

# Huntsville Hospital PGY-1 Pharmacy Residency Policies and Procedures

## Standard 1: Requirements and Selection of Residents

- 1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.
  - See “Interview granting and candidate ranking” policies and procedures (App A)
  - See PGY-1 applicant interview eligibility evaluation form and PGY-1 residency applicant evaluation (App B)
- 1.2 The predetermined criteria and procedure used to evaluate applicants’ qualifications must be used by all involved in the evaluation and ranking of applicants.
  - All applicants are screened for an interview using the form referenced above
  - All applicants granted an interview are scored using the form referenced above
  - Candidate rank order list is determined by the process described in the policy/procedures referenced above
- 1.3 Applicants to pharmacy residencies must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
  - All applicants ranked by our program must meet one of the above requirements
- 1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure in the state or jurisdiction in which the program is conducted.
  - All applicants ranked by our program must be eligible for pharmacist licensure in Alabama
- 1.5 Consequences of residents’ failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.
  - Residents should be licensed as a pharmacist in Alabama as soon as possible upon graduation from pharmacy school. If not licensed upon starting the residency program, the resident must obtain an Alabama pharmacist license within 90 of starting the program. Failure to obtain such licensure by the 90-day point of the residency 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 an extension is granted, the resident must obtain said licensure as soon as possible. If deemed necessary, the resident’s length of training may be extended – with or without pay as dictated by hospital budget – to allow for at least 9 months of overlapping licensure and residency training.
- 1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents’ ability to complete the residency program and for dismissal from the residency program.
  - The program’s policies and procedures, including requirements for successfully completing the program and receiving a residency certificate, will be provided to all applicants.
  - Requirements for successfully completing the program and receiving a residency certificate will be provided to all applicants. These requirements include:
    - The resident must satisfactorily complete all required rotations (see Program Structure document-App C)
    - The resident must receive a final rating of no lower than “satisfactory progress” on any residency objective. For objectives listed as “critical,” the resident must receive a final rating of ACHR by the end of the residency (see Objective Tracking grid and Critical Objectives list)
    - The resident must satisfactorily complete all required tasks by the end of the residency (see Task requirements checklist)
  - The HH residency leave policy is provided to all applicants and is as follows:  
Residents are granted leave in accordance with HH policy. Residents accrue Earned Time Off (ETO) in a manner similar to other staff, but may generally only take two weeks of vacation time during the 12-month program. Residents will also receive administrative leave for ASHP Midyear Clinical Meeting, SERC, residency recruiting events, and other mandatory functions. Neither the time associated with the two weeks of vacation nor the administrative time will need

to be 'made up' through extension of the program. Absences (voluntary or involuntary) in excess of two weeks' vacation and professional functions 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" or simply have their residency training period lengthened to make up for the missed days (generally  $\geq 10$  business 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 (generally  $> 10$  business days) 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 (possibly unpaid if the budget status does not allow us to pay overlapping residents), addition of the days missed plus extra days deemed necessary to fulfill all training requirements to the end of the program, re-starting the program at the beginning and continuing on for 12 months, or dismissal from the program. Residents will be required to fulfill twelve months' worth of training, exclusive of the above-mentioned vacation 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.

*\*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.*

1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

- *Huntsville Hospital's residency program will comply with all federal, state, and hospital-approved policies on leave and dismissal, where applicable.*
- *The policies and procedures will be provided to the resident at the time of the interview and again upon acceptance into the program*

## **Standard 2: Responsibilities of the Program to the Resident**

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.

- *The HH PGY-1 residency program is a 12-month program. As such, extended leaves will not count toward the 12-month training requirement. See Leave Policy above.*

**NOT APPLICABLE:** 2.1.a. Non-traditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.

2.2 Programs must comply with the ASHP duty hour standards

[\[https://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.pdf\]](https://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.pdf)

- *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*
- *The residency program will be conducted in compliance with this standard*
- *Residents will maintain a duty hours log 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*
- *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 RPD will review the duty hours log periodically 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 All programs in the ASHP accreditation process must adhere to the Rules for the ASHP Pharmacy Resident Matching Program, unless exempted by the ASHP Commission on Credentialing.

- *The program is conducted in compliance with the Rules for the ASHP Pharmacy Residency Matching Program*
- *The rules are reviewed by all residents preceptors involved in the ASHP RMP*

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.

- *Upon learning the match results, the RPD will send an e-mail containing a welcome letter, list of requirements, policies and procedures, and training agreement to each matched resident*

2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.

- *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 salary and a list of benefits will be provided*
- *The welcome letter will include requirements for successfully completing the program and obtaining a residency certificate (App D)*

2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

- *The resident will sign and return the enclosed training agreement, signifying that they understand the terms and conditions of their acceptance, program/certificate requirements, policies and procedures, and expectations prior to the beginning of the residency year*

2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards. **CRITICAL FACTOR**

- *Qualified preceptors, as defined by ASHP, will be provided for each learning experience*
- *If a preceptor-in-training is involved in training, he/she will be assigned a mentor/coach and will have a documented preceptor training program (see Preceptor-in-Training policy)*

2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.

- *All residents are provided with a workspace, including a networked computer*
- *Residents receive funding to attend ASHP Midyear Clinical Meeting and SERC*
- *All residents receive a pre-determined stipend and full-time employee benefits*
- *Residents are given direction on obtaining support for various activities, such as statistical measures, Marketing and PR, and various other hospital resources.*

2.7 The RPD will award a certificate of residency 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*

2.7.a. Completion of the program's requirements must be documented. **CRITICAL FACTOR**

- *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 and on the*
- *All required tasks will be satisfactorily completed and documented on the task checklist*

- 2.8 The certificate provided to residents who complete the program's requirements must be issued in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies, and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.
- A certificate of completion, signed by the RPD and an appropriate hospital administrator, will be awarded to residents who satisfactorily complete all residency requirements

2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.

- *The certificate will include notation that the program is accredited by ASHP and all wording as required by ASHP*

2.9 The RPD must maintain the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle. **CRITICAL FACTOR**

[\[https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en\]](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en)

- *Residents' records are maintained since the last accreditation survey and are available for review by surveyors*

### **Standard 3: Design and Conduct of the Residency Program**

#### **3.1 Residency Purpose and Description**

The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards. PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

*Huntsville Hospital has adopted the above-listed program purpose as its PGY-1 pharmacy residency purpose*

#### **3.2 Competency Areas, Educational Goals and Objectives**

3.2.a. The program's educational goals and objectives must support achievement of the residency's purpose.

3.2.b. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program's design: **CRITICAL FACTORS**

- (1) patient care;
- (2) advancing practice and improving patient care;
- (3) leadership and management; and,
- (4) teaching, education, and dissemination of knowledge.

*All components listed are included in the residency program's design. All ASHP-required goals and objectives are assigned to at least one learning experience; furthermore, all required goals and objectives are taught in a required defined-length longitudinal rotation to allow all residents an opportunity to achieve each. Goals and objectives under R1 as assigned to at least 2 patient care rotations. Required rotations are a minimum of four weeks in length.*

3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.

*The only elective competency area to be taught and evaluated as part of our program is medical emergencies. This requirement was added as E5.1 – Participate in the management of medical emergencies.*

### 3.3 Resident Learning

#### 3.3.a. Program Structure

3.3.a.(1) A written description of the structure of the program must be documented formally.

3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.

*See program structure with list of learning experiences and length of time for each*

3.3.a.(1)(b) Elective experiences must also be listed in the program's design.

*Elective experiences are listed in the program structure document*

3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives. **CRITICAL FACTOR**

*The required rotations and their associated learning activities are designed in such a manner that the residents can achieve all goals and objectives*

3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems. **CRITICAL FACTOR**

*The program's design ensures that the resident will provide pharmaceutical care in a variety of settings and to a variety of patient types/populations.*

3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity. **CRITICAL FACTOR**

*While based in an acute care facility, our program offers opportunities for practice in a variety of settings..*

3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).

*Residents are not permitted to complete more than 4 months of training in one area or involving a single patient type/population*

3.3.a.(6) Residents must spend 2/3 or more of the program in direct patient care activities.

*Residents will spend the majority of their time ( $\geq 66.7\%$ ) in direct patient care areas*

#### 3.3.b. Orientation

Residency program directors must orient residents to the residency program.

*An orientation session for the residents will be conducted by the RPD. This orientation will cover numerous aspects of the residency year, including (but not limited to) purpose and practice environment, accreditation standards, competencies/goals/objectives, program design and requirements, available elective learning experiences, evaluation process, residency manual, residency policies, terms and conditions of the program, requirements for completion, moonlight policy, dismissal policy, leave policy, and dismissal policy. The rotation experience is a required longitudinal learning experience.*

### 3.3.c. Learning Experiences

#### 3.3.c.(1) Learning experience descriptions must be documented and include: **CRITICAL FACTORS**

- 3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;
- 3.3.c.(1)(b) expectations of residents;
- 3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;
- 3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement;
- 3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.

*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, goals and 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*

#### 3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.

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

#### 3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.

*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.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

*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.*

### 3.4 Evaluation

The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

#### 3.4.a. Initial assessment

##### 3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.

*Upon acceptance into the program, each resident will complete a customization survey, which includes a self-assessment of entering knowledge.*

##### 3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning objectives,

evaluations, and other changes to the program's overall plan. **CRITICAL FACTOR**

*The results of this survey will be compiled by the RPD and shared with all preceptors. Additionally, assessments made during the orientation and initial training period will be utilized to further customize the resident's plan.*

#### 3.4.b. Formative (on-going, regular) assessment

- 3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. **CRITICAL FACTOR**

*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.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

*Learning experience activities will be adjusted as needed based on resident performance*

#### 3.4.c. Summative evaluation

- 3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. **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.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

*Summative evaluations will be conducted at least quarterly for longitudinal rotations. This evaluation should be discussed at the end of the quarter and no later than 10 days after the end of the quarter.*

- 3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.

*A primary preceptor will be designated for each learning experience; however, multiple preceptors 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.*

- 3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

*All preceptors-in-training will be assigned a coach/mentor; additionally, the RPD will provide a documented preceptor training plan for each preceptor-in-training. When a preceptor-in-training functions in a preceptor role, both the preceptor-in-training and the coach/mentor will sign the evaluation*

- 3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

*Each preceptor who has served a significant role in the precepting of a rotation will be valued at the end of the experience (or quarterly for longitudinal rotations). This does not include "floaters" 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*

- 3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience 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 rotation and no later than 7 days after the end of the experience. For longitudinal rotations, the evaluation is due on or no later than 10 days after the quarter ends.*

3.4.d. Residents' development plans

- 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.

*A resident development plan is documented at the beginning of the residency year. Residents respond to a customization survey and the plan is drafted by the RPD in conjunction with the RAC. The initial assessment will include, but is not limited to, short- and long-term career goals, strengths, weaknesses (or areas for improvement), and interests. In addition to the initial customization survey, information is also gathered during the orientation period to aid in the development of the resident's plan. The initial plan is shared with the program's preceptors. 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.*

- 3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted. **CRITICAL FACTOR**

*See above for details of plan adjustments.*

- 3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

*The resident's customization and training plan will be updated at least quarterly and shared with program preceptors*

3.5 Continuous Residency Program Improvement

- 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.

*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.*

- 3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.

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

- 3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.

- 3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.



*Resident tracking will be performed annually to determine if the residents are fulfilling our residency purpose. This tracking will include, at a minimum, initial employment of the resident after program completion.*

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

##### **4.1 Program Leadership Requirements**

- 4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
  - *Adam Sawyer, HH Lead Clinical Pharmacy Specialist, is the PGY-1 RPD.*
- 4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
  - *Adam Sawyer serves as the RAC chair, with assistance from a designated assistant*
- 4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s))] administrative duties/activities for the conduct of the residency program.
  - *A designated pharmacist serves in the role as residency assistance*
- 4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
- 4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
- 4.1.e.(2) The agreement must include definition of:
  - 4.1.e.(2)(a) responsibilities of the RPD; and,
  - 4.1.e.(2)(b) **NOT APPLICABLE:** RPD's accountability to the organizations and/or practice site(s)

##### **4.2 Residency Program Directors' Eligibility**

RPDs must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

*HH's RPD meets all requirements listed*

##### **4.3 Residency Program Directors' Qualifications**

RPDs serve as role models for pharmacy practice, as evidenced by:

- 4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- 4.3.b. demonstrating ongoing professionalism and contribution to the profession;
- 4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization

*HH's RPD meets all requirements listed*

##### **4.4 Residency Program Leadership Responsibilities**

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

- 4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
- 4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;

- 4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
- 4.4.d. evaluation, skills assessment, and development of preceptors in the program;
- 4.4.e. creating and implementing a preceptor development plan for the residency program;
- 4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and
- 4.4.g. working with pharmacy administration.
- 4.5 Appointment or Selection of Residency Program Preceptors
- 4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
- 4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard

*HH's RPD meets all requirements listed*

#### 4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- 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
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

*All HH preceptors meet listed eligibility requirements or are listed as preceptors-in-training*

#### 4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- 4.7.a. contribute to the success of residents and the program;
- 4.7.b. provide learning experiences in accordance with Standard 3;
- 4.7.c. participate actively in the residency program's continuous quality improvement processes;
- 4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- 4.7.e. adhere to residency program and department policies pertaining to residents and services;
- 4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

*All HH preceptors are evaluated at least annually against listed criteria*

#### 4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f.

- 4.8.a. demonstrating 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;
- 4.8.b. the ability to assess residents' performance;
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
- 4.8.d. an established, active practice in the area for which they serve as preceptor;
- 4.8.e. maintenance of continuity of practice during the time of residents' learning experiences;
- 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

*All HH preceptors are evaluated on their ability to perform as listed; preceptor training is provided to improve Performance and to keep all apprised of changes in standards and goals.*

#### 4.9 Preceptors-in-Training

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

- 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
- 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

*The RPD will design a preceptor training program for each newly-appointed preceptor. This program includes:*

- 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 a PIT

- *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 PIT program within 2 years and earn the designation of 'preceptor'*
- *See also Preceptor-in-training checklist.*

#### 4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for 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: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

5.1 As appropriate, residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting.

- *HH is accredited by TJC*

5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards.

- *HH Pharmacy strives to adhere to all ASHP Best Practice Standards and other applicable national standards*

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.

5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.

5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.

5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the Residency and the terms of the agreement are being met.

5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.

5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.

5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard 6.

5.4 **NOT APPLICABLE:** Multiple-site residency programs must be in compliance with the ASHP Accreditation Policy for Multiple-Site Residency Programs

### Standard 6: Pharmacy Services

*See individual HH policies for pharmacy services information*

## **Appendix A**

### **Interview granting and candidate ranking**

*Policy: Interviews for PGY-1 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 (are they aligned with offerings at HH?)

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 Interview Granting Committee, utilizing the criteria set forth by the Residency Advisory Committee and the Interview Granting 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 on-site 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 outlier scores (generally, those more than 8 ranks below or above the mean for that candidate), dropping of the high and low scores, and a weighted interview team score for each candidate. 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.

## Appendix B

## PGY-1 APPLICATION EVALUATION FORM

Applicant: \_\_\_\_\_

School of Pharmacy: \_\_\_\_\_

PARAMETER	EXAMPLES (please be complete and specific)	SCORE
<b>Pharmacy Education [0-10 scale]</b> <i>Minimum GPA 3.2</i>	<b>GPA</b> 3.2-3.29: <b>2</b> 3.6-3.69: <b>6</b> 3.3-3.39: <b>3</b> 3.7-3.79: <b>7</b> 3.4-3.49: <b>4</b> 3.8-3.89: <b>8</b> 3.5-3.59: <b>5</b> 3.9-3.99: <b>9</b> 4.0: <b>10</b>	
	<i>If Pass/Fail grading system utilized, circle:</i>	<i>N/A</i>
<b>Previous Related Degree(s)</b> <i>[Up to 2 additional points]</i> <ul style="list-style-type: none"> <li>Graduate – 2 pts each</li> <li>1 pt if dual degree on track &amp; in progress</li> </ul>		
<b>Work Experience</b> <i>[Up to 5 additional points]</i> <ul style="list-style-type: none"> <li>Retail/Hospital – 1 pt/year</li> <li>Non-Pharm (pts at evaluator's discretion)</li> </ul> <i>Halve points if intermittent/seasonal</i>		
<b>Extracurricular Activities [0-2]</b> <i>[Pharmacy activities given more wt]</i> <i>E.g. clubs, Imhotep, mission trips</i> <ul style="list-style-type: none"> <li>0.5 pts each</li> </ul>		
<b>Leadership Roles [0-4]</b> <i>[Pharmacy activities given more wt]</i> <ul style="list-style-type: none"> <li>Pres – 2 pts each</li> <li>VP – 1 pts each</li> <li>Other executive /chair – 0.5 pt each</li> </ul> <i>Halve points if honor society leader</i>		
<b>Honor Societies/Awards</b> <i>[Up to 2 additional point]</i> <i>E.g. Rho Chi, PLS, Phi Kappa Phi [0.5pt each]</i> <i>E.g. Local/Regional/National Clinical Skills Winner [Local 0.5 pt, Other 1 pt]</i>		
<b>Publications/Presentations</b> <i>[Up to 5 additional points]</i> <ul style="list-style-type: none"> <li>Journal Pub – 2 pt if 1<sup>st</sup>/2<sup>nd</sup> author; 1 pt for other; 0.5 pt if data collection only (max 3 pts)  <i>(Peer-reviewed journal submissions)</i></li> <li>State/Nat'l Pres – 1 pt each (max 3 pts)  <i>Halve points if participant, but not presenter</i></li> </ul>		
<b>Letter of Intent/CV [0-6]</b> <i>[Based on structure/grammar/content]</i>		
<b>References [0-24]</b> <i>[Clinical references given more wt]</i> <ul style="list-style-type: none"> <li>Up to 8 pts/reference (3 requested)               <ul style="list-style-type: none"> <li>At least 2 from acute or ambulatory care clinical preceptors</li> <li>No more than 1 from professional contact or employer</li> <li>Additional references not scored but may provide us information</li> </ul> </li> <li>0 pts if <i>Do Not Recommend</i></li> </ul>		
<b>Other [up to 2 points]</b> <ul style="list-style-type: none"> <li>For extraordinary clinical application or experience</li> </ul>		
<b>Areas of Concern</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Low GPA/Poor Grades  <input type="checkbox"/> Lack of Leadership Roles  <input type="checkbox"/> Poor Communication Skills               </div> <div> <input type="checkbox"/> Negative Reference(s)  <input type="checkbox"/> Mission not Aligned with Huntsville Hospital  <input type="checkbox"/> Other (specify)               </div> </div>		<b>*TOTAL:</b>  <i>*Multiply score by 1.27 if Pass/Fail program</i>

**Final Thoughts/Comments:**

**RECOMMENDATION:**

☐ **OFFER interview**

☐ **Do NOT interview**

Evaluator: \_\_\_\_\_

# HH PGY-1 Residency Applicant Evaluation

CANDIDATE \_\_\_\_\_

RATER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

[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."]

**[1 = LOWEST RATING; 5 = HIGHEST RATING. Please list comments to support your rating.]**

COMMITMENT TO COMPLETING A RESIDENCY 1-----2-----3-----4-----5

PERCEIVED KNOWLEDGE BASE 1-----2-----3-----4-----5

COMMUNICATION SKILLS 1-----2-----3-----4-----5

MATURITY LEVEL 1-----2-----3-----4-----5

ABILITY TO WORK IN TEAM ENVIRONMENT AT HH 1-----2-----3-----4-----5

ABILITY TO ANSWER 'SCRIPTED' QUESTIONS 1-----2-----3-----4-----5

ABILITY TO MEET PROGRAM'S GOALS/OBJS 1-----2-----3-----4-----5

OVERALL RATING (PLEASE INCLUDE COMMENTS) 1-----2-----3-----4-----5

*Please recommend whether or not to match this resident (along with your strength of recommendation)*

\_\_\_\_\_ RANK ON MATCH LIST →→ ( \_\_\_\_\_ Strongest \_\_\_\_\_ Moderate \_\_\_\_\_ Lowest)

\_\_\_\_\_ DO NOT MATCH \_\_\_\_\_ UNDECIDED (please use this choice sparingly)



## Huntsville Hospital 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		
<b>Orientation and Initial Training</b>	Training areas include unit-based, nutrition support & pharmacokinetic, and central pharmacy/sterile products	3 months
<b>Cardiology</b>	Includes cardiac care units, cardiovascular ICU, cardiac floors, and Heart Failure Clinic	1 month
<b>Critical Care (Adult)</b> [Selective]	Pick <u>one</u> intensive care area: surgical/trauma ICU, neurological ICU, or medical ICU	1 month
<b>Acute Care</b> [Selective]	Pick <u>one</u> rounding service: infectious diseases, internal medicine, or pediatrics	1 month
<b>Emergency Department (Adult)</b>	Includes responding to traumas, cardiac arrests, and emergent pharmacotherapy management	1 month
<b>Management</b>	Includes medication safety, information technology, and administrative activities	1 month
<b>Transitions of Care</b>	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	
<b>Elective learning experience opportunities:</b> <u>Pick 2</u>	<i>May repeat<sup>‡</sup> 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
	Neonatal & Pediatric ICU
	Pediatric Emergency Medicine
	Oncology (Inpatient & Outpatient)
	St. Jude Clinic
	"Experimental" learning experiences utilizing non-pharmacists as preceptors*

<sup>‡</sup>Repeat: See description on page 2

<sup>†</sup>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.



## Appendix D

### 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 2<sup>nd</sup> or 3<sup>rd</sup> 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	
<b>Documents Produced</b>	
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)	
<b>Presentations</b>	
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.

# Critical objectives

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

CRITIAL OBJECTIVE	SCORED AS ACHR?
R1.1.3 Collect information on which to base safe and effective medication therapy. ( <b>Analyzing</b> )	
R1.1.4 Analyze data collected ( <b>Analyzing</b> )	
R1.1.5 Design/redesign regimens and monitoring plans ( <b>Creating</b> )	
R1.1.6 Implement regimens/monitoring plans ( <b>Applying</b> )	
R1.1.7 Document actions appropriately ( <b>Applying</b> )	
R1.2.1 Manage transitions of care ( <b>Applying</b> )	
R1.3.1 Prepare and dispense meds ( <b>Applying</b> )	
R2.1.1 Drug class review/monograph/treatment guideline/protocol ( <b>Creating</b> )	
R2.1.2 MUE ( <b>Analyzing</b> )	
R2.1.4 Medication event reporting and monitoring ( <b>Applying</b> )	
R2.2.3 Implement changes to improve patient care and/or MUS ( <b>Applying</b> )	
R2.2.5 Effectively develop and present, orally and in writing, a final project report ( <b>Creating</b> )	
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills ( <b>Applying</b> )	
R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement. ( <b>Applying</b> )	
R3.2.3 Contribute to departmental management. ( <b>Applying</b> )	
R4.1.2 Use effective presentation and teaching skills to deliver education. ( <b>Applying</b> )	
R4.1.3 Use effective written communication to disseminate knowledge. ( <b>Applying</b> )	
R4.2.2 Effectively employs preceptor roles. ( <b>Applying</b> )	
E5.1.1 Participate in the management of medical emergencies ( <b>Applying</b> )	