

## RESIDENCY PROGRAMS EVALUATION STRATEGY

- Residents will discuss an overview of the Residency Program Design and Conduct (RPDC) and use of Pharmacademic<sup>TM</sup> with the Residency Program Director (RPD) and/or designee during orientation, within the first 2 weeks of starting the program.
- At the end of the orientation period, the RPD and/or designee will thoroughly review the orientation summative evaluation, allowing residents to demonstrate their level of understanding of the evaluation process and the resident and preceptor responsibilities in regard to providing feedback.
- The RPD and/or designee will conduct an in-depth discussion session with each resident during orientation in which all questions about the evaluation process and Pharmacademic<sup>TM</sup> are answered and all misunderstandings are rectified.
  - o If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the evaluation process and/or Pharmacademic<sup>TM</sup>.
  - The RPD and/or designee will monitor for possible preceptor difficulties with proper use as well. When needed, the preceptor will be scheduled for further coaching and/or mentoring.
- All resident evaluations (preceptor, resident, RPD) and end of rotation meetings must be completed within 7 days from the end of the rotation
  - O Pharmacademic<sup>TM</sup> tracks the timeliness of evaluations and is used by ASHP when surveying to ensure that per the ASHP standards, timely evaluations are occurring consistently.

<b>Resident Evaluation</b>	Resident Evaluation Schedule		
Orientation or Orientation/Project	Verbal/formative feedback daily from preceptors		
(PGY2 when applicable)	<ul> <li>Midpoint: Midpoint (~50% through rotation): Preceptor verbal evaluation         <ul> <li>Meeting to discuss progress, strategies for improvement, commentary on resident strengths</li> <li>PGY1 ONLY: Resident self-evaluation</li> <li>Preceptor will focus on discussion of building solid self-evaluation and improvement skills (see program specific objective) by providing discussion of self-evaluation vs. preceptor feedback from orientation</li> </ul> </li> </ul>		
	Final (End of rotation): Preceptor summative evaluation		
	Preceptor & Learning Experience: Resident at the end of learning experience		
Required/Elective Learning Experiences	Verbal/formative feedback daily from preceptors		
(≤ 12 weeks)	• Midpoint (~50% through rotation): Preceptor verbal evaluation		



	<ul> <li>Meeting to discuss progress, strategies for improvement, commentary on resident strengths</li> </ul>
	• Final (End of learning experience): Preceptor summative evaluation  o Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation
	• Preceptor & Learning Experience: Resident at the end of learning experience
Longitudinal Learning Experiences (>12 weeks)	<ul> <li>Verbal and/or written feedback from preceptors, ongoing         <ul> <li>Projects, drafts, presentation evals, any documented feedback serve as specific documentation of the evaluated goal/objective; These are saved on the shared N drive and uploaded into Pharmacademic<sup>TM</sup> as feedback</li> </ul> </li> </ul>
	<ul> <li>Midpoint (~50% through learning experience):</li> <li>PGY2 Oncology: Longitudinal ambulatory clinics</li> </ul>
	<ul> <li>Preceptor Summative Evaluation:         <ul> <li>Summative preceptor evaluations are completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations</li> <li>Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation</li> </ul> </li> </ul>
	<ul> <li>Resident Self-Evaluation:         <ul> <li>PGY1 ONLY: Teaching/Staffing: Quarters 1-3 (R3.1.2)</li> <li>PGY2 ID: Longitudinal Amb Care Clinic: 50% through learning experience; Longitudinal Clinical Staffing: Quarters 1 &amp; 2</li> </ul> </li> </ul>
	• Learning Experience Evaluation: Resident at midpoint (~50%) and at the end of the learning experience
	Preceptor Evaluation: Resident at the end of the learning experience
Duty Hour Attestation and Wellness Assessment	• Residents complete monthly to attest to duty hour compliance with UofL Health Duty Hour policy (including reference to ASHP Duty Hour Requirements for Pharmacy Residencies), submit monthly hours, and complete monthly resident wellness assessment.
Resident Self-Reflection and Self-Evaluation	Residents complete an initial resident self-evaluation based on incoming strengths, areas of opportunity, practice interests, and career goals. Additionally, residents self-assess their current strengths/areas of opportunity against the program required competency areas.
	Residents additionally complete the same self-evaluation and assessment every



	90 days from the start of the residency program including:
	<ul> <li>Assessment of progress on previously identified opportunities for</li> </ul>
	improvement related to competency areas
	<ul> <li>New strengths and opportunities related to competency areas</li> </ul>
	<ul> <li>Changes in practice interest and/or career goals post residency</li> </ul>
	<ul> <li>Current assessment of resident well-being and resilience</li> </ul>
<b>Resident Development</b>	The RPD and/or designee develops, discusses, and documents an initial resident
Plans	development plan within the first 30 days of the start of the program
	o This includes results of resident initial self-evaluation and self-
	assessment as well as RPD and/or designee assessment of resident's
	skills and knowledge in relation to program required competency areas
	that were recognized during initial 30 days
	Will include any initial program adjustments
	The motivate any initial program adjustments
	The RPD and/or designee reviews resident self-evaluation/assessment and
	documents, discusses an additional resident development plan every 90 days
	from the start of the program including:
	Assessment of progress on previously identified opportunities for
	improvement related to competency areas
	New strengths and opportunities related to competency areas
	o Resident well-being and resilience
	o Objectives achieved for residency (ACH-R) since last development plan
	o Progress towards meeting all of requirements for program completion
Preceptor Hours	• Learning Experiences (≤ 12 weeks): Preceptor completes at the end of the
(PGY1/PGY1 CB ONLY)	learning experience
	icarining experience
	Learning Experiences (> 12 weeks). Descentor completes at the and of each
	• Learning Experiences (> 12 weeks): Preceptor completes at the end of each
	quarter
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	Mentor: Preceptor completes at the end of each quarter



## RESIDENCY EVALUATION DEFINITIONS: NI, SP, ACH, ACH-R

Rating	Definition
Needs Improvement	Resident is not performing at an expected level at that particular time; significant
(NI)	improvement is needed. Examples include:
	Deficient in knowledge and/or skills in the learning experience and/or patient
	population
	Often requires assistance and/or prompting to complete the objective
	<ul> <li>Doesn't ask appropriate questions to supplement learning; preceptor must provide directed questioning</li> </ul>
Satisfactory Progress	Resident is performing and progressing at a level that should eventually lead to
(SP)	mastery of the goal/objective. Examples include:
	<ul> <li>Adequate knowledge and/or skills in the learning experience and/or patient population</li> </ul>
	Sometimes requires assistance to complete the objective
	Asks appropriate questions to supplement learning
	Requires skill development over additional learning experiences to master
Achieved (ACH)*	Resident can perform associated activities independently and consistently for this learning experience. Examples include:
	Fully accomplished the ability to perform the objective
	Rarely requires assistance to complete the objective
	Minimal supervision is required
	No further developmental work is needed
	*If ACH in 1st Quarter, preceptor must provide adequate documentation within summative evaluation to support.
Achieved for Residency	Resident can consistently perform associated activities independently across the
(ACH-R) **	scope of pharmacy practice at the level of experienced practitioner. Examples include:
	• PGY1, PGY2 Emergency Medicine, PGY2 Critical Care, PGY2 Infectious Diseases:
	o Resident progresses from SP to ACH on 2 monthly or once within the
	duration of a longitudinal learning experience (≥ 12 weeks)
	<ul> <li>Deemed by preceptor evaluation and UofL Residency Advisory</li> <li>Committee (RAC) or program specific RAC decision</li> </ul>
	• PGY1 CB:
	o For patient care goals/objectives R1/E7: resident earns ACH within 2
	separate learning experiences, regardless of duration
	o For non-patient care goals/objectives R2/R3/R4: residents earn ACH within 2 learning experiences ≤ 12 weeks or earn ACH within 1 learning experience > 12 weeks



PGY2 Ambulatory Care:     Resident has earned ACH on 2 separate learning experiences < 6 months duration and/or once within a > 6-month longitudinal learning experience
<ul> <li>PGY2 Oncology/PGY2 Internal Medicine:         <ul> <li>Resident has successfully earned ACH on 1 monthly and/or within a longitudinal learning experience</li> <li>Deemed by preceptor evaluation and UofL Residency Advisory Committee (RAC) or program specific RAC decision</li> </ul> </li> </ul>
**RPD is only person able to assign ACH-R; resident goal/objective progress presented and discussed at RAC monthly starting in September

Pharmacy Residency Program Graduation Requirements		
PGY1	<ul> <li>&gt;80% Achieved for Residency (ACH-R) of all Required and Elective Program Goals/Objectives and specifically &gt;80% ACH-R for the patient care R1 objectives (R1.1.1 – R1.1.8) for successful completion of program.</li> <li>No active Needs Improvement (NI) for successful completion of program</li> </ul>	
PGY1 Community Based, PGY2 Ambulatory Care, PGY2 Infectious Diseases, PGY2 Emergency Medicine, PGY2 Internal Medicine	<ul> <li>&gt;80% Achieved for Residency (ACH-R) of Required and Elective Program Goals/Objectives for successful completion of program</li> <li>No active Needs Improvement (NI) for successful completion of program</li> </ul>	
PGY2 Critical Care	<ul> <li>&gt;90% Achieved for Residency (ACH-R) of Required and Elective Program Goals/Objectives.</li> <li>No active Needs Improvement (NI) for successful completion of program</li> </ul>	
PGY2 Oncology	<ul> <li>&gt;80% Achieved for Residency (ACH-R) of Required and Elective Program         Goals/Objectives for successful completion of program as well as &gt;80% ACH-R of         Goal/Objectives within Competency Area R1</li> <li>No active Needs Improvement (NI) for successful completion of program</li> </ul>	