

Huntsville Hospital PGY-2 Critical Care Pharmacy Residency Policies and Procedures

Standard 1: Requirements and Selection of Residents

- 1.1 The applicant must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status).
 - *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*
- 1.2 The RPD or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented and formal procedure based on predetermined criteria, which includes an assessment of applicants' ability to achieve the educational goals and objectives selected for the program.
 - *See "Interview granting and candidate ranking" policies and procedures (App A)*
 - *See PGY-2 Critical Care applicant interview eligibility evaluation form and PGY-2 Critical Care residency applicant evaluation (App B)*
- 1.3 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*
- 1.4 Applicants to pharmacy residencies should be graduates or candidates for graduation of an accredited pharmacy 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). At a minimum, the program must be a five-year pharmacy degree program.
 - *All applicants ranked by our program must meet one of the above requirements*
- 1.5 Applicants to pharmacy residencies must be licensed or eligible for licensure (or equivalent designation for the country conducting the residency, e.g., registered) in the state, country, or jurisdiction in which the program is conducted.
 - *All applicants ranked by our program must be eligible for pharmacist licensure in Alabama*
- 1.6 Consequences of residents' failure to obtain appropriate licensure (or equivalent process) either prior to or within 60 days after 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 acceptance to the PGY-2 residency programs. If not licensed upon starting the residency program, the resident must obtain an Alabama pharmacist license by September 1 of the year in which the residency was begun. Failure to obtain such licensure by September 1 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 10 months of overlapping licensure and residency training.*
- 1.7 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 leave; 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)
 - 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 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 ≥ 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.*

1.7.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 12 months and a full-time practice commitment or equivalent.

- The HH PGY-2 Critical care residency program is a 12-month program

NOT APPLICABLE: 2.1.a. Nontraditional 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 Requirements for Pharmacy Residencies.

(<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx>)

- 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 Program³, 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 RPD must ensure that residents who are accepted into the program are provided 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 the 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*

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** (App C and D)

- *A final rating of ACHR will be achieved on all 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 achieved on all non-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 Residencies¹, 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 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**

- *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

3.1.a. 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.

- *The residency program will be conducted in a manner that supports the residents in achieving the following purpose and required educational competency areas, goal, and objectives described in the following standards*

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

- *Huntsville Hospital has adopted the above-listed program purpose as its PGY-2 Critical Care 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. At the beginning of the resident's program, RPDs must document an individualized set of program competency areas, educational goals, and educational objectives for each resident. In doing so, PGY2 residencies in advanced areas of pharmacy practice must draw upon the program competency areas,

educational goals, and educational objectives that have been developed by ASHP specifically for that practice area (e.g., critical care, drug information, geriatrics, oncology, ambulatory care). RPDs may establish additional program competency areas, educational goals, and educational objectives that reflect the site's strengths.

For PGY2 residencies in advanced areas of clinical pharmacy practice for which ASHP has not developed a complete set of competency areas, educational goals, and educational objectives, a generic set of program competency areas, educational goals, and educational objectives (Program Competency Areas, Educational Goals, and Educational Objectives for Postgraduate Year Two (PGY2) Residencies in an Advanced Area of Pharmacy Practice) is available. This generic set of advanced clinical practice goals and objectives is provided as a required framework for programs that must develop their own Standard-mandated, area-specific, complete set of program competency areas, educational goals, and educational objectives. Also, RPDs for programs in nonclinical practice areas lacking ASHP-developed program competency areas, educational goals, and educational objectives must develop a complete set for their residencies. In both cases, RPDs must provide ASHP's Accreditation Service Office their complete set of program competency areas, educational goals, and educational objectives at the time of application. These competency areas, educational goals, and educational objectives must be reviewed by the ASHP Commission on Credentialing before the application for accreditation status will be accepted. **CRITICAL FACTORS**

- *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*

3.2.c. Programs may select additional competency areas for all residents to complete. 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.*

3.3 Resident Learning

3.3.a. Program Structure

3.3.a.(1) A written description of the structure of the program (the designation of types, lengths, and sequence of learning experiences) 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 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 educational goals and objectives, including those for residents' projects, will be assigned for teaching to a learning experience or a sequence of learning experiences to allow sufficient practice for their achievement by residents. **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 program's structure must facilitate achievement of the program's educational goals and objectives.

- *The program's design ensures that the resident will facilitate achievement of the program's educational goals and objectives.*

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 the following: **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.*

3.4 Evaluation

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

- *The residents' progression toward achieving the program's required goals and objectives will be evaluated at the end of each rotation.*

3.4.b. Initial assessment

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

3.4.c.(1) Preceptors must provide ongoing 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.c.(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.d. Summative evaluation

3.4.d.(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.d.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at the 3-, 6-, and 12- month points.

- *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.d.(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.d.(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.d.(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 evaluated 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.d.(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.e. Residents’ development plans

3.4.e.(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.e.(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.e.(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 PGY2 pharmacy residency program through graduate tracking.

3.5.c.(1) Information tracked must include employment upon completion of PGY2 residency training 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.

- *Jeremy Ray is the PGY-2 Critical Care Residency RPD.*

4.1.b. The RPD may delegate, with oversight, the administrative duties/activities for the conduct of the residency program to one or more individuals (e.g., residency program coordinator).

- *A designated pharmacist serves in the role as residency assistant*

4.1.c. 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.c.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.

4.1.c.(2) The agreement must include definition of:

4.1.c.(2)(a) responsibilities of the RPD; and,

4.1.c.(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 (or equivalent designation for the country conducting the residency, e.g., registered) with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following: (a.) an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience or equivalent in the advanced practice area (i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency); (b.) board certification in the specialty when certification is offered in that specific advanced area of practice; and, (c.) maintenance of an active practice in the respective advanced practice area.

- *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. activities of a RAC 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 RAC; and,
- 4.4.g. working with pharmacy administration to ensure ongoing support of the program.

- *HH's RPD meets all requirements listed*

4.5 Appointment or Selection of Residency Program Preceptors

- 4.5.a. Organizations shall allow RPDs to appoint and develop pharmacists 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 allows the RPD to appoint and develop pharmacists to become preceptors. RPD follows the Standard to develop and apply criteria for preceptors*

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

- 4.6.a. have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or,
- 4.6.b. without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.

- *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 by meeting one or more qualifying characteristics in all of the following five areas:

- 4.8.a. 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. 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; and,
- 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 United States of America-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-2 Critical Care 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:

- PGY-1 pharmacy residency program enrollment or completion status
- 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
- Fit with the HH system
- 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), and dropping of the high and low scores 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 fit with 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-2 CRITICAL CARE INTERVIEW GRANTING EVALUATION FORM

Applicant: _____

PGY-1 Residency Program: _____

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) <i>[Up to 5 additional points]</i> *1 pt per unrelated degree (max 2 pts)* *2 pts per related degree (+1 pt if higher level)*					
Work Experience [0-10] <i>[Hospital practice experience given more weight]</i> **Max 5 points for long-term retail experience**					
Extracurricular Activities [0-5] <i>[Pharmacy-related activities given more weight]</i>					
Leadership Roles [0-5] <i>[Pharmacy-related activities given more weight]</i>					
Noteworthy Honors <i>[Up to 2.5 additional points]</i>					
Communication Skills [0-10] <i>[Based on letter of intent/references]</i>					
References [0-10]					
TOTAL:					
Score out of 40 possible points if Pass/Fail grading system			Average:		

DO NOT offer interview if total score <33 out of 50, or <23 out of 40

Areas of Concern:

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

Final Thoughts/Comments:

RECOMMENDATION: OFFER interview Do NOT interview

Evaluator: _____

HH PGY-2 CRITICAL CARE Residency Applicant Interview 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

"FIT" WITH THE HH SYSTEM 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)

Appendix C



Huntsville Hospital 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 month
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
<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 LONGTITUDINAL Learning Experiences:	
Midyear Project	Major Project
Medication Use Management and Practice Management	
Resident Expectations:	
Drug Information (MUE, Drug Monograph, Newsletter, etc.)	Medical Emergency Response
Presentations	Poster Presentation
Community Outreach (Mobile Medical, smoking cessation, etc.)	Nursing Staff Education
Precepting Pharmacy Students	

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 Residency Requirements Checklist

Resident name _____

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	
ASHP Midyear Project Abstract	
SERC Major Project Abstract	
Major Project Manuscript	
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.