharm Tech Supervisor
IV Admixtures	Date Completed	Verified by
Aseptic technique: Completion of USP 797 Competency and end product testing including micro testing cultures		Mgr IV room
ASHP e-Learning Modules and/or USP 797 Video		Mgr IV room
New employee power point presentation		Mgr IV room
Media Fill Test and Competency Assessment		Mgr IV room
Laminar flow hood procedure		Mgr IV room
Waste disposal/sharps disposal		Mgr IV room

Premixed Preparations: frozen/piggybacks		
<ul style="list-style-type: none"> Labeling, expiration dates 		Mgr IV room
<ul style="list-style-type: none"> Checking: 2 signatures 		Mgr IV room
<ul style="list-style-type: none"> Delivery schedule 		Mgr IV room
Recycling returns		Mgr IV room
Quality control issues		Mgr IV room
Hood cleaning		Mgr IV room
Temperature records/refrigerators/freezers		Mgr IV room
Competency assessment/Certification		Mgr IV room
Outpatient Pharmacy	Date Completed	Verified by
Bedside Delivery Process Orientation		Mgr Outpt Pharm
Prior Authorization Responsibilities		UBP preceptor
Other Misc.	Date Completed	Verified by
Voicemail set-up		Chief Resident
<ul style="list-style-type: none"> iPhone 		Chief Resident
<ul style="list-style-type: none"> Work desk phone 		Chief Resident
E-mail		Chief Resident
<ul style="list-style-type: none"> Signature 		Chief Resident
<ul style="list-style-type: none"> Communication expectations 		Chief Resident
Important websites		Chief Resident
<ul style="list-style-type: none"> Concur 		DOP/Chief Resident
Resources		Chief Resident
CCAG Intranet Resources (Desktop and mobile)		Chief Resident
<ul style="list-style-type: none"> Lexi-Comp/UpToDate 		Chief Resident
<ul style="list-style-type: none"> MyPaging 		Chief Resident
<ul style="list-style-type: none"> PPM (Policy & Procedure Manager) 		Chief Resident
<ul style="list-style-type: none"> OneHR / Work Day 		Chief Resident
<ul style="list-style-type: none"> SERS (Safety Event Reporting System) 		Chief Resident
<ul style="list-style-type: none"> CC Today Resources 		Chief Resident
<ul style="list-style-type: none"> MyLearning 		Chief Resident
<ul style="list-style-type: none"> REDCap 		Research Coordinator/Chief Resident
<ul style="list-style-type: none"> HEAT ticket process 		Chief Resident
<ul style="list-style-type: none"> Caregiver Celebrations/ HEART 		Chief Resident
Residency Specific Items	Date Completed	Verified by
<ul style="list-style-type: none"> Policies (Dismissal, Licensure, LOA, Duty Hours, Early Commit, Successful Completion) 		RPD
<ul style="list-style-type: none"> Advisor 		RPD
<ul style="list-style-type: none"> PharmAcademic and evaluation process 		RPD
<ul style="list-style-type: none"> Schedules (rotation, weekend, and holiday) 		RPD
<ul style="list-style-type: none"> Committees 		RPD
<ul style="list-style-type: none"> Completion tracker and development plan 		RPD

PGY2 Critical Care Pharmacy Resident Orientation Checklist

Checklist for residents who *completed PGY1 at another facility*

Completed checklist must be signed by RPD and uploaded into pharmacademic by July 31

Activity

Preceptor(s) Initials/Date

Residency Program Overview

- Committees
- Completion tracker and development plan
- PGY2 Didactics
- PGY2 standards, goals, and objectives
- Pharmacademic and evaluation process
- Policy review (complete resident policy checklist)
- Resident longitudinal requirements
- Resident rotation schedule
- Schedules (rotation, weekend, holiday)

Licensure and Certificate Verification

- Send PGY1 certificate to program director
- Upload PGY1 certificate into share drive and pharmacademic
- Upload ACLS verification into share drive and pharmacademic
- Upload BLS verification into share drive and pharmacademic

Incoming Assessments and Evaluations

- ASHP resident entering interest form (pharmacademic)
- Complete initial resident development plan, review with advisor
- Entering objective-based self-evaluation (pharmacademic)
- Select advisor and set up initial meeting

Orientation to the Critical Care Environment

- CVICU orientation
- ED orientation
- MICU orientation
- NSICU orientation
- SICU orientation
- Weekend experience overview

Competencies

- Admission medication history & reconciliation
- Antimicrobial stewardship introduction
- Code blue orientation
- Crash cart competency (ED)
- Crash cart competency (Inpatient)
- Discharge medication reconciliation & counseling
- Vancomycin competency
- Warfarin competency

Pharmacy Operations

- Automated dispensing cabinet overview
 - Discrepancies
- Main pharmacy orientation
 - Introduction to co-workers
 - Order entry/ verification
 - Non-formulary/restricted drugs
 - "Problem orders": documentation + contacting providers"
 - STAT orders, PRN orders, Review Transfer
 - Telephone: Paging

- Dispensing
 - Discrepancies
 - Patient own drug process
 - Secure tube process
- Patient profile maintenance
- Intervention documentation
- Label generation
- Akron Specific EPIC functions

- Practice management orientation

Electronic Systems

- CCAG Intranet Resources
 - Caregiver Celebrations/ HEART
 - CC Today Resources
 - Heat Ticket Process
 - Lexi-Comp/ Up-to-date
 - MyLearning
 - MyPaging
 - OneHr/ Workday
 - RedCap
 - Safety Event Reporting System (SERS)

- Concur
- Create electronic residency binder in share drive
(Contents should also be uploaded into pharmacademic

- Email
 - Communication expectations
 - Signature

- iPhone overview

- Kronos/Schedule source
 - PTO request process
 - Schedule
 - Timecard approval

- Set up EPIC and ICU lists
- Set up weekend EPIC checkout
- Voicemail set up (desk phone and iPhone)

Other

- CITI training
- Cleveland Clinic main campus orientation
- Cleveland Clinic investigator research education
- Dress Code
- Formulary (online/EPIC)
- New employee hospital orientation
- Patient information confidentiality agreement (signature)
- Policy review
 - Pharmacy-specific policies
 - Policy and Procedure Manual (PPM): enterprise-wide and CCAG specific policies
- Phone contact added to the department list
- Received policy regarding conflicting cultural values, ethics, and religious beliefs
- Resident research curriculum
- Upload completed checklist into pharmacademic

PGY2 Critical Care Pharmacy Resident Orientation Checklist

Checklist for residents who *completed PGY1 at Cleveland Clinic Akron General*

Completed checklist must be signed by RPD and uploaded into pharmacademic by July 31

Activity

Preceptor(s) Initials/Date

Residency Program Overview

- Committees
- Completion tracker and development plan
- PGY2 didactics
- PGY2 standards, goals, and objectives
- Resident longitudinal requirements
- Resident rotation schedule
- Pharmacademic and evaluation process
- Policy review (complete resident policy checklist)
- Schedules (rotation, weekend, holiday)

Licensure and Certificate Verification

- Send PGY1 certificate to program director
- Upload PGY1 certificate into share drive and pharmacademic
- Upload ACLS verification into share drive and pharmacademic
- Upload BLS verification into share drive and pharmacademic

Incoming Assessments and Evaluations

- Select advisor and set up initial meeting
- ASHP resident entering interest form (pharmacademic)
- Entering objective-based self-evaluation (pharmacademic)
- Complete initial resident development plan, review with advisor

Orientation to the Critical Care Environment

- CVICU orientation _____
- ED orientation _____
- MICU orientation _____
- NSICU orientation _____
- SICU orientation _____
- Weekend experience overview _____

Competencies

- Code blue orientation _____
- Crash cart competency (ED) _____
- Crash cart competency (Inpatient) _____

Pharmacy Operations

- Automated dispensing cabinet overview _____
- Practice management orientation _____

Set up Electronic Systems

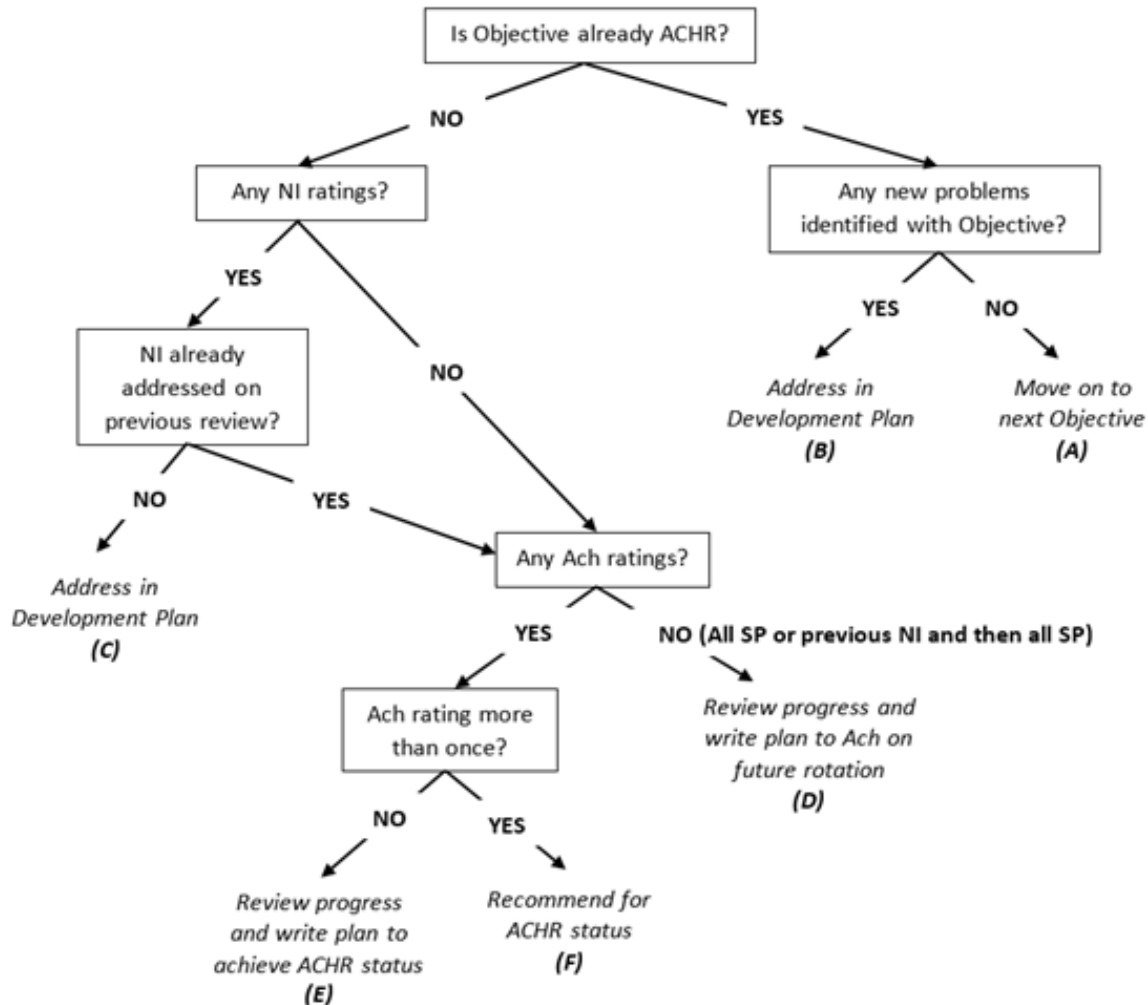
- Create electronic residency binder in share drive
(Contents should also be uploaded into pharmacademic) _____
- Set up EPIC and ICU lists _____
- Set up weekend EPIC checkout _____

Other

- Resident research curriculum _____
- Upload completed checklist into pharmacademic _____

APPENDIX 3.5.3: Flow Diagram for monthly assessment of performance by objective.

The following assessment should be performed each month by the resident for each objective and discussed with resident’s advisor. The process outlined below is for the purpose of modifying the resident’s development plan and ensuring achievement of objectives for the residency (ACHR)



APPENDIX 3.5.5: Resident Advisor Checklist

Pharmacy Residency Advisor Checklist

The PGY1 Pharmacy Residency Advisor will provide guidance to the resident in assessing progress toward achieving the educational goals and objectives for the residency program. The role of the advisor will be to:

- Meet with the resident during orientation to review and complete the initial development plan.
 - Document recommend actions to move residents progress to expectations if there is an area of development identified
- Meet with the resident monthly to discuss progress and any issues that may arise.
- Meet with the resident quarterly (or more often) to review evaluations and help adjust the development plan.
- Oversee progress with professional presentations longitudinal learning experience.
- Present resident progress and development plan to the RAC.
- Recommend educational objectives to the RPD that can be marked as ACHR based on narrative feedback provided on Learning Experiences.
- Serve as a resource to the resident for career path development.

DOCUMENTS TO REVIEW (to be sent to Advisor by Resident):

- Entering Interests Form (*PharmAcademic*)
- Objective Based Self Evaluation (*PharmAcademic*)
- Summative Evaluations (“Goals and Objectives with Evaluations Report”) (*PharmAcademic*)
- Resident Development Plan (*Access Database*)

Monthly Check In (first week of each month)

Review Career Goals

- ___ What are the resident’s career goals?
- ___ What are the resident’s plans to pursue the next professional phase? (PGY2, job)
- ___ Review current schedule and discuss elective rotations to prepare for career.

Review Residency Progress (View as “Goals and Objectives with Evaluations” report in PharmAcademic)

- ___ Are there any objectives rated NI that need addressed?
- ___ Are there any objectives rated SP with commentary that needs addressed?
- ___ What objectives can be marked as achieved for the residency (ACHR)*
- ___ Are there any other concerns from evaluations?
- ___ Is resident on track with Research Project?
- ___ Is resident on track with all other Residency Projects and Presentations
- ___ Is resident active and on track with his/her Residency Subcommittee?
- ___ Is resident on track to complete Teaching Certificate?
- ___ Does the resident have any other concerns?

Additional Items for Quarterly Review (first week of October, January, and April)

Development Plan Review (from Access Database)

- ___ Has the plan been updated by the resident?
- ___ Review listed Strengths and make suggestions based on evaluation feedback.
- ___ Review listed Opportunities and make suggestions based on evaluation feedback.
 - Any adjustments in residency needed or focus for future preceptors?
- ___ Review Plan and make suggestions based on evaluation feedback (NI, SP, Ach)
- ___ Is Resident on track to graduate? (See Successful Completion Policy)

***Criteria to mark objective as ACHR by Advisor**

- **MONTHLY REVIEW**- Any Objective that has been Achieved on more than one Learning Experience.
- **AFTER SECOND QUARTER** - Any Objective that has been evaluated at least three times and has one Ach and no NI with no negative commentary.

APPENDIX 4.4.1: Preceptor Initial Appointment Checklist

Preceptor:

Learning Experience:

Cycle: 01 02 03

Evaluator:

____ Licensed pharmacist

PGY1 preceptor: Experience (one of the following)

- ____ ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- ____ ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience
- ____ Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

PGY2 preceptor: Experience (one of the following)

- ____ ASHP-accredited PGY2 residency followed by one (1) year of pharmacy practice experience in the advanced practice area.
- ____ Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.

From Academic and Professional Record form (meets preceptor criteria as outlined on the form)

- ____ Recognition in the area of pharmacy practice for which the pharmacist will serve as preceptor
- ____ An established active practice for which the pharmacist will serve as preceptor
- ____ Ongoing professionalism, including a personal commitment to advancing the profession

Presented to RAC Preceptor Appointment Subcommittee on ____ / ____ / _____

PGY1 PGY2CC HSPA

- | | | | | |
|------|------|------|---|---|
| ____ | ____ | ____ | Approved | Date to start taking residents: ____ / ____ / _____ |
| ____ | ____ | ____ | Approved Preceptor-In-Training (include preceptor advisor and plan) | |
| ____ | ____ | ____ | Denied | |
| ____ | ____ | ____ | Provisional Approval. Needed documentation: | |
| ____ | ____ | ____ | Not Applicable | |

PGY1 RPD _____ Date _____

PGY2CC RPD _____ Date _____

HSPA RPD _____ Date _____

APPENDIX 4.4.2: Preceptor Reappointment Checklist

Preceptor:

Learning Experience:

Cycle: 01 02 03

Evaluator:

___ Licensed pharmacist

PGY1 preceptor: Experience (one of the following)

- ___ ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- ___ ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience
- ___ Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

PGY2 preceptor: Experience (one of the following)

- ___ ASHP-accredited PGY2 residency followed by one (1) year of pharmacy practice experience in the advanced practice area.
- ___ Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.

From updated Academic and Professional Record (meets preceptor criteria as outlined on the form)

- ___ Recognition in the area of pharmacy practice for which the pharmacist will serve as preceptor
- ___ An established active practice for which the pharmacist will serve as preceptor
- ___ Ongoing professionalism, including a personal commitment to advancing the profession

Preceptor Development

- ___ Participation in three (3) hours of approved preceptor development activities over the past three (3) years. (list below)
 - 1:
 - 2:
 - 3:
- ___ Completed at least one (1) preceptor and learning experience self-evaluations and development plans over the past three (3) years. (attached)

Presented to RAC Preceptor Appointment Subcommittee on ___ / ___ / _____

PGY1 PGY2CC HSPA

- ___ ___ ___ Approved
- ___ ___ ___ Denied
- ___ ___ ___ Provisional approval. Needed documentation:
- ___ ___ ___ Not Applicable

PGY1 RPD _____ Date _____

PGY2CC RPD _____ Date _____

HSPA RPD _____ Date _____

APPENDIX 4.5: Preceptor and Learning Experience Self-Evaluation and Improvement

Learning Experience	Preceptor

It is the expectation that preceptors in the PGY1 pharmacy residency will regularly evaluate their preceptor skills and learning experiences precepted. Resident feedback about the preceptor and the learning experience are valuable tools for this purpose. At the end of each academic year, each preceptor will review resident evaluations and complete the following assessment.

PRECEPTOR EVALUATION: Review all preceptor evaluations from residents you had on rotation this year. For each of the attributes below, rate yourself on a scale of 1 (poor) to 5 (superb). Provide supporting evidence from the residents’ evaluations under the “Resident feedback” column

Attribute	Rating	Resident feedback
I was a pharmacy practice role model for my residents.	1 2 3 4 5	
I provided regular formative and summative feedback to my residents.	1 2 3 4 5	
I was available to my residents on a regular basis?	1 2 3 4 5	
I arranged necessary learning opportunities for my residents to meet objectives.	1 2 3 4 5	
I displayed enthusiasm for teaching	1 2 3 4 5	
I asked good questions to get my residents to think and answered the residents’ questions clearly.	1 2 3 4 5	
I modeled the preceptor role: Direct Instruction	1 2 3 4 5	
I modeled the preceptor role: Modeling	1 2 3 4 5	
I modeled the preceptor role: Coaching	1 2 3 4 5	
I modeled the preceptor role: Facilitating	1 2 3 4 5	
I displayed interest in my residents.	1 2 3 4 5	
I displayed dedication to teaching.	1 2 3 4 5	

Based on the resident feedback summarized above, list one (1) thing you will do this year to improve your teaching skills:

ROTATION EVALUATION: Review all learning experience evaluations from residents you had on rotation this year. For each of the attributes below, rate yourself on a scale of 1 (poor) to 5 (superb). Provide supporting evidence from the residents’ evaluations under the “Resident feedback” column.

Attribute	Rating	Resident feedback
I oriented my residents adequately and expectations were clear.	1 2 3 4 5	
I made sure my residents understood the objectives from the beginning of the learning experience.	1 2 3 4 5	
I fairly assessed my residents’ performance based on learning activities associated with each objective.	1 2 3 4 5	
I encouraged my residents to develop self-assessment skills.	1 2 3 4 5	

Based on the above feedback and review of the Learning Experience description, objectives, and learning activities, answer the following questions.

1. What are the strengths of this rotation?

2. What are the weaknesses of this rotation?

3. Review the Learning Experience description, objectives, and learning activities for this rotation in PharmAcademic. Are there any changes that need to be made? If so, outline those below.

4. What one action will you take to improve this learning experience based on the above summary? (you can list more than one action, but name one as the highest priority)