

Huntsville Hospital Pharmacy Residency Policies and Procedures

Standard 1: Recruitment and Selection of Residents

Standard 1 provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy, and support the organizations' mission and values.

1.1 Programs have a documented procedure that is used by all involved in the recruitment, evaluation and ranking of applicants.

The procedure includes:

1.1.a Description of methods for recruitment that promote diversity and inclusion.

- *Huntsville Hospital Pharmacy Residency Program follows HH Human Resources guidance to promote diversity and inclusion through participation in the organization's expanded outreach programs to attract a more diverse candidate pool. Additionally, the Pharmacy Residency Program advertises for recruitment from pharmacy schools and residency programs across the nation through outreach initiatives (i.e., onsite and virtual showcases) as well as participation in recruiting efforts through pharmacy organizations (i.e., ASHP, ALSHP).*

1.1.b Pre-determined, objective criteria for determining which applicants shall be invited to interview.

- *See "Interview granting and candidate ranking" (Appendix A)*
- *See PGY-1 and PGY-2 Applicant Evaluation (Appendix B)*

1.1.c Pre-determined, objective criteria for evaluating each applicant's interview performance.

- *See PGY-1 Residency Application Evaluation Form and PGY-1 Interview Evaluation (Appendix B)*
- *See respective PGY-2 Residency Application Evaluation Forms and PGY-2 Interview Evaluation (Appendix B)*

1.1.d Description of how the rank order of applicants for the Match is determined.

- *See "Interview granting and candidate ranking" (Appendix A)*

1.1.e Description of Phase II Match procedures.

- *If a program does not match positions in Phase I, the RPD will utilize resources of the National Matching Service (Phase 2) to identify candidates. The program will follow the processes as outlined in the "Interview granting and candidate ranking" (Appendix A) and PGY1 and PGY-2 Applicant Evaluation forms (Appendix B) for the Phase II Match.*

1.1.f Description of early commitment procedures for PGY2 programs, if applicable.

- *Huntsville Hospital does not participate in the early commitment process. PGY1 residents are encouraged to pursue PGY2 programs offered at HH through the Match.*

1.2 Programs' applicant selection process ensures the following:

1.2.a Applicants are licensed or will be eligible for pharmacist licensure in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) by the start of the residency program.

- *All applicants ranked by our program must be eligible for pharmacist licensure in Alabama.*

1.2.b For PGY2 residencies, applicants are completing or have completed an ASHP- accredited or candidate-status PGY1 residency.

- *All applicants ranked by our PGY2 programs must meet one of the above requirements.*

1.2.c Applicants to international programs are graduates or candidates for graduation from a pharmacy degree program that is a minimum of five years in duration.

- *Not applicable*

1.3 The residency program abides by the Rules for the ASHP Pharmacy Resident Matching Program. **CRITICAL FACTOR**

- *The program is conducted in compliance with the Rules for the ASHP Pharmacy Resident Matching Program*
- *The rules are reviewed by all residents preceptors involved in the ASHP RMP: [\[https://natmatch.com/ashprmp/rules.html\]](https://natmatch.com/ashprmp/rules.html)*

Standard 2: Program Requirements and Policies

Standard 2 details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and, requirements of *ASHP Regulations on Accreditation of Pharmacy Residencies* and *ASHP Duty Hour Requirements for Pharmacy Residencies*.

2.1 The minimum term of resident appointment is 52 weeks:

2.1.a For international PGY1 residency programs, the minimum term of residency appointment is extended to meet the requirements of The Standard.

- *All Huntsville Hospital residency programs require of minimum of 52 weeks for successful completion.*

2.2 Policies define the amount of time residents are allowed to be away from the program.

2.2.a Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

2.2.a.1 Training is extended to make up any absences that exceed the allotted time and extension beyond the allotted time is equivalent in competencies and time missed.

- *Residents are granted leave in accordance with HH policy. Residents accrue earned time off (ETO) in a manner similar to other staff, but may only take up to 14 days of personal and/or sick leave during the 52 week program. Residents will also receive administrative leave for ASHP Midyear Clinical Meeting, SERC or HOPA, residency recruiting events, and other mandatory functions. Neither the time associated with the 14 days of personal and/or sick leave nor the administrative time will need to be 'made up' through extension of the program. Absences (voluntary or involuntary) in excess of 14 days of personal and/or sick leave and professional functions (no more than 37 days combined) will be reviewed on case-by-case basis to determine their effect on the resident's ability to meet all program goals. Refer to the Policy on Leave [Appendix E], Policy on Dismissal [Appendix F], and Policy on Failure to Progress [Appendix G] for further details. Residents will be required to fulfill 52 weeks' worth of training, exclusive of the above-mentioned personal and/or sick leave and professional absences. An absence in excess of 3 months at any time during the residency program will result in the termination of the resident's current residency training; the resident may then re-apply to the program in the upcoming year. Huntsville Hospital's residency program will comply with all federal, state, and hospital-approved policies on leave and dismissal, where applicable.*

2.2.b Policies define whether extension of the program is permitted (subject to the requirements of any applicable federal and/or state laws).

2.2.b.1 Programs that permit extension of the program must specify the maximum duration allowed and the status of salary and benefits during the extension.

- *The maximum allowed duration of extension for any Huntsville Hospital residency program will be 15 months. Compensation of the extension of the residency program will be determined by Pharmacy Administration and the RPD, in conjunction with the annual Huntsville Hospital budget on a case by case basis.*

2.2.b.2 For programs that do not permit extensions, policies state that residents taking leave in excess of the allotted time will not receive a certificate of completion.

- *Not applicable.*

2.3 Programs ensure compliance with the ASHP Duty Hour Requirements for Pharmacy Residencies through the development of program policies, processes, or program documents as it applies to the following:

2.3.a The web link for the *ASHP Duty Hour Requirements for Pharmacy Residencies* is included in the program's duty hour policy.

- [\[https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx\]](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx)

2.3.b A process for monitoring compliance on a monthly basis includes:

- 2.3.b.1 Documenting compliance with all duty hour requirements including hours worked, hours free of work, moonlighting, and frequency of all on-call programs.
- *All residents and pharmacy staff involved with the residency program are oriented to the ASHP duty hours standard and the policy is made available to all residents.*
 - *Residents will maintain a duty hours log in PharmAcademic documenting hours worked, including moonlighting; residents will notify the RPD immediately if it is discovered that a resident has worked in a manner inconsistent with the standard.*

2.3.b.2 Process for assessing instances of non-compliance and actions to be taken to prevent exceeding duty hours.

- *The program RPD will review the duty hours log monthly for each resident. If it is determined that the resident is nearing or exceeding the standards set by ASHP (see link above), the RPD will take immediate action to reduce and/or stop moonlighting (if that is a contributing factor) or adjust the residents schedule to be in compliance with the standard.*

2.3.c Documentation of moonlighting policy.

- *Moonlighting is allowed, provided that it does not interfere with the resident's ability to complete all residency requirements. If moonlighting is necessary, it is recommended that the resident pick up extra shifts at Huntsville Hospital, if available. Regardless of the site, the resident must disclose all moonlighting to the RPD in advance of its occurrence and moonlighting must cease if it is felt that it is interfering with the resident's training (or the resident will be terminated)*
- *Moonlighting hours are counted toward overall allowed workable hours per the ASHP duty hours standard and will be documented on the Duty Hours Log.*
- *The program RPD will review the duty hours log monthly and determine if there is an impact on the resident's performance; if so, the resident will be required to reduce or stop moonlighting activity.*

2.3.d Documentation of the type of and requirements of on-call programs, if applicable.

- *Not applicable.*

2.4 Requirements for Licensure

2.4.a Residents are licensed pharmacists in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) prior to or within 120 days after the program start date. **CRITICAL FACTOR**

- *All residents are strongly encouraged to pursue licensure in Alabama prior to beginning the residency training program. All PGY1 residents must obtain licensure as a pharmacist with the state of Alabama within the first 60 days of residency. If any PGY-1 resident has not obtained pharmacist licensure in Alabama prior to the start date, they must be a licensed intern in the state of Alabama at the start of the residency program. Being a licensed intern in the state of Alabama is not an option for PGY-2 residents due to Alabama Board of Pharmacy rules. PGY2 residents must be licensed in the state of Alabama prior to the hire date determined by Human Resources.*

2.4.b Licensure policies include a licensure deadline and information about how the program will be modified if the resident is not licensed within 120 days to ensure residents complete at least two-thirds of their residency as a licensed pharmacist. **CRITICAL FACTOR**

- *PGY1 residents that fail to obtain Alabama licensure within the first 60 days of residency will be placed on probation until licensure is obtained or termination, whichever comes first. Residents that fail to obtain Alabama licensure within the first 90 days or later than October 1st, whichever date is earlier, then the resident will be terminated barring any extenuating circumstances as determined by the RPD. If extenuating circumstances are present, the residency year will be extended to allow the resident to complete at least two-thirds of the residency year as a licensed pharmacist. During the timeframe of the extenuating circumstances, the resident's pay and benefits will be dictated by the hospital budget. Please refer to the leave of absence and dismissal policy for further details.*
- *PGY2 residents that fail to obtain a licensure by their original hire date then the resident will be terminated barring any extenuating circumstances as determined by the RPD. If extenuating circumstances are present, the residency start date will be extended for a maximum of 30 days. Failure to obtain licensure after first extension will result in termination.*

2.5 Requirements for successful completion of the program are documented and include the following

2.5.a Requirements for overall achievement of educational objectives for the residency.

- *The program's policies and procedures, including requirements for successfully completing the program and receiving a residency certificate, will be provided to all applicants.]*

2.5.a.1 The minimum threshold related to educational objectives that would allow awarding a certificate of completion.

- *PGY1 Program:*
 - *100% of R1 patient care goals and objectives must be achieved for the residency*
 - *100% of the following objectives must be achieved for the residency: R2.2.5, R3.1.1, R3.3.1, R4.1.2, R4.1.3, R4.2.2, R2.2.6, E5.1.1*
 - *80% of the remaining goals in R2-R5 must be achieved for the residency:*
 - *The remaining 20% that are not achieved for the residency must all at least be in satisfactory progress, with no needs improvement.*
- *PGY2 Programs:*
 - *100% of R1 patient care goals and objectives must be achieved for the residency*
 - *80% of the remaining goals in R2-R5 must be achieved for the residency.*
 - *The remaining 20% that are not achieved for the residency must all at least be in satisfactory progress, with no needs improvement.*
 - *100% of the following objectives must be achieved for residency for the respective program:*
 - **PGY2 Critical Care:** *R2.2.4, R3.1.1, R3.2.1, R4.1.2, R4.1.3*
 - **PGY2 Infections Diseases:** *R2.2.5, R3.1.1, R3.3.1, R4.1.2, R4.1.3, R4.2.2, R2.2.6*
 - **PGY2 Oncology:** *E3.1.1, R2.2.2, R2.2.4, R3.1.1, R3.1.2, R3.2.5*

2.5.b List of required deliverables related to educational objectives.

- *Residents will complete the following deliverables during the residency program: Newsletter issue, drug monograph, medication use evaluation, drug treatment protocol or guideline, drug information responses, ASHP Midyear poster, major project, major project manuscript, staff development, senior leadership presentation, group leadership activity.*
- *See Requirements for Successful Completion (Appendix D)*

2.5.c Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix.

- *PGY-2 specialty topics will be tracked and documented throughout the residency year.*

2.5.d Other requirements as defined by the program.

- *The resident must satisfactorily complete all required tasks by the end of the residency (see Task requirements checklist)*
- *The resident must satisfactorily complete all required rotations (see Program Structure document)*

2.6 A residency-specific remediation/disciplinary policy is documented and includes actions taken for residents who fail to progress and any resident-specific behaviors that trigger the organization's disciplinary process.

- *See Pharmacy Resident Failure to Progress Procedure(Appendix G)*

2.7 PGY2 programs follow a documented procedure for verifying and documenting that incoming residents have successfully completed their ASHP-accredited or candidate-status PGY1 program. **CRITICAL FACTOR**

- *All applicants are screened for participation in or completion of an ASHP-accredited PGY-1 pharmacy residency program or one in the ASHP accreditation process.*

2.7.a Procedure includes timeframe for verification and consequences for incoming residents not completing their PGY1 programs.

- *Incoming PGY2 residents must produce a signed certificate indicating completion of accredited residency on day of hire. Signed certificates must be uploaded into Pharmacademic. Failure to obtain such certificate by the day of hire will result in dismissal from the program, unless circumstances beyond the control of the resident exist. In such*

cases, the RPD and RAC will review the situation and make a determination as to how to proceed. If deemed necessary, the resident's length of training may be extended – with or without pay as dictated by hospital budget.

2.8 The program director provides applicants invited to interview with the following residency information and policies at the time the invitation to interview is extended:

- 2.8.a Leave policies.
- 2.8.b Duty-hour policies.
- 2.8.c Licensure policy.
- 2.8.d Requirements for successful completion of the program.
- 2.8.e Residency-specific remediation/disciplinary policy.
- 2.8.f Program start date and term of appointment.
- 2.8.g Stipend and benefit information.
- 2.8.h Financial support for required professional meeting attendance.

- *All above components are provided to applicants invited to an interview at the time invitation is extended.*

2.9 Within 30 days of the Match, the program contacts each matched candidate in writing and requests candidates to confirm and document their acceptance of the Match by return correspondence by a date determined by the program but prior to the start of the residency program. At that time:

2.9.a The program also provides general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment.

- *The welcome letter will include information regarding all pre-employment requirements (intern status or pharmacist license in Alabama, drug test and background check, formal application process) and will provide the newly-matched residents with the contact person for the pharmacy HR specialist*
- *The welcome letter will state the resident's start date and term of residency*

2.9.b Matched PGY2 candidates are provided information related to verification of PGY1 residency program completion

- *The welcome letter for matched PGY2 candidates will include information related to verification of PGY1 residency program completion.*

2.10The RPD or designee reviews program policies with matched candidates and acceptance is documented within 14 days from the start of the residency.

- *The RPD and/or RPC of the respective residency programs reviews the program policies and residency manual within 14 days from the start of the residency.*

2.11The program has developed a residency manual

- *The residency program developed and maintains a residency manual.*

2.12The residency program provides adequate resources to residents including:

2.12.a An area in which to work, that is safe and conducive to concentrating without frequent interruptions.

- *All residents are provided with a workspace, including a networked computer.*

2.12.b Access to technology necessary to perform work functions.

- *All residents are provided a network computer at their workspace.*

2.12.b.1 For residents working remotely, appropriate technology and equipment is provided to allow residents to fulfill program responsibilities

- *Huntsville Hospital residents have optional remote access.*

2.13The RPD will award a residency certificate of completion only to those who complete the program's requirements. **CRITICAL FACTOR**

- *The RPD, in conjunction with the RAC, will determine if all residency requirements have been met before issuing a certificate of completion.*

- 2.13.a Residents' completion of the program's requirements is documented by the RPD or designee.
- *A final rating of ACHR will be scored on all HH-required/critical objectives; achievement of such will be documented in PharmAcademic and on the required objectives checklist.*
 - *A final rating of at least SP will be scored on all non-HH-required/non-critical objectives; achievement of such will be documented in PharmAcademic.*
 - *All required tasks and expectations will be satisfactorily completed and documented on the task checklist.*
 - *See requirements for successful completion [Appendix D]*
- 2.13.b The requirements for awarding a certificate of completion match the program's documented completion requirements.
- *See requirements for successful completion [Appendix D]*

2.14The certificate of completion provided to residents who complete the program's requirements is issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

- 2.14.a The certificate is signed by the RPD and the chief executive officer or appropriate executive.
- *A certificate of completion will be signed by the respective RPD and an appropriate hospital administrator.*
- 2.14.b The certificate includes the required elements as outlined in the *ASHP Regulations on Accreditation of Pharmacy Residencies*: Organization Name. Residency program type. Accreditation status (i.e., ASHP Accredited or ASHP Candidate-Status).
- *The certification will contain a required elements outlined in ASHP Regulations on Accreditation of Pharmacy Residencies.*
- 2.14.c For PGY1 Managed Care Pharmacy Residency Programs, the certificate references that the program is accredited by ASHP in partnership with AMCP
- *Not applicable.*
- 2.14.d For PGY1 Community-Based Pharmacy Residency Programs, the certificate references that the program is accredited by ASHP in partnership with APhA
- *Not applicable.*

2.15The RPD maintains the program's compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

- 2.15.a Program uses the approved program-type name.
- *HH residency programs use the approved program-type name.*
- 2.15.b Program uses PharmAcademic™ for residency program management and maintenance, including:
- 2.15.b.1 Program's objective assignment grid.
 - 2.15.b.2 Learning experience descriptions.
 - 2.15.b.3 Residents' schedules.
 - 2.15.b.4 Evaluations listed in Standards 3.4 and 3.5.
 - 2.15.b.5 Residents' development plans.
 - 2.15.b.6 Resident close-out documentation.
- *HH utilizes PharmAcademic for residency program management and maintenance including listed requirements.*
- 2.15.c A record of each residents' program application, acceptance letter, documented acceptance of program policies; copy of each resident's licensure, deliverables, documentation of completion requirements; and each resident's signed residency certificate of completion is kept since last accreditation site survey.
- *A recorded of the all listed requirements is kept since last accreditation site survey.*

2.16 When more than one organization (e.g., college of pharmacy, health system) shares responsibility for the financial and/or management aspects of the residency, the Program Operator maintains authority for the residency program and responsibility for meeting The Standard.

2.16.a The Program Operator maintains a signed agreement with the additional organization(s) that clearly defines the responsibilities for all aspects of the residency program including:

2.16.a.1 Designation of a single Residency Program Director (RPD).

2.16.a.2 RPD responsibilities.

2.16.a.3 RPD's accountability to the Program Operator.

2.16.a.4 A documented mechanism that designates and empowers the RPD to achieve consensus on the evaluation and ranking of applicants to the residency program.

2.16.a.5 A mechanism for designating practice site coordinators for organizations where the RPD does not maintain an active practice.

2.16.a.6 A method for coordinating the conduct of the residency program within all organizations.

2.16.a.7 A method of evaluation to ensure terms of agreement are met

- *Huntsville Hospital does not share responsibilities for the financial and/or management aspects of the residency program with any other organization.*

2.17 Multiple practice-site residencies comply with the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

- *Not applicable.*

Standard 3: Structure, Design, and Conduct of the Residency Program

Standard 3 defines required components of program structure, design, and conduct. It is important that the program's structure and design enable residents to achieve the purpose of the residency program through skill development in the program's required competency areas. Requirements for oversight of residents' development, formative and summative evaluations, and self-assessment are defined.

3.1 Program Structure and Design

- 3.1.a The program structure is documented and includes
- 3.1.a.1 A list of all required and elective learning experiences. **CRITICAL FACTOR**
- *See respective program structures for list of all required and elective learning experiences (Appendix C)*
- 3.1.a.2 Duration of each learning experience.
- *See respective program structures for duration of learning experiences (Appendix C)*
- 3.1.a.3 For learning experiences that are twelve or more weeks in duration, if specific time is scheduled on a recurring basis, the schedule is clearly documented.
- *If specific time is scheduled on a recurring basis for learning experiences > 12 or more weeks, the schedule is clearly documented.*
- 3.1.a.4 A learning experience that facilitates orientation of the resident to the residency program and practice environment at the beginning of the residency.
- *The Orientation & Initial Training learning experience takes place at the beginning of the residency program.*
- 3.1.b Competency Areas, Goals, and Objectives (CAGOs)
- 3.1.b.1 The program's structure supports the program purpose and facilitates achievement of all required objectives. **CRITICAL FACTOR**
- *The programs' structures facilitate the achievement of all required objectives.*
- 3.1.b.1.a All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement. **CRITICAL FACTOR**
- *All ASHP-required objectives are assigned to at least one required learning experience. Objectives under R1 are assigned to at least 2 required patient care learning experiences. Other objectives that must be ACHR (listed under 2.5.a.1) are assigned to at least 2 required learning experiences. Required learning experiences are a minimum of 4 weeks in length to allow for sufficient practice for achievement of the objectives.*
- 3.1.b.1.b If the competency areas, goals, and objectives include a required Appendix, the program structure ensures the requirements listed in the Appendix are met. **CRITICAL FACTOR**
- *[HH Position]*
- 3.1.b.1.c The program's required learning experiences, as reflected in the program's structure, are scheduled for all residents. **CRITICAL FACTOR**
- *All required learning experiences, as reflected in the programs' structures, are scheduled for each resident.*
- 3.1.c Program Design Requirements for PGY1 and Direct Patient Care PGY2 Residencies.
- 3.1.c.1 Residents gain experience and independent practice with a variety of disease states and conditions and a diverse range of patients' medication treatments and health-related needs. **CRITICAL FACTOR**
- *The programs' designs ensure that the resident will provide pharmaceutical care in a variety of settings and to a variety of patient types/populations.*
- 3.1.c.2 Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment.

- *The programs' learning experiences ensure recurring follow-up of assigned patients relative to the practice environment.*
- 3.1.c.3 Residents spend two thirds or more of the program in patient care activities
- *Residents will spend the majority of their time (≥ 66.7%) in direct patient care areas.*
- 3.1.c.4 PGY1 Residencies Only: No more than one-third of direct patient care learning experiences in a twelve-month residency program may focus on a specific disease state or population.
- *PGY1 residents are not permitted to complete more than 4 months of training in one area or involving a single patient type/population.*
- 3.1.c.5 Residents are provided sufficient opportunities to provide direct patient care to patients with the required disease states and conditions as defined in the advanced practice area Appendix. **CRITICAL FACTOR**
- *PGY2 residency programs ensure sufficient opportunity to provide direct patient care to patients with required disease states and conditions as defined in the advanced practice areas.*

3.2 Learning Experiences

3.2.a Learning experience descriptions are documented and include:

- 3.2.a.1 A general description, including the practice area.
- 3.2.a.2 The role of pharmacists in the practice area.
- 3.2.a.3 Expectations of residents.
- 3.2.a.4 Resident progression.
- 3.2.a.5 Objectives assigned to the learning experience.
- 3.2.a.6 For each Objective, a list of learning activities that facilitate its achievement. **CRITICAL FACTOR**

- *Learning experience descriptions have been developed for each learning experience. Each includes a general description of the practice area and the roles of the pharmacists working in that area, the expectations of the resident during the rotation including expected progression objectives that are assigned to the rotation, learning activities that will facilitate the achievement of each objective, and a list of evaluations to be completed by the preceptors and residents. The activities required for each learning experience will be established at a level that will meet the cognitive level assigned to each activity.*

3.2.b At the beginning of each learning experience, preceptors orient residents to the experience.

- *The preceptor orients the resident on day 1 of the rotation, utilizing the learning experience description and the resident's customization summary.*

3.2.c Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.

- *The Preceptors will use the four preceptor roles (direct instruction, modeling, coaching, facilitating) during the rotation based on the residents' needs. It is expected that as the rotation and residency year progresses, the resident will gain additional independence and function at a practitioner level. If a rotation is repeated as an elective, it is expected that the resident will function at practitioner level at an earlier point in the experience and will take on additional preceptor roles.*

3.3 Development Plan

3.3.a Each resident documents a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan.

- *Each resident is responsible for documenting a self-assessment within 30 days from the start of the residency using the required template.*

3.3.b The RPD or designee develops, discusses, and documents with each resident an initial development plan, within 30 days from the start of the residency.

- *An initial resident development plan is developed, discussed and documented at the beginning of the residency year. The plan is drafted by the RPD in conjunction with the RAC.*

3.3.b.1 The initial development plan is based on the results of the resident's initial self-assessment and the RPD's assessment of resident's knowledge and skills related to the program's required competency areas.

CRITICAL FACTOR

- *The initial development plan is based on the results of a customization survey and the initial self-assessment submitted by the resident. In addition, information is also gathered during the orientation period to aid in the development of the resident's plan.*

3.3.b.2 The RPD or designee documents adjustments to the program for the resident in the initial plan.

- *Adjustments and/or customizations to the program are documented in the initial plan for the resident.*

3.3.c The RPD or designee finalizes the resident's initial development plan and shares with preceptors in PharmAcademic™ within 30 days from the start of the residency.

- *The initial plan is finalized and shared with the program's preceptors through PharmAcademic within 30 days from the start of the residency.*

3.3.d An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ every 90 days from the start of the residency.

3.3.d.1 Prior to each development plan update, the resident will document an updated self-assessment that includes:

3.3.d.1.a An assessment of their progress on previously identified opportunities for improvement related to the competency areas.

3.3.d.1.b Identification of the new strengths and opportunities for improvement related to the competency areas.

3.3.d.1.c Changes in their practice interests.

3.3.d.1.d Changes in their careers goals immediately post residency.

3.3.d.1.e Current assessment of their well-being and resilience.

- *At the end of each quarter (approximately every 90 days), the RPD or designee will review the resident's plan, summative evaluations, and discuss progress with preceptors. The resident's plan will then be adjusted, if needed, based on these evaluations and reviews. Goal/objective achievement will be tracked and adjustments to the plan will be tracked and their effectiveness evaluated.*

3.3.d.2 The RPD or designee reviews the resident's self-assessment and documents the following in each development plan update and discusses with resident:

3.3.d.2.a An assessment of progress on previously identified opportunities for improvement related to the competency areas. **CRITICAL FACTOR**

3.3.d.2.b Identification of new strengths and opportunities for improvement related to the competency areas.

3.3.d.2.c Objectives achieved for the residency (ACHR) since last plan update.

3.3.d.2.d Adjustments to the program for the resident for the upcoming quarter (or 90 days). **CRITICAL FACTOR**

- *At the end of each quarter, the RPD will review the resident's plan, summative evaluations, and discuss progress with preceptors. The resident's plan will then be adjusted, if needed, based on these evaluations and reviews. Goal/objective achievement will be tracked and adjustments to the plan will be tracked and their effectiveness evaluated.*

3.3.e The RPD or designee documents updates to the resident's progress towards meeting all other program completion requirements at the same time the development plan update is documented.

- *The RPD or designee document the resident's progress towards meeting the Requirements for Successful at the same time as the development plan is updated.*

3.4 Evaluation of the Resident

3.4.a Formative assessment and feedback

3.4.a.1 Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve.

3.4.a.1.a Feedback is documented for residents not progressing as expected.

- *Verbal feedback that is frequent, immediate, specific, and constructive will be provided to each resident. If the resident is not performing as expected, documented written feedback will also be provided and forwarded to the RPD immediately.*

3.4.a.2 Preceptors make appropriate adjustments to learning activities based on residents' progression

- *Learning experience activities will be adjusted as needed based on the resident's performance.*

3.4.b Summative evaluation

3.4.b.1 Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience **CRITICAL FACTOR**

- *Summative evaluations will be performed and discussed by the end of each rotation. These evaluations will be specific, criteria-based, list skill development, and list how the resident can improve his/her performance. This evaluation should be discussed on the last day of the rotation and no later than 7 days after the end of the rotation*

3.4.b.1.a For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations. **CRITICAL FACTOR**

- *Summative evaluations will be conducted at evenly spaced intervals, at least every 12 weeks, and by the end of longitudinal (≥ 12 weeks in duration) learning experiences. This evaluation should be discussed no later than 10 days after 12 week period.*

3.4.b.2 The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale.

3.4.b.2.a The preceptor documents qualitative written comments specific to the evaluated objectives. **CRITICAL FACTOR**

3.4.b.2.b The preceptor and resident discuss each summative evaluation.

- *Summative evaluations will be performed and discussed by the end of each learning experience. These evaluations will be specific, criteria-based, list skill development, and list how the resident can improve his/her performance. This evaluation should be discussed on the last day of the rotation and no later than 7 days after the end of the rotation.*

3.4.b.3 If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations.

- *A primary preceptor will be designated for each learning experience; however, multiple supporting preceptors and/or instructors may be involved with the resident's training on a particular experience. Only the primary preceptor will be required to document the evaluation in PharmAcademic, but all preceptors will have input into the final evaluation and rating. Instructors are also encouraged to provide input on resident performance to primary or supporting preceptors.*

3.5 Evaluation of the Preceptor and Learning Experience

3.5.a Residents document and discuss an evaluation of each preceptor by the end of the learning experience.

- *Each preceptor who has served a significant role in the precepting of a rotation will be evaluated at the end of the experience. This does not include "floaters" or instructors who may only precept the resident on a limited number of days while covering for the assigned preceptor in his/her absence. All preceptors with significant exposure to the resident in a learning experience will be evaluated by residents at least once during the residency year*

- 3.5.b Residents document and discuss an evaluation of each learning experience by the end of the learning experience.
- 3.5.b.1 For learning experiences greater than twelve weeks in duration, a learning experience evaluation is completed at the midpoint and at the end of the learning experience.
- *Each resident will complete a learning experience evaluation at the end of the learning experience and discuss with the preceptor. This evaluation is due on the final day of the learning experience and no later than 7 days after the end of the experience. For longitudinal learning experiences, the evaluation is due on or no later than 10 days after the quarter ends.*

Standard 4: Requirements of the Residency Program Director and Preceptors

Standard 4 defines eligibility and qualification requirements for residency program directors (RPDs) and preceptors as well as requirements for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

4.1 Each residency program must have:

- 4.1.a A single residency program director (RPD) who serves as the organizationally authorized leader of the residency program.
- *Adam Sawyer, HH Lead Clinical Pharmacy Specialist, is the PGY1 RPD*
 - *Jerry Robinson, HH Lead Clinical Pharmacy Specialist, is the PGY2 Critical Care RPD*
 - *Jonathan Edwards, HH Lead Clinical Pharmacy Specialist, is the PGY2 Infectious Diseases RPD*
 - *Amanda Ouzts, HH Oncology Clinical Pharmacy Specialist, is the PGY2 Oncology RPD*
- 4.1.a.1 The RPD may delegate, with oversight, administrative duties/activities for the conduct of the residency program to one or more individuals.
- *Designated pharmacists serve as Residency Program Coordinators (RPCs) at the discretion of the respective program RPD and/or the Residency Advisory Committee (RAC). Preceptors may also serve as designees for discrete tasks (e.g., updating resident development plans).*
- 4.1.b A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard. **CRITICAL FACTOR**
- *HH maintains a sufficient complement of eligible and fully qualified preceptors to facilitate achievement of the competencies, goals, and objectives and to guide (model, coach, facilitate) residents for each learning experience.*

4.2 RPD Eligibility

- 4.2.a PGY1 RPDs are licensed pharmacists from the practice site who: **CRITICAL FACTOR**
- completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience;
 - **or** completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience;
 - **or** has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.
- *The HH PGY1 RPD meets all requirements listed.*
- 4.2.b PGY2 RPDs are licensed pharmacists from the practice site who: **CRITICAL FACTOR**
- completed an ASHP-accredited PGY2 residency in the advanced practice area, and a minimum of three years of additional practice experience in the PGY2 advanced practice area;
 - or has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY2 residency in the advanced practice area.
- *The HH PGY2 RPDs meet all requirements listed.*

4.3 RPD Qualifications: RPDs serve as role models for pharmacy practice and professionalism as evidenced by:

- 4.3.a Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only). **CRITICAL FACTOR**
- 4.3.b Contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area. **CRITICAL FACTOR**

- 4.3.c Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise. **CRITICAL FACTOR**
- 4.3.d Ongoing professional engagement. **CRITICAL FACTOR**
- 4.3.e Modeling and creating an environment that promotes outstanding professionalism.
- 4.3.f Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only). **CRITICAL FACTOR**

- *The HH RPDs meet all requirements listed.*

4.4 Program Oversight

- 4.4.a A committee(s) is established to guide all elements of the residency program
 - 4.4.a.1 Committee(s) meets at least quarterly.
 - 4.4.a.2 Discussion and decisions of the committee(s) are documented.

- *The Huntsville Hospital Residency Advisory Committee guides all elements of the residency program.*
- *The Committee meets at least quarterly and discussions and decisions are documented.*

- 4.4.b The committee(s) engage in an ongoing process of assessment of the residency program.

- 4.4.b.1 A formal program evaluation is conducted annually and includes:
 - 4.4.b.1.a Assessment of methods for recruitment that promote diversity and inclusion.
 - 4.4.b.1.b End-of-the year input from residents who complete the program.
 - 4.4.b.1.c Input from resident evaluations of preceptors and learning experiences.
 - 4.4.b.1.d Input from preceptors related to continuous improvement.
 - 4.4.b.1.e Documentation of program improvement opportunities and plans for changes to the program.

- *A process for ongoing improvement of the residency program is in place. This includes all aspects of the program, including but not limited to program structure, preceptors, instruction, and evaluation. The RAC will be involved in the process, including meetings throughout the year and our annual "Summit" meeting to discuss residency issues. Residents will be surveyed annually during a RAP meeting to gather their input on improving the program; additionally, resident evaluations of preceptors and rotation experiences will be used to evaluate the effectiveness of each*

- 4.4.b.2 Improvements identified through the assessment process are implemented.

- *A residency improvement plan will be developed and implemented each year. An assessment of the effectiveness of such plan will be performed annually]*

- 4.4.c Appointment and Reappointment of Residency Program Preceptors

- 4.4.c.1 Criteria for preceptor appointment and reappointment are documented.
- 4.4.c.2 Preceptor compliance with reappointment criteria is reviewed at least every 4 years.
- 4.4.c.3 Preceptor appointment and reappointment decisions are documented.

- *Huntsville Hospital maintains a Preceptor Policy [Appendix H] detailing criteria for appointment/reappointment.*
- *Preceptor APRs will be reviewed every two years to ensure compliance.*
- *Preceptor appointment and reappointment will be documented in our Preceptor Tracking spreadsheet.*

- 4.4.d A preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills.

- 4.4.d.1 A schedule of activities for each residency year is documented.

- *Preceptor development is documented and maintained in our Preceptor Tracking spreadsheet.*

4.5 Pharmacist Preceptors' Eligibility

- 4.5.a PGY1 Preceptors must be licensed pharmacists who: **CRITICAL FACTOR**

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
 - have completed an ASHP-accredited PGY1 residency program followed by an ASHP- accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted;
 - or have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
- *All Huntsville Hospital PGY1 preceptors meet the requirements listed.*

4.5.b PGY2 Preceptors must be licensed pharmacists who: **CRITICAL FACTOR**

- have completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted.
- OR have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program
 - *All Huntsville Hospital PGY2 preceptors meet the requirements listed.*

4.6 Preceptors' Qualifications: Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted. **CRITICAL FACTOR**

4.6.b Contribution to pharmacy practice in the area precepted. **CRITICAL FACTOR**

4.6.c Role modeling ongoing professional engagement.

4.6.d Preceptors who do not meet criteria for 4.6.a, 4.6.b, and/or 4.6.c have a documented individualized preceptor development plan to achieve qualifications within two years.

- *All Huntsville Hospital preceptors meet the requirements listed.*
- *Preceptors not meeting these requirements will have two years to meet all requirements. A preceptor development plan will be documented for each non-qualifying preceptor.*

4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors. CRITICAL FACTOR

4.7.a Preceptors actively participate and guide learning when precepting residents. **CRITICAL FACTOR**

- *Huntsville Hospital preceptors must meet this criteria.*

4.8 Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

4.8.a Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.

4.8.a.1 Readiness for independent practice is documented in the resident's development plan.

4.8.b The RPD, designee, or other pharmacist preceptor works closely with the non- pharmacist preceptor to select the educational objectives and activities for the learning experience.

4.8.c The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.

4.8.d At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

- *Rotations with non-pharmacist preceptors will be scheduled in the latter half of the year and only if the resident is performing well and is on track to meet all required goals and objectives. A pharmacist preceptor liaison will be assigned to ensure that all training is appropriate and goals/objectives are met. A pharmacist preceptor will work with the non-pharmacist preceptors to ensure that feedback and evaluations are handled appropriately.*

Standard 5: Pharmacy Services

Standard 5 serves as a guide to best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department that are applicable to all practice environments. Each standard applies to all practice environments, unless otherwise indicated.

- *See individual Huntsville Hospital policies for information on pharmacy services.*

Appendix A

Interview granting and candidate ranking

Policy: Interviews for PGY1 and PGY2 residency applicants will be granted by utilizing a set of pre-determined criteria, as scored by the appointed interview team.

Parameters to be evaluated in the interview granting process include:

- Pharmacy education (including GPA)
- Previous degree(s)
- Pertinent pharmacy work experience
- Extracurricular activities
- Leadership roles
- Noteworthy honors/awards
- Communication skills
- References
- Applicant goals (i.e., are they aligned with offerings at Huntsville Hospital?)

An applicant review team will evaluate each application packet and make recommendations to the RPD regarding the offering of an interview. The decision whether or not to grant a potential candidate an interview will be determined by the respective Interview Granting Committees, utilizing the criteria set forth by the Residency Advisory Committee and the respective Application Evaluation form. The RPD will review all team decisions and ask for clarification, if warranted. Once a final decision has been made, acceptable applicants will be offered an interview. (Note: there is the possibility that an applicant will receive a higher composite score than another applicant, but not be granted an interview. One situation in which this could occur is if 2 out of 3 members of the applicant review team were to vote to not grant an interview by a narrow margin, but the third member gives the applicant a very high score. The fact that 2 out of 3 members voted to not grant an interview would trump the applicant's final score and result in him/her not being granted an interview).

Policy: Applicants interviewed will be scored by the various interview teams using a pre-determined set of criteria.

Parameters to be scored include:

- Commitment to completing a residency
- Perceived knowledge base
- Communication skills
- Maturity level
- Ability to work in team environment at HH
- Ability to answer questions posed
- Ability to meet HH program goals/objectives
- Overall rating

Each member of the interview teams will score each candidate in whose interview they participated. Upon completion of all interviews, each team will meet to produce a final rank list for that interview team. The RPD will then compile the proposed final rank list based on these scores, including his/her own. The RPD will calculate a final proposed ranking based on raw team rankings, dropping of one or more statistical outlier scores (utilizing the interquartile range method), dropping of the high and low scores, and a weighted interview team score for each candidate. PGY2 programs may elect to utilize fewer calculated scores (e.g., raw score only) to formulate an initial ranking. All persons involved in the interview process will be invited to convene and review the ranking list; motions to move candidates up or down the rank list based on experiences with the candidate, perceived ability to work in team environment within the organization, or other factors will be entertained, discussed, and voted on. (All discussion must center on the pre-determined ranking criteria or professional experience with the candidate; any changes to the final ranking must be approved by the RAC). The RPD will then compile a final rank list and submit to RMP.

Applicant: _____

School of Pharmacy: _____

PARAMETER	EXAMPLES (please be complete and specific)	SCORE
Pharmacy Education [0-8 scale] GPA Minimum GPA 3.2 Applicant with GPA less than 3.2 will be denied interview	3.2-3.29: 2 3.6-3.69: 6 3.3-3.39: 3 3.7-3.79: 7 3.4-3.49: 4 3.8-4: 8 3.5-3.59: 5	If Pass/Fail grading system utilized, circle: N/A
Previous Related Degree(s) [Up to 2 additional points] 1 pt if dual degree on track & in progress • Graduate – 2 pts each • BS or BA obtained prior to SOP		
Work Experience (RX related) [Up to 5 add. points] • 0.5 pt/yr if < 8hr/week without holidays and weekends; 0.75 points/yr if < 8 hr with holiday/weekends, or 3 month block only at 40 hr/wk. 1 point if worked > 8hr/wk during school fulltime or if in intern position with graduated duties • Non-Pharm (pts at evaluator’s discretion)		
Extracurricular Activities [0-2] [Pharmacy activities given more wt] E.g. clubs, Imhotep, mission trips • 0.25 pts each		
Leadership while in SOP [0-4] [Pharmacy activities given more wt] • Pres or National position – 2 pts each • VP or state position – 1 pts each • Other executive /chair/ambassador – 0.5 pt each Halve points if honor society leader		
Honor Societies/Awards [Up to 2 additional point] E.g. Rho Chi, PLS, Phi Kappa Phi [0.5pt each] E.g. Local/Regional/National Clinical Skills Finalist [Local 0.5 pt, Other 1 pt]		
Publications/Presentations [Up to 5 additional points] • Journal Pub – 2 pt if 1 st /2 nd author; 1 pt for other; 0.5 pt if data collection only for pub (max 3 pts) (Peer-reviewed journal submissions) • State/Nat’l or ACPE Pres – 1 pt each (max 3 pts) [1 pt if same at state/nat] Halve points if participant, but not presenter		
Letter of Intent/CV [0-6] [Based on structure and grammar/content - include why residency &HH, future goals]		
References [0-24] [Clinical references given more wt] • Up to 8 pts/reference (3 requested) - At least 2 from acute or ambulatory care clinical preceptors; No more than 1 from professional contact or employer. Additional references not scored but may provide us information • 0 pts if Do Not Recommend		
Other (up to 3 points) • For extraordinary clinical application or experience		

Areas of Concern <input type="checkbox"/> Low GPA/Poor Grades <input type="checkbox"/> Lack of Leadership Roles <input type="checkbox"/> Poor Communication Skills <input type="checkbox"/> Negative Reference(s) <input type="checkbox"/> Mission not Aligned with Huntsville Hospital <input type="checkbox"/> Other (specify)	*TOTAL: *Multiply score by 1.22 if Pass/Fail program
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Final Thoughts/Comments: _____

RECOMMENDATION: **OFFER interview** **Do NOT interview**

Evaluator: _____

PGY1 INTERVIEW EVALUATION FORM

Applicant: _____

School of Pharmacy: _____

Score each criterion as follows: 5 – Excellent, 4 – Good, 3 – Average, 2 – Below Average, 1 – Poor

CRITERIA	1	2	3	4	5	COMMENTS
Commitment to HH Residency/Patient Care <i>Program Interest/Knowledge Enthusiasm</i> <i>Questions Asked</i>						
Ability to Meet Program’s Goal/Objectives <i>Work Ethic</i> <i>Learning Style</i>						
Ability to Respond to Interview Questions <i>Articulation/Avoiding Fillers</i> <i>Logical Sequence/Succinctness</i> <i>Tone/Speed/Projection</i>						
Professionalism <i>Friendly/Courteous</i> <i>Well Groomed/Business Attire</i>						
Ability to Work in a Collaborative Setting <i>Respectfulness</i> <i>Expertise Sharing</i> <i>Willingness to Learn</i>						
Ability to Answer Clinical Questions <i>Knowledge Base</i> <i>Critical Thinking/Reasoning Skills</i>						
Interpersonal Skills <i>Engagement/Active Listening</i> <i>Eye Contact/Body Language/Nervous Habits</i>						

As you evaluate each candidate, please keep in mind the purpose of a PGY-1 residency “...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 PGY-2 pharmacy residency training.”

TOTAL SCORE (max 35 pts): _____

Rank on Match List (circle): DO NOT MATCH Low Moderate High (*best*)

Evaluator: _____

PGY-2 APPLICATION EVALUATION FORM

Applicant: _____ PGY-1 Residency: _____

PARAMETER	EXAMPLES (please be complete and specific)	1	2	3
Pharmacy Education [0-10 scale]	GPA: 3.0: 5 < 3.0: 0 points 3.25: 6.25 3.5: 7.5 3.75: 8.75 4.0: 10 <i>If Pass/Fail grading system utilized, circle:</i>	N/A	N/A	N/A
Previous Degree(s) [0-2] • 2 pts graduate				
Previous Specialty (Oncology/Critical Care/ID as applicable to program) Learning/Work Experience [0-3] • 1 pt/ specialty rotation/related work				
Research/Involvement/Activities [0-3] <i>[Pharmacy activities given more wt]</i> <i>E.g. projects, posters, presentations</i> • Each 1 pt • Extracurricular activities: 0.5 pt ea				
Leadership Roles [0-6] <i>[Pharmacy activities given more wt]</i> • Each title held - 2 pts • Chair positions – 1 pt				
Noteworthy Honors [0-2] <i>[Up to 2 additional points]</i> <i>E.g. Rho Chi, PLS, publications</i> • Each 1 pt				
Letter of Intent/CV [0-3] <i>[Based on structure/grammar]</i>				
References* [0-21] • Up to 7 pts/reference • 0 points for evaluations marked <i>Do Not Recommend</i>				
TOTAL:				
Score out of 40 possible points if Pass/Fail grading system		Average:		

* Professional experience with candidate factored into score

- DO NOT offer interview. Score < 36 out of 50 (< 26 out of 40 for P/F schools).
- DELAY interview decision. Score 36 to 38.9(26 to 28.9 for P/F schools).

Areas of Concern:

- Poor Grades
- Negative Reference(s)
- Lack of Leadership Roles
- Mission not Aligned with Huntsville Hospital's
- Poor Communication Skills
- Other: _____

Final Thoughts/Comments:

RECOMMENDATION: OFFER interview Do NOT interview

Evaluator: _____

PGY2 INTERVIEW EVALUATION FORM

Applicant: _____

School of Pharmacy: _____

Score each criterion as follows: 5 – Excellent, 4 – Good, 3 – Average, 2 – Below Average, 1 – Poor

CRITERIA	1	2	3	4	5	COMMENTS
Commitment to HH Residency/Patient Care <i>Program Interest/Knowledge Enthusiasm</i> <i>Questions Asked</i>						
Ability to Meet Program’s Goal/Objectives <i>Work Ethic</i> <i>Learning Style</i>						
Ability to Respond to Interview Questions <i>Articulation/Avoiding Fillers</i> <i>Logical Sequence/Succinctness</i> <i>Tone/Speed/Projection</i>						
Professionalism <i>Friendly/Courteous</i> <i>Well Groomed/Business Attire</i>						
Ability to Work in a Collaborative Setting <i>Respectfulness</i> <i>Expertise Sharing</i> <i>Willingness to Learn</i>						
Clinical Presentation Skills/Ability to Respond to Clinical Questions <i>Knowledge Base</i> <i>Critical Thinking/Reasoning Skills</i>						
Interpersonal Skills <i>Engagement/Active Listening</i> <i>Eye Contact/Body Language/Nervous Habits</i>						

As you evaluate each candidate, please keep in mind the purpose of a PGY2 residency “...to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.”

TOTAL SCORE (max 30 pts): _____

Rank on Match List (circle): DO NOT MATCH Low Moderate High (*best*)

Evaluator: _____



PGY-1 Pharmacy Residency Structure

The purpose of a PGY-1 residency program is to build on Doctor of Pharmacy 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 PGY-2 pharmacy residency training.

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	3 months
Cardiology	Includes cardiac care units, cardiovascular ICU, cardiac floors, and Heart Failure Clinic	1 month
Critical Care (Adult) [Selective]	Pick <u>one</u> intensive care area: surgical/trauma ICU, neurological ICU, or medical ICU	1 month
Acute Care [Selective]	Pick <u>one</u> rounding service: infectious diseases, internal medicine, or pediatrics	1 month
Emergency Department (Adult)	Includes responding to traumas, cardiac arrests, and emergent pharmacotherapy management	1 month
Management	Includes medication safety, information technology, and administrative activities	1 month
Transitions of Care	Includes medication history evaluation, discharge planning, and patient counseling	1 month
<i>A minimum of nine months (including orientation and initial training) of direct patient care must be completed.</i>		

ELECTIVE Learning Experiences	
Elective learning experience opportunities: <u>Pick 2</u>	<i>May repeat[‡] or extend (up to 6-8 weeks) any learning experience</i>
	Academia
	Ambulatory Care
	Drug Information
	HIV Ambulatory Care (Thrive Alabama)
	Information Technology
	Medication Safety
	Pediatric Critical Care/Emergency Medicine/Neonatal Critical Care
	Oncology (Inpatient & Outpatient)
	St. Jude Clinic
	Specialty Pharmacy (Cardiology and/or Endocrinology Clinics)
	"Experimental" learning experiences utilizing non-pharmacists as preceptors*

[‡]Repeat: See description on page 2

[†]St. Jude prerequisite: Pediatric or Oncology

*Requires RPD/RAC approval and must be scheduled late in the year and only if resident is progressing well

Required LONGITUDINAL Learning Experiences	Resident Expectations:
Drug Information (<i>MUE, Drug Monograph, Newsletter, etc.</i>)	Community Outreach (<i>Mobile Medical, smoking cessation, etc.</i>)
Major Project	Medical Emergency Response
Order Management & Drug Distribution (<i>unit-based practice</i>)	Poster Presentation
	Nursing Staff Education
	Precepting Pharmacy Students
	Presentations

For the vast majority of the residency year, the resident will be assigned to a defined-length (generally one month or longer) learning experience in addition to participating in multiple longitudinal (ongoing) experiences. Most learning experiences may be scheduled in any sequence based on resident preference, prior experience, and preceptor availability. Generally, experimental learning experiences (those with no pharmacist role-model) or other “non-traditional” experiences will be scheduled later in the year and only upon resident request and after the resident has participated in multiple “core” learning experiences and performed well. When possible, at least one “general medicine” type learning experience (IM, ID, cardiology, pediatrics) and one critical care learning experience (any ICU experience) will be scheduled in the first half of the year in order to build a foundation for future learning experiences; however, this may not always be possible due to resident requests (e.g., scheduling certain learning experiences before Midyear) or preceptor availability (e.g., AU faculty are only available to train residents in certain months, preceptors may have lengthy vacation or other activities scheduled in a given month).

Residents must perform satisfactorily on all core (required and selective) learning experiences; failure to do so will result in the necessity to repeat that learning experience.

±If a resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible. Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation.

Note: these learning experience offerings and guidelines are presented as an outline for residency training. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents’ requests while meeting the standards of accreditation set forth by ASHP. Learning experiences designated as experimental will only be scheduled late in the residency year and only if the resident has performed well on traditional core learning experiences. Residents must complete at least nine months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.

PGY-2 Critical Care Pharmacy Residency Structure

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..

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	1 - 3 months [†]
Cardiology Critical Care	Includes cardiac care units, cardiovascular ICU, cardiac floors, and Interventional Cardiology	1 month
Trauma/Neuro Critical Care [Selective]	Pick <u>one</u> intensive care area: surgical/trauma ICU or neurological ICU	1 month
Medical Intensive Care Unit (MICU)	Includes rounding services with UAB Critical Care team, pharmacotherapy regimen selection and design, and intensive care unit management	1 month
Emergency Medicine	Includes responding to traumas, cardiac arrests, and emergent pharmacotherapy management	1 month
General Critical Care [Selective]	Pick <u>two</u> learning experiences: neurological ICU, surgical/trauma ICU, pediatric critical care, extended critical care learning experience as listed above [†]	2 months
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	1 - 3 months [†]
<i>A minimum of seven months (including orientation and initial training) of direct patient care must be completed.</i>		

ELECTIVE Learning Experiences	
Elective learning experience opportunities: <u>Pick 4</u>	<i>May repeat[‡] or extend (up to 6-8 weeks) any learning experience</i>
	Academia
	Internal Medicine
	Infectious Diseases
	Pediatric Critical Care
	Pediatric Emergency Medicine
	Oncology (Inpatient & Outpatient)
	Transitions of Care
	"Experimental" learning experiences utilizing non-pharmacists as preceptors*

*Requires RPD/RAC approval and must be scheduled late in the year and only if resident is progressing well

Required <u>Longitudinal</u> Learning Experiences	
Midyear Project	Major Project
Medication Use Management and Practice Management	Staff Development
Resident Expectations:	
Drug Information (<i>MUE, Drug Monograph, Newsletter, etc.</i>)	Medical Emergency Response
Presentations	Poster Presentation
Facilitation of Shadow Students	Nursing Staff Education
Precepting Pharmacy Students	BCCCP Preparation Meetings

For the vast majority of the residency year, the resident will be assigned to a defined-length (generally one month or longer) learning experience in addition to participating in multiple longitudinal (ongoing) experiences. Most learning experiences may be scheduled in any sequence based on resident preference, prior experience, and preceptor availability. Generally, experimental learning experiences (those with no pharmacist role-model) or other “non-traditional” experiences will be scheduled later in the year and only upon resident request and after the resident has participated in multiple “core” learning experiences and performed well. When possible, at least one “general medicine” type learning experience (IM, ID, cardiology, pediatrics) and one critical care learning experience (any ICU experience) will be scheduled in the first half of the year in order to build a foundation for future learning experiences; however, this may not always be possible due to resident requests (e.g., scheduling certain learning experiences before Midyear) or preceptor availability (e.g., AU faculty are only available to train residents in certain months, preceptors may have lengthy vacation or other activities scheduled in a given month).

Residents must perform satisfactorily on all core (required and selective) learning experiences; failure to do so will result in the necessity to repeat that learning experience.

±If a resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible. Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation.

Note: these learning experience offerings and guidelines are presented as an outline for residency training. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents’ requests while meeting the standards of accreditation set forth by ASHP. Learning experiences designated as experimental will only be scheduled late in the residency year and only if the resident has performed well on traditional core learning experiences. Residents must complete at least nine months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.

PGY-2 Infectious Diseases Pharmacy Residency Structure

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.

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	1 month
Introduction to Infectious Diseases	Includes microbiology, infection control, and antimicrobial stewardship	1 month
Antimicrobial Stewardship	Includes basic and advanced principles of antimicrobial stewardship in a large community hospital	1 month
Infectious Diseases Consult	Includes rounding with the infectious diseases physicians in the clinic and hospital settings	1 month
Outpatient Medical	Includes building practice foundation skills and developing direct patient care skills that are essential in the application of quality patient care in the outpatient setting	1 month
Critical Care [Selective]	Pick <u>two</u> intensive care areas: medical intensive care unit, surgical/trauma ICU, neurological ICU, emergency medicine, cardiology ICU, pediatric ICU <u>OR</u> pick one concentrated area (1 month) and a combination of two areas (i.e. SICU and CVICU, 1 month)	2 months
Medicine [Selective]	Pick <u>two</u> medicine services: internal medicine, hematology/oncology, or repeat a required learning experience [±]	2 months
<i>A minimum of nine months (including orientation and initial training) of direct patient care must be completed.</i>		

ELECTIVE Learning Experiences	
Elective learning experience opportunities:	<i>May repeat[±] or extend (up to 6-8 weeks) any learning experience</i>
	Academia
	Numerous medicine sub-specialties (see PGY-1 offerings)
	“Experimental” learning experiences utilizing non-pharmacists as preceptors*

**Requires RPD/RAC approval and must be scheduled late in the year and only if resident is progressing well*

Required LONGITUDINAL Learning Experiences	Resident Expectations:
Antimicrobial Stewardship	Committee Involvement
Medication Use Management	Presentations
Poster Presentation	Precepting Pharmacy Students
Major Project	Nursing Staff Education

For the vast majority of the residency year, the resident will be assigned to a defined-length (generally one month or longer) learning experience in addition to participating in multiple longitudinal (ongoing) experiences. Most learning experiences may be scheduled

in any sequence based on resident preference, prior experience, and preceptor availability. Generally, experimental learning experiences (those with no pharmacist role-model) or other “non-traditional” experiences will be scheduled later in the year and only upon resident request and after the resident has participated in multiple “core” learning experiences and performed well. When possible, at least one “medicine” type learning experience (internal medicine or hematology/oncology) and one critical care learning experience (any ICU experience) will be scheduled in the first half of the year in order to build a foundation for future learning experiences; however, this may not always be possible due to resident requests (e.g., scheduling certain learning experiences before Midyear) or preceptor availability (e.g., AU faculty are only available to train residents in certain months, preceptors may have lengthy vacation or other activities scheduled in a given month).

Residents must perform satisfactorily on all core (required and selective) learning experiences; failure to do so will result in the necessity to repeat that learning experience.

± If a resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible. Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation.

Note: these learning experience offerings and guidelines are presented as an outline for residency training. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents’ requests while meeting the standards of accreditation set forth by ASHP. Learning experiences designated as experimental will only be scheduled late in the residency year and only if the resident has performed well on traditional core learning experiences. Residents must complete at least ten months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.

PGY-2 Hematology/Oncology Pharmacy Residency Structure

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.

REQUIRED Learning Experiences		
Orientation and Initial Training	Training areas include unit-based, chemotherapy competency, nutrition & pharmacokinetic support services, and sterile product compounding	1-2 months [†]
Inpatient Hematology/Oncology	Includes hematology/oncology unit	2 months
Outpatient Chemotherapy Infusion Clinic	Includes clinical verification of chemotherapy orders, patient education and chemotherapy product verification	6 weeks
Pediatric Hematology/Oncology	Includes providing pharmaceutical care and counseling for patients in an outpatient clinic, as well as inpatient rounding	1 month
Oncology Specialty Pharmacy	Includes working in URAC accredited specialty pharmacy and patient counseling	1 month
Pediatric Bone Marrow Transplant	Off-site rotation at St. Jude Children's Research Hospital in Memphis, TN involving inpatient and outpatient autologous and allogenic transplant.	1 month
Investigational Drug Services	Includes involvement in reviewing IRB approved process for investigational drug studies and dispensing of investigational drugs in an outpatient oncology clinic.	3 weeks
<i>A minimum of nine months (including orientation, initial training and longitudinal experiences) of direct patient care must be completed.</i>		

[†] If current resident or pharmacist, only one month of orientation required. For other residents, two months are required.

ELECTIVE Learning Experiences	
Elective learning experience opportunities:	<i>May repeat[‡] or extend (up to 6-8 weeks) any learning experience</i>
	Gynecologic Malignancies
	Medical Intensive Care Unit (MICU)
	Palliative Care and Hospice
	Infectious Diseases
	"Experimental" learning experiences utilizing non-pharmacists as preceptors*

*Requires RPD/RAC approval and must be scheduled late in the year and only if resident is progressing well

PGY-2 Hematology/Oncology Pharmacy Residency Structure

Required LONGITUDINAL Learning Experiences	Resident Expectations:
Oncology Residency Discussion Series	Teaching responsibilities through Auburn HSOP
Hematology/Oncology Clinic	Presentations (journal club, oncology education, etc.)
Midyear Project	Precept Pharmacy Students
Major Project	Nursing Staff Education
Medication Use Management (Newsletter, Oncology P&T Subcommittee, Quarterly Drug Monographs, etc.)	Pharmacist Continuing Education

For the vast majority of the residency year, the resident will be assigned to a defined-length (generally one month or longer) learning experience in addition to participating in multiple longitudinal (ongoing) experiences. Most learning experiences may be scheduled in any sequence based on resident preference, prior experience, and preceptor availability. Generally, experimental learning experiences or other “non-traditional” experiences will be scheduled later in the year and only upon resident request and after the resident has participated in multiple “core” learning experiences and performed well.

Residents must perform satisfactorily on all core learning experiences; failure to do so will result in the necessity to repeat that learning experience.

[±] If a resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible. Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation.

Note: these learning experience offerings and guidelines are presented as an outline for residency training. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents’ requests while meeting the standards of accreditation set forth by ASHP. Learning experiences designated as experimental will only be scheduled late in the residency year and only if the resident has performed well on traditional core learning experiences. Residents must complete at least 9 months of direct patient care (including orientation and initial training) in order to build appropriate patient care skills.



PGY1 – Requirements for Successful Completion

A residency certificate is awarded upon the successful completion of all residency requirements, including completion/implementation/submission of all assignments, receiving a rating of “achieved” on all “critical” required goals/objectives (with no final ratings of “needs improvement”), and other requirements as listed below. Ordinarily all training requirements must be met within the 12-month residency period. It is possible, however, to gain a limited extension for completion of the resident's major project. If an extension is needed, the resident must request the extension in writing. The residency director must approve such requests. Residency certificates will be withheld until **all** requirements are successfully completed. If any deficiencies remain at 30 days after completion of the program, no residency certificate will be granted regardless of work completed.

Additionally, it is a requirement of the HH Pharmacy Residency Program that the following be completed **BEFORE** a residency certificate will be issued:

- Pharmacist licensure in Alabama (obtained within 90 days of enrollment in the program, see P&P)
- ACLS certification (optimally, should be obtained in the 2nd or 3rd quarter of the residency program)
- Submission of a publication-ready electronic and paper copy of major project along with slides
- Rating of “achieved for residency - ACHR” on all “critical” goals/objectives
- Completion of all required evaluations
- Completion of all assigned projects, including but not limited to: MUE, drug monograph, drug treatment protocol/guideline, presentations, etc. *See checklist below for complete list of requirements*
- Submission of the resident’s portfolio by the Program Director

Task (evidence must be in portfolio)	Date Completed
Alabama Pharmacy License	
Advanced Cardiac Life Support Certification	
Documents Produced	
Newsletter Issue (co-editor)	
Drug Monograph	
Medication Use Evaluation	
Drug Treatment Protocol or Guideline	
Drug Information Responses (at least 3)	1. 2. 3.
ASHP Midyear Project Abstract	
SERC Major Project Abstract	
Major Project Manuscript	
Management Project Summary	
ACPE Documentation for Pharmacist [and/or Technician] Staff Development (slides, handouts, assessment of effectiveness)	
Presentations	
ASHP Midyear Poster Presentation	
SERC Major Project Presentation	
ACPE Staff Development for Pharmacists [and/or Technicians]	
Huntsville Hospital Senior Leadership (C-Suite) Presentation	
Group Leadership Activity [≥ 2] (e.g. Pharmacy & Therapeutics, P&T subcommittees, Quality Council, Medication Safety Committee, etc.) Include agenda or other supporting information	1. 2.

PGY1 Critical objectives

(all must be scored ACHR to receive a residency certificate)

CRITIAL OBJECTIVE	SCORED AS ACHR?
R1.1 – All Objectives	
R2.1.1 Drug class review/monograph/treatment guideline/protocol (Creating)	
R2.1.2 MUE (Analyzing)	
R2.1.4 Medication event reporting and monitoring (Applying)	
R2.2.3 Implement changes to improve patient care and/or MUS (Applying)	
R2.2.5 Effectively develop and present, orally and in writing, a final project report (Creating)	
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills (Applying)	
R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement. (Applying)	
R3.2.3 Contribute to departmental management. (Applying)	
R4.1.2 Use effective presentation and teaching skills to deliver education. (Applying)	
R4.1.3 Use effective written communication to disseminate knowledge. (Applying)	
R4.2.2 Effectively employs preceptor roles. (Applying)	
E5.1.1 Participate in the management of medical emergencies (Applying)	

PGY2 Critical Care – Requirements for Successful Completion

A residency certificate is awarded upon the successful completion of all residency requirements, including completion/implementation/submission of all assignments, receiving a rating of “achieved” on all “critical” required goals/objectives (with no final ratings of “needs improvement”), and other requirements as listed below. Ordinarily all training requirements must be met within the 12-month residency period. It is possible, however, to gain a limited extension for completion of the resident's major project. If an extension is needed, the resident must request the extension in writing. The residency director must approve such requests. Residency certificates will be withheld until **all** requirements are successfully completed. If any deficiencies remain at 30 days after completion of the program, no residency certificate will be granted regardless of work completed.

Additionally, it is a requirement of the HH Pharmacy Residency Program that the following be completed **BEFORE** a residency certificate will be issued:

- * Pharmacist licensure in Alabama (obtained at the beginning of the residency, see P&P)
- * ACLS certification (optimally, should be obtained in the 2nd or 3rd quarter of the residency program)
- * Submission of a publication-ready electronic and paper copy of major project along with slides
- * Rating of “achieved for residency - ACHR” on
 - * 100% of R1 patient care goals and objectives must be achieved for the residency
 - * 100% of the following objectives must be achieved for the residency: R2.2.4, R3.1.1, R3.2.1, R4.1.2, R4.1.3
 - * 80% of the remaining goals in R2-R5 must be achieved for the residency
 - * The remaining 20% that are not achieved for the residency must all at the very least be in satisfactory progress, with no needs improvement
- * Completion of all required evaluations
- * Completion of all assigned projects, including but not limited to: MUE, drug monograph, drug treatment protocol/guideline, presentations, etc. *See checklist below for complete list of requirements*
- * Submission of the resident’s portfolio by the Program Director

Task (evidence must be in portfolio)	Date Completed
Alabama Pharmacy License	
Advanced Cardiac Life Support Certification	
Documents Produced (Associated Educational Objective, when applicable)	
Newsletter Issue (4.1.3)	
Drug Monograph (2.1.1)	
Medication Use Evaluation (2.1.2)	
Drug Treatment Protocol or Guideline (2.1.1)	
ASHP Midyear Project Abstract (4.1.3)	
MAD-ID Major Project Abstract (4.1.3)	
Major Project Manuscript (2.2.6)	
ACPE Documentation for Pharmacist [and/or Technician] Staff Development (slides, handouts, assessment of effectiveness) (4.1.2, 4.1.4)	
Presentations	
ASHP Midyear Poster Presentation (4.1.2, 4.1.3)	
MAD-ID Major Project Presentation (2.2.6, 4.1.2, 4.1.3)	
ACPE Staff Development for Pharmacists [and/or Technicians] (4.1.2, 4.1.4)	
Huntsville Hospital Senior Leadership (C-Suite) Presentation (4.1.2, 4.1.3)	
Group Leadership Activity [\geq 2] (4.1.2) (e.g. Pharmacy & Therapeutics, P&T subcommittees, Quality Council, Medication Safety Committee, etc.) Include agenda or other supporting information	3. 4.

PGY-2 Infectious Diseases – Requirements for Successful Completion

A residency certificate is awarded upon the successful completion of all residency requirements, including completion/implementation/submission of all assignments, receiving a rating of “achieved” on all “critical” required goals/objectives (with no final ratings of “needs improvement”), and other requirements as listed below. Ordinarily all training requirements must be met within the 12-month residency period. It is possible, however, to gain a limited extension for completion of the resident's major project. If an extension is needed, the resident must request the extension in writing. The residency director must approve such requests. Residency certificates will be withheld until **all** requirements are successfully completed. If any deficiencies remain at 30 days after completion of the program, no residency certificate will be granted regardless of work completed.

Additionally, it is a requirement of the HH Pharmacy Residency Program that the following be completed **BEFORE** a residency certificate will be issued:

- * Pharmacist licensure in Alabama (obtained at the beginning of the residency, see P&P)
- * ACLS certification (optimally, should be obtained in the 2nd or 3rd quarter of the residency program)
- * Submission of a publication-ready electronic and paper copy of major project along with slides
- * Rating of “achieved for residency - ACHR” on
 - * 100% of R1 patient care goals and objectives must be achieved for the residency
 - * 100% of the following objectives must be achieved for the residency: R2.2.5, R3.1.1, R3.3.1, R4.1.2, R4.1.3, R4.2.2, R2.2.6
 - * 80% of the remaining goals in R2-R5 must be achieved for the residency
 - * The remaining 20% that are not achieved for the residency must all at the very least be in satisfactory progress, with no needs improvement
- * Completion of all required evaluations
- * Completion of all assigned projects, including but not limited to: MUE, drug monograph, drug treatment protocol/guideline, presentations, etc. *See checklist below for complete list of requirements*
- * Submission of the resident’s portfolio by the Program Director

Task (evidence must be in portfolio)	Date Completed
Alabama Pharmacy License	
Advanced Cardiac Life Support Certification	
Documents Produced (Associated Educational Objective, when applicable)	
Newsletter Issue (4.1.3)	
Drug Monograph (2.1.1)	
Medication Use Evaluation (2.1.2)	
Drug Treatment Protocol or Guideline (2.1.1)	
Drug Information Responses (4.1.3)	4. 5. 6.
ASHP Midyear Project Abstract (4.1.3)	
MAD-ID Major Project Abstract (4.1.3)	
Major Project Manuscript (2.2.6)	
ACPE Documentation for Pharmacist [and/or Technician] Staff Development (slides, handouts, assessment of effectiveness) (4.1.2, 4.1.4)	
Presentations	
ASHP Midyear Poster Presentation (4.1.2, 4.1.3)	
MAD-ID Major Project Presentation (2.2.6, 4.1.2, 4.1.3)	
ACPE Staff Development for Pharmacists [and/or Technicians] (4.1.2, 4.1.4)	
Huntsville Hospital Senior Leadership (C-Suite) Presentation (4.1.2, 4.1.3)	
Group Leadership Activity [≥ 2] (4.1.2) (e.g. Pharmacy & Therapeutics, P&T subcommittees, Quality Council, Medication Safety Committee, etc.) Include agenda or other supporting information	5. 6.

PGY-2 Hematology/Oncology Residency Requirements Checklist

Resident name _____

Task	Date completed	Evidence in portfolio or other file?
LICENSE/CERTIFICATES		
Alabama Pharmacy License		
Advanced Cardiac Life Support Certification		
Successful Passing (90 or above) of Chemotherapy Competency Exam (E3.1.1)		
DOCUMENTS PRODUCED		
Newsletter Issue (co-editor) (R3.2.5)		
Drug Monograph (R3.2.5)		
Medication Use Evaluation (R3.2.5)		
Drug Treatment Protocol or Guideline (R2.2.4)		
ASHP Midyear Project Abstract (R2.2.2)		
HOPA or SERC Major Project Abstract (R2.2.2)		
Major Project Manuscript (R2.2.2)		
ACPE Documentation for Pharmacist [and/or Technician] Staff Development (slides, handouts, assessment of effectiveness) (R3.1.1)		
PRESENTATIONS		
ASHP Midyear Poster Presentation (R2.2.4)		
HOPA or SERC Major Project Presentation (R2.2.4)		
ACPE Staff Development for Pharmacists [and/or Technicians] (R3.1.1)		
Huntsville Hospital Senior Leadership (C-Suite) Presentation (R3.2.5)		
Group leadership activity – [2] (pre-P&T, P&T, Quality Council, Med Safety Committee, etc.) – include agenda (or other supporting information) – one must be formulary recommendation to P&T (R3.2.5)	1. 2.	
OTHER		
Demonstrates appropriate patient care skills, meaningful clinical interventions, and integrates themselves into the oncology patient care team. (R1.1 & R3.1.1)		
Understands and demonstrates the ability to self-evaluate (R3.1.2)		

Residents are required to receive an achieved for residency on all of R1.1, E3.1.1, R2.2.2, R2.2.4, R3.1.1, R3.1.2, R3.2.5 and 80% of the remaining required goals and objectives.

HUNTSVILLE HOSPITAL

Pharmacy Residency Programs – Policy on Leave

Residents are granted leave in accordance with HH policy. Residents accrue ETO in a manner similar to other staff, but may only take up to 14 days of personal and/or sick leave during the 52 week program. Residents will also receive administrative leave for ASHP Midyear Clinical Meeting, SERC or HOPA, residency recruiting events, and other mandatory functions. Neither the time associated with the 14 days of personal and/or sick leave nor the administrative time will need to be ‘made up’ through extension of the program. Absences (voluntary or involuntary) in excess of 14 days of personal and/or sick leave and professional functions (no more than 37 days combined) will be reviewed on case-by-case basis to determine their effect on the resident’s ability to meet all program goals. Residents who have progressed at or above the expected pace* (as determined by the RPD after review of completed evaluations and consultation with preceptors) may be granted an “excused absence” if the absences do not exceed 37 days or may have their residency training period lengthened to make up for the missed days. Residents whose performance has been marginal* (as determined by the RPD after review of completed evaluations and consultation with preceptors) and then requests/requires additional days off or residents whose period of absence is deemed sufficiently lengthy so as to jeopardize his/her ability to continue the program with or without schedule modification will receive a thorough review by the RPD and members of Pharmacy Administration. Actions taken may include (but are not limited to) addition of the days missed to the end of the program, addition of the days missed plus extra days deemed necessary to fulfill all training requirements to the end of the program (see below), or dismissal from the program. Residents will be required to fulfill 52 weeks’ worth of training, exclusive of the above-mentioned personal and/or sick leave and professional absences. An absence in excess of 3 months at any time during the residency program will result in the termination of the resident’s current residency training; the resident may then re-apply to the program in the upcoming year. Huntsville Hospital’s residency program will comply with all federal, state, and hospital-approved policies on leave and dismissal, where applicable.

**Resident performance will be considered to be “at the expected pace” if, after consultation with the resident’s preceptors, it is felt that the resident is progressing well and is currently on track to meet the program’s critical goals and objectives. The resident will be considered to be progressing “marginally” if, after consultation with the preceptors, it is felt that the resident is not performing in such a manner as to be on track to complete the program’s critical goals and objectives. Factors to be evaluated include scores of ‘NI,’ performance on core rotations, etc.*

Huntsville Hospital’s residency program will comply with all federal, state, and hospital-approved policies on leave and dismissal, where applicable.

Appendix F



Pharmacy Residency Programs – Policy on Dismissal

The Pharmacy Resident is a full-time professional staff member of the Department of Pharmacy who reports directly to the Director of Pharmacy Services. The discipline or termination of the resident will be consistent and in compliance with established policies and procedures of the department and the institution. Corrective action is to be made in a progressive, stepwise manner, except in certain instances of gross misconduct that requires immediate dismissal per Huntsville Hospital Human Resources policy. Corrective disciplinary action for various offenses is contained in the Employee Handbook and it is every employee's responsibility to read the handbook and ask questions if unsure about the information. Information in the handbook applies to residents as well as all other employees.

Additionally, a resident will be dismissed from the residency program if they meet any of the following criteria:

1. Alabama licensure
 - a. PGY1 residents that fail to obtain Alabama licensure within the first 90 days or later than October 1st, whichever date is earlier, then the resident will be terminated barring any extenuating circumstances as determined by the RPD. If extenuating circumstances are present, the residency year will be extended to allow the resident to complete at least two-thirds of the residency year as a licensed pharmacist.
 - b. PGY2 residents that fail to obtain a licensure by their original hire date then the resident will be terminated barring any extenuating circumstances as determined by the RPD. If extenuating circumstances are present, the residency start date will be extended for a maximum of 30 days. Failure to obtain licensure after first extension will result in termination.
2. An acceptable rating on the required 180-day evaluation is not achieved
3. Steps 1-3 of the Failure to Progress policy are completed, but the resident fails to meet expectations for improvement as outlined in the Performance Improvement Plan

Appeals Procedure

- Any resident dismissed from the program is eligible to appeal their termination to the Director of Pharmacy (DOP) if they believe the appropriate procedures surrounding their termination were not followed.
- If a resident wishes to appeal, they must follow the following procedure:
 - Within 5 calendar days of dismissal, the resident must submit a letter of appeal to the DOP outlining how the Failure to Progress steps were not followed and any additional relevant information.
 - If the letter is not submitted within 5 calendar days of the effective date, the appeal period is closed and no further action will be taken. The day of dismissal counts as day 1.
 - Upon receipt of the appeal, the DOP will convene a panel of 3 members (not to include the RPD, resident advisor, or preceptors involved) to review the appeal and other relevant information. The DOP will render a final decision within 7 calendar days of receipt of the appeal.
 - If the DOP determines that the proper steps to dismiss the resident were not followed, the resident will be offered to continue their residency program. Due to the nature of residency programs and the requirements for RPDs, the same RPD will be assigned to the readmitted resident.
 - If the resident is readmitted to the program, they will restart in Step 2 of the above Failure to Progress policy.

Appendix G

HUNTSVILLE HOSPITAL

Pharmacy Residency Programs – Policy on Failure to Progress

If a resident fails to progress at the expected cadence of their preceptor and RPD, then the Failure to Progress procedure may be started for a resident to provide additional support.

Failure to progress may be exhibited or observed in several ways including but not limited to missed deadlines, inability to manage patient volumes expectations, inability to retain information, patient safety concerns, medication-related issues, or several instances of incorrect recommendations over a period of time. Failure to Progress can be related to any aspect of the residency program.

The RPD is responsible for deciding to initiate the Failure to Progress procedure. The RPD can delegate oversight of the Failure to Progress procedure to another leader in the residency program if desired.

Instances where the RPD should consider implementing the Failure to Progress procedure for a resident include the following:

- Failure to complete or progress during a required rotation or set of objectives
 - Failure to progress can be identified through quarterly evaluations, residency leadership, or preceptor evaluations. Consequences of failure to progress will be addressed by the RPD and may include but are not limited to remediation rotations, presentations, competencies, or termination from the program.
- Failure to adequately participate in the educational program as defined by:
 - Failure to establish individualized rotation goals/objectives with the preceptor
 - Failure to be present at the established/scheduled times
 - Failure to complete assignments according to established deadlines
- Failure to act responsibly and ethically in the provision of pharmaceutical care
 - Failure to practice in accordance with state and federal laws
 - Failure to practice in accordance with the Policies and Procedures of the Department of Pharmacy Services
- Failure to communicate or collaborate with colleagues and/or preceptors when such is required for optimal patient care
- Inappropriate or excessive absence from the hospital as defined in the attendance policy
- Failure to respond to calls, verbal or written requests for drug information or other pharmacy services
- Failure to obtain pharmacist licensure in the state of Alabama
 - Please refer to the licensure section of the residency manual
- A non-FMLA leave of absence greater than 15 calendar days or failure to make up time
- Accidental or intentional plagiarism (copied text and/or ideas without proper citation)

The Failure to Progress procedure may also be implemented for a resident at the discretion of the RPD to provide additional needed support and structure at any time.

HUNTSVILLE HOSPITAL

Pharmacy Residency Programs – Policy on Failure to Progress

The following steps (referred to as “Step 1”, “Step 2”, etc.) and criteria should be implemented if the Failure to Progress procedure is started for a resident:

Step 1

- The preceptor will provide verbal feedback with constructive advice to the resident for unsatisfactory performance that is not in keeping with expectations. The RPD will be informed of this conversation and the following consequences may also occur:
 - Assignment of a drug information question
 - The drug information question will be provided by the preceptor. The response should be one-page in length and be supported by primary literature.
 - The drug information response will be due 1 week from the date assigned and will be presented by the resident at the next scheduled in-person Huddle.
 - Restriction of extra shifts
 - Residents who are not in good standing with projects, current learning experiences, etc. will be limited from volunteering for extra shifts for pharmacist pay.

Step 2

- The RPD will provide to the resident written evidence of their performance and how it is misaligned with expectations as outlined in learning experience materials and preceptor feedback.
- The resident will be expected to review the concerns and feedback and provide a written Performance Improvement Plan to focus on the specific performance and learning objectives of concern.
- A timeline for follow-up and improvement, not to exceed 4 weeks, will be outlined in all documentation.
- Resident advisor for the residency program should be aware of and included in the planning, discussion, and meetings with the resident whenever possible.

Step 3

- RPD calls upon peers from RAC and experienced preceptors (not to include the RPD, resident advisor, or preceptors involved) to convene a panel of 3 members to meet with the resident, review the documentation, and determine if additional support may be provided to the resident to assist in improving their performance.
- Actionable items the panel should consider include:
 - Referral to Employee Assistance Program
 - Referral to the Drug Information for Writing or Learning Support
 - Modification to expectations and/or timeline of the Performance Improvement Plan
 - Any other recommendations that may be helpful to the resident

The panel will provide a written recommendation to the RPD within 1 week of requesting review, and the RPD will provide a modified plan within 2 business days after receiving feedback and recommendations from the panel.

The resident will have an additional 4 weeks to demonstrate improvement and comply with the plan as outlined and as agreed upon in writing.

Dismissal

- If the resident fails to meet expectations for improvement in performance during Step 3, the resident will be dismissed from the residency program due to failure to progress as outlined in the Dismissal Policy.
- Corrective action is to be made in a progressive, stepwise manner, except in certain instances of gross misconduct that requires immediate dismissal per Huntsville Hospital Human Resources policy.



Pharmacy Residency Programs – Policy on Preceptors

Huntsville Hospital clinical pharmacy specialists will serve as preceptors for the residents on the majority of their learning experiences. Additionally, other HH clinical pharmacists, pharmacists in leadership roles, AU faculty, and occasionally non-pharmacists may serve in instructor and/or preceptor roles.

HH CLINICAL SPECIALISTS: The following requirements are in place for HH clinical specialists serving as residency preceptors in our PGY-1 program:

- Licensed pharmacist and have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience
or
- Licensed pharmacist and have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience
or
- Licensed pharmacist without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.
- Contribute to the success of residents and the program
- Provide learning experiences in accordance with Standard 3
- Participate actively in the residency program’s continuous quality improvement processes
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents and services
- Demonstrate commitment to advancing the residency program and pharmacy services.
- Demonstrate the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- The ability to assess residents’ performance
- Recognition in the area of pharmacy practice for which they serve as preceptors
- Be an established, active practice in the area for which they serve as preceptor
- Maintenance of continuity of practice during the time of residents’ learning experiences
- Ongoing professionalism, including a personal commitment to advancing the profession

PGY-2 PRECEPTORS: PGY-2 preceptors will have completed a PGY-2 residency plus one year of relevant experience or will have practiced extensively in the area they preceptor and have at least 3 years of experience. Preceptors must be actively practicing in the area in which they serve as preceptors.

OTHER HH PHARMACISTS: Other pharmacists who wish to become preceptors may do so by formally applying to the RPD and seeking preceptor status. The RPD will evaluate each application, determine their proximity to meeting preceptor requirements as outlined above, and (if appropriate) outline a pathway to becoming a preceptor. This pathway will be individualized to each applicant, but will be based on the requirements for preceptors as outlined above.

PRECEPTOR REQUIREMENTS:

MUST MEET AT LEAST 1 OF THE FOLLOWING
Any active BPS Certification(s) (type(s) and expiration date).
Post-graduate fellowship in the advance practice area or advanced degrees related to practice area beyond entry level degree (e.g. MS, MBA, MHA, PhD).

Completion of Pharmacy Leadership Academy (DPLA).
Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): <i>Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).</i>
For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
Certificate of Completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in the last four years.
Privileging granted by preceptor's current organization that meets the following criteria:
<ul style="list-style-type: none"> • Includes peer review as part of the renewal process.
<ul style="list-style-type: none"> • Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a.
<ul style="list-style-type: none"> • If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
Subject matter expertise as demonstrated by:
<ul style="list-style-type: none"> • Completion of a PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted.
Or
<ul style="list-style-type: none"> • Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted.
Or
<ul style="list-style-type: none"> • PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted.
Or
<ul style="list-style-type: none"> • At least 5 years of practice experience in the area precepted.
MUST MEET AT LEAST 1 OF THE FOLLOWING FOR CONTRIBUTION TO PHARMACY PRACTICE WITHIN THE LAST 4 YEARS OF PRACTICE
Contribution to the development of clinical or operational policies/guidelines/protocols.
Contribution to the creation/implementation of a new clinical or operational service.
Contribution to an existing service improvement.
Appointments to drug policy and other committees at the organization or enterprises (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees.
In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 difference inservices/presentations given in the past 4 years, OR a single inservices/presentation given at least annually within the past 4 years.
MUST MEET AT LEAST 3 TYPES OF THE FOLLOWING FOR ONGOING PROFESSIONAL ENGAGEMENT WITHIN THE LAST 4 YEARS OF PRACTICE
Formal recognition of professional excellence over a career (e.g. fellow status for a national organization or pharmacist of the year recognition at state or regional level). <i>Does not have to be within the last 4 years of practice to count.</i>
Primary preceptor for pharmacy APPE/IPPE students (does not include precepting residents).
Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussion provided to pharmacy IPPE/APPE students as part of their learning experience at the site).

Service (beyond membership) in national, state, and/or local professional associations.
Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable).
Completion of a teaching certificate program.
Providing preceptor development to other preceptors at the site.
Evaluator at state/regional residency conferences; poster evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations.
Publications in peer-reviewed journals or chapters in textbooks.
Formal reviewer of submitted grants or manuscripts.
Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s).
Community service related to professional practice (e.g., free clinic, medical mission trip).
Professional consultation to other healthcare facilities or professional organizations (e.g. invited through leader for an outside organization, mock surveyor, or practitioner surveyor).
Awards or recognitions at the organization or higher level for patient care quality, or teaching excellence.

NON-QUALIFYING PRECEPTORS (FORMERLY PRECEPTORS-IN-TRAINING): The RPD will develop an individualized preceptor development program for each newly-appointed preceptor. Elements of this program include:

- Review of basic precepting concepts, conducted by RPD and designee(s)
- Review of the RLS Manual for preceptors, conducted by RPD
- Assignment of a coach/mentor for each new preceptor, by RPD
- Review and observation of the four experiential teaching roles, conducted by RPD and/or designee(s)
- Attendance at all preceptor development programs while designated in a preceptor development program
- Attainment of ASHP preceptor eligibility requirements, signed off by RPD
- Understanding and application of ASHP required preceptor responsibilities
- Meets all ASHP required preceptor qualifications
- Complete the preceptor development program within 2 years and earn the designation of ‘preceptor’

“INSTRUCTOR” STATUS: Some pharmacists may not meet the requirements for preceptors, but nonetheless are integral in training residents. Examples include (1) IV Room pharmacists training the residents on sterile technique, (2) central pharmacists training pharmacists on drug distribution and technician supervision, (3) unit-based pharmacists training the residents to review and approve medication orders, (4) members of the management team training residents in their area of expertise, etc. These pharmacists will be designated “residency instructors” and will not be expected to meet all requirements for residency preceptors. These instructors will be educated about the residency learning system – especially the four teaching roles and the importance of formative feedback – and the overall purpose and structure of the residency program, but will not be required to attend all preceptor development activities or meet all ASHP preceptor requirements. Additionally, pharmacists who have not practiced for the required one-year post training may be involved in teaching the residents in an instructor or “co-preceptor” status, but will not serve as the primary preceptor for the rotation.

AU FACULTY: AU faculty members are utilized to provide preceptorship in ambulatory care, internal medicine, and academia. These faculty members will be designated as preceptors and must meet all ASHP preceptor requirements, participate in preceptor development, and adhere to all HH policies and procedures. All AU faculty have HH staff appointments and abide by all residency requirements.

NON-PHARMACIST PRECEPTORS: Occasionally, it may be appropriate to use non-pharmacists as primary preceptors to give the resident experience in areas where there is no pharmacist practitioner. These situations are expected to be rare and must meet the following criteria:

- ▶ The non-pharmacist preceptor will receive information about the residency program, including purpose, structure, outcomes, teaching methods, evaluation, etc
- ▶ An HH preceptor will be assigned as a liaison to this rotation and will ensure that all training is appropriate – he/she will be in contact with the non-pharmacist preceptor on a regular basis and will participate in the evaluation process
- ▶ A resident may take only one such rotation per year and it will be scheduled in the second half of the year and only if the resident is performing at or above expectations

PRECEPTOR DEVELOPMENT: The RPD will conduct a preceptor development program to ensure the quality of all preceptors. All clinical specialists will be required to participate in this process. Additionally, the RPD will ensure that all preceptors are providing adequate orientation, instruction, and feedback to the residents.

QUALITY IMPROVEMENT: The RPD will spearhead a continuous quality improvement program for the residency program – the Residency Improvement Program (RIP). This program will ensure compliance with ASHP standards and serve to improve upon cited deficiencies within the program.