

GUNDERSEN HEALTH SYSTEM – GUNDERSEN LUTHERAN MEDICAL CENTER

PGY1 PHARMACY RESIDENCY PROGRAM HANDBOOK

2024-2025 ACADEMIC YEAR

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PGY1 PHARMACY RESIDENCY PROGRAM POLICIES

LICENSURE REQUIREMENTS

1. Upon matching with the residency program, prospective residents should submit pharmacist licensure application materials to the Wisconsin Department of Safety and Professional Services at their soonest ability, and should schedule licensure examinations at first opportunity. Per statute, the Wisconsin Pharmacy Examining Board (PEB) allows pharmacist-candidates who have applied for a license to engage in the full scope of pharmacy practice while under direct supervision of a person licensed as a pharmacist by the PEB during the interval period during which the PEB takes final action on the candidate's application.
2. Residents must be licensed as a pharmacist in the state of Wisconsin within ninety (90) days after start of the residency program.
3. If a resident is unable to meet the above deadlines due to extenuating circumstances beyond their control, they must request an extension in writing to the Residency Program Director (RPD). The RPD and Associate Program Director (APD) will review all extension requests. The outstanding items, actions the resident has taken to obtain licensure as soon as possible, and the resident's performance to date will be considered when reviewing licensure extension requests. The resident will be notified in writing if their extension request has been approved or denied.
4. If the extension request is approved, the resident will be notified in writing how many additional days they have been granted to obtain their pharmacist licensure in the state of Wisconsin. The resident must be licensed as soon as possible within this time and within one hundred twenty (120) days from the start of the residency program.
5. Failure to meet the above requirements results in termination of the resident from the residency program.

DUTY AND WORK HOURS

Definitions:

- Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes:
 - Inpatient and ambulatory direct patient care activities
 - Administrative duties related to patient care and program requirements
 - Time spent in-house during emergency response (or other call) responsibility
 - Service obligations mandated as part of the residency program, including required hours at St. Clare Health Mission
 - Assigned health-system activities necessitating real-time attendance (physically or virtually), such as committee meetings and facility-sponsored educational programming, that are required to meet the educational goals and objectives of the residency program
- The following activities are not considered as counting toward duty hours:
 - Reading, studying, and academic preparation time for presentations, discussions, or personal development
 - Travel time to and from any residency-required activity that would count toward duty hours
 - Attendance at extramural (non-health system) professional conferences or educational programming

- Hours not scheduled by RPD or preceptor
 - Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
 - Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty or service periods of the residency program.
 - Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
1. It is universal policy for Gundersen Medical Foundation's postgraduate residency training programs to closely adhere to the Accreditation Council for Graduate Medical Education (ACGME) standard for resident duty hours. The program and institution are committed to and responsible for promoting patient safety and resident well-being. All resident activities and responsibilities are planned to provide a supportive educational environment in which to achieve the outcomes and goals of the residency program. Excessive reliance upon residents to fulfill service obligations compromises this tenet and diverts residents' time and energy from the program's priorities.
 2. In accordance with ASHP and ACGME standards, the summation of an individual resident's duty hours must meet the following criteria:
 - a. Less than or equal to eighty (80) hours per calendar week (seven days)
 - b. Minimum of one day off for every seven calendar days, averaged over a four-week block (calculated percentage of days off per calendar days in four-week block shall be greater than or equal to 14.3%)
 - c. Minimum of eight (8) hours off between scheduled clinical work and education periods
 3. The resident shall maintain an ongoing and accurate tracking of duty hours worked in the MedHub platform, and in any other format as requested by the RPD. It is the resident's responsibility to ensure that they stay current with logging of duty hours within MedHub. This will be monitored by the program administrator and RPD on periodic basis (no less than once monthly) to ensure compliance.
 4. Any violation from duty hours criteria shall be reported by the resident to the RPD and program administrator immediately (pro-actively or as soon as reasonable to practice obligations). The RPD shall determine what corrective action is appropriate; this may include adjustment of resident schedule or adjustment program and/or service responsibility.
 5. The RPD shall report to the Graduate Medical Education Committee (GMEC) and Director of Medical Education (DIO) at minimum quarterly on resident adherence to program and institutional duty hour policy, as well any steps that have been taken to address non-compliance.

REF: MedEd-500 Clinical Experience and Education

MOONLIGHTING

1. Residency is a full-time obligation. Residents must manage their activities, external to those required by the residency program, so as not to interfere with their commitment to complete the educational goals and objectives established for the residency program.
2. Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside of Gundersen Health System (external, includes any regionally affiliated critical access hospitals) or within any of Gundersen Health System's pharmacies (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
3. External moonlighting is not permitted.
4. Internal moonlighting may be allowed if the following conditions are met:
 - a. Resident has achieved Wisconsin pharmacist licensure
 - b. Resident is in satisfactory academic standing in the program
 - c. Permission to engage in moonlighting activity is granted by the RPD, using the following criteria to guide determination:
 - i. Resident has received training sufficient to permit independent practice in practice area/responsibilities for requested moonlighting shift(s);
 - ii. Moonlighting time will not place resident in violation of duty and work hours policy;
 - iii. In the RPD's best judgment, resident is not demonstrating signs of fatigue or burn-out and/or moonlighting not felt to be interfering with resident's ability to provide safe patient care or successfully achieve educational goals and objectives of the residency program.
5. The resident will not be permitted to complete more than 16 hours of moonlighting within any four-week period.
6. All requests for moonlighting hours must be approved in person or via email by the RPD, APD, or Clinical Manager – Hospital Pharmacy.
7. The resident is obligated to report all moonlighting hours as duty hours, using process as detailed in the 'Duty and Work Hours' policy.

REF: MedEd-300 General Moonlighting;

MedEd-500 Clinical Experience and Education

TIME AWAY FROM TRAINING

1. Personal Leave

Each resident is allowed up to twelve (12) days of personal leave during the residency program year.

- Seven (7) days are allotted for planned time away from training (e.g. vacation)
- Five (5) days are allotted for unplanned time away from training (e.g. absence due to illness or unanticipated emergent circumstance)

- No more than three (3) days of leave may occur during any required (core) four-week learning experience
- No more than five (5) days of leave may occur during an elective four-week learning experience
 - For elective learning experiences of planned duration less than four weeks, amount of personal leave allowed during the block will be at the discretion of the RPD, with emphasis on allowing resident sufficient time during learning experience to allow for demonstration of progression of ability

2. Procedure for Unplanned Absence

- A. Sick Call: If resident is unable to be at rotation and/or complete assigned staffing shift(s) due to illness, the resident is expected to contact the following as soon as possible:
 - 1) Hospital Pharmacy Pharmacist-in-charge via telephone (available 24/7)
 - 2) Program Director either via office phone extension (may leave voicemail) or email
 - i. Though not required per policy, if the resident has scheduled obligations (e.g. committee meetings, faculty discussions), they are encouraged to also facilitate communication to the affected parties as a professional courtesy
- B. Personal Emergencies: If extenuating and unforeseen circumstances occur which would preclude the resident from fulfilling her/his program and professional obligations (including attendance on rotation and/or staffing shifts), the resident shall contact the program director (RPD) via the RPD's personal telephone (cellular). The contact must be verbal; messaging may initiate the contact but is not solely sufficient. If, after a reasonable time frame, the resident is unable to verbally communicate with the RPD, the resident shall instead contact the APD via personal telephone (cellular).

3. Procedure for Anticipated Absence

- Requests for preplanned absence must be e-mailed to the RPD at minimum 30 calendar days prior to the requested date(s). The RPD has sole discretion whether to approve or deny the resident's request.
- If approved, the RPD will confirm via email reply to the resident, lead/coordinating preceptor for the resident's rotation at time of leave (if identified at time of request), APD, and the program administrator.

4. Wellness Leave

Wellness leave is provided as a benefit to all Gundersen post-graduate trainees with intent of promoting trainee self-care.

- Pharmacy residents may elect one of the following options for wellness leave:
 - One half (1/2) day (defined as no more than 4 hours removed from program obligations) per program half-year
 - One (1) full day at any point during the program year
- Requests for wellness leave must be approved by the RPD. Optimally, residents will request wellness leave at least 30 days in advance of the date; however, the RPD will evaluate requests for leave submitted less than 30 days in advance on a case-by-case basis.
- Wellness leave may not be claimed during any designated staffing periods (e.g. when staffing a scheduled shift on the pharmacist schedule)

- Wellness time will not be decremented from the resident's bank of personal leave days; however, it does count toward the total allowed time away from an individual learning experience (no more than 3 days for a required core experience, 5 days for an elective 4-week experience).

5. Professional Leave

A resident is allotted up to two (2) days of professional leave over the course of the residency program.

- Professional leave is defined as time off required to travel to and/or conduct interviews in pursuit of post-program employment or further post-graduate training.
- Residents may take professional days in half-day increments, if desired.
- Time off to attend extramural conferences for educational and professional development will not be decremented against a resident's accrued professional days or personal leave total.

6. Total Time Away From Training

A resident is allowed up to a total of fifteen (15) days away from training during the PGY1 residency term. Cumulative time away from training that exceeds this, regardless of reason, will necessitate an extension in residency term by a number of days equal to the amount of time beyond the maximally allowed fifteen (15) days.

REF: MedEd-700 Resident/Fellow Medical Care Policy;

MedEd-800 Resident Staff Job/Fellowship Interview Time

EXTENDED LEAVE

Residents are eligible to request extended absence for immediate family or personal medical, parental, and caregiver leave, as consistent for appropriate accrediting body and applicable laws.

The pharmacy residency will employ the process as outlined in the policy:

Resident & Fellow Medical, Parental, and Caregiver Leave of Absence

The residency program term of training for a resident that takes extended leave of absence will be lengthened to assure completion of an equivalent of twelve (12) total months of PGY1 training. The maximum allowable duration of extension of term of PGY1 training shall be three (3) months.

REF: Resident & Fellow Medical, Parental, and Caregiver Leave of Absence;

MedEd-1700 Extension of Training

HOLIDAYS

1. Major holidays for Gundersen Lutheran Medical Center's hospital pharmacy department are defined as Thanksgiving, Christmas Day, and New Year's Day. For these major holidays, residents shall not be scheduled or expected to be on site.
 - If the holiday falls on a weekday, the resident is required to use personal leave.
 - A resident may elect to be on-site and use the holiday for "catch up" offline work (and remain on call to the department as back-up if needed based on workload, at discretion of the pharmacist-in-charge). If this is case, the resident shall not be required to use personal leave on the holiday.
 - A resident can volunteer to work a staffing shift on the holiday. The resident's request to do this is required to be approved by the RPD and clinical manager for hospital pharmacy, subject to same criteria as described in the program moonlighting policy. If the resident's request is approved, the resident shall be remunerated at standard moonlighting rate of pay.
2. Minor holidays for Gundersen Lutheran Medical Center's hospital pharmacy department are defined as Memorial Day, Independence Day, and Labor Day. If a minor holiday falls during a resident's scheduled period of staffing (regardless of day of week), the resident shall be scheduled into a shift. Other residents are not required to be on site.
 - If the resident elects to take the day off, the resident is required to use personal leave.
 - A resident may elect to be on-site and use the holiday for "catch up" offline work (and remain on call to the department as back-up if needed based on workload, at discretion of the pharmacist-in-charge). If this is case, the resident shall not be required to use personal leave on the holiday.
 - A resident can volunteer to work a staffing shift on the holiday. The resident's request to do this is required to be approved by the RPD and clinical manager for hospital pharmacy, subject to same criteria as described in the program moonlighting policy. If the resident's request is approved, the resident shall be remunerated at standard moonlighting rate of pay.
3. Per Gundersen Health System definition, Christmas Eve is only considered a holiday for shifts that begin after 1200. For the resident that is assigned staffing on December 24, the resident will be scheduled into a day-time shift (that does not end any later than 1730).
4. Easter is not a recognized Gundersen holiday.
5. Residents that observe holidays based on religion or cultural tradition other than those previously identified in this policy are encouraged to discuss with the RPD. The program and the department shall make every reasonable effort to make accommodation for the resident to provide for observance and celebration.

ANTI-HARASSMENT POLICY

It is the policy of Gundersen Health System to provide equal employment opportunities and foster a good working environment to all current and prospective employees.

The pharmacy residency will employ the definitions and process as outlined in system policies HR-220 Sexual Harassment and HR-235 Discipline.

IMPAIRMENT AND SUBSTANCE MISUSE AND ABUSE

Consistent with the Drug-Free Workplace Act of 1988, it is the policy of Gundersen Health System to create and maintain an alcohol and drug-free workplace. Being under the influence of alcohol and illicitly obtained medications while on the premises of any Gundersen campus is inconsistent with the behavior expected of residents appointed to this program, subjects other residents, employees, patients, and visitors to unacceptable safety risks, and undermines Gundersen's ability to operate effectively and efficiently.

The unlawful manufacture, distribution, dispensation, possession, sale, or use of alcohol or a controlled substance in the workplace or while engaged in Gundersen Health System business off premises is strictly prohibited.

Any resident who violates this policy shall be subject to potential disciplinary action, up to and including termination of his or her appointment as a resident. The process to be used in connection with disciplining a resident who violates this policy is set forth in system policies MedEd-1200 Suspension and Termination of Residents and HR-235 Discipline.

Gundersen Health System, in its sole discretion, reserves the right to require residents who violate this policy to participate in and successfully complete an alcohol and drug abuse assistance or rehabilitation program as a condition of continued participation in the residency program.

Gundersen Health System also reserves the right to require such residents to undergo appropriate tests designed to detect the presence of alcoholic, illegal drugs and other controlled substances where, in best judgement, there is reasonable suspicion that a resident may be under the influence of any of these substances. Refusal to consent to such a test may result in disciplinary action, up to and including termination of the resident's appointment.

REF: HR-235 Discipline;

HR-430 Fitness for Duty;

MedEd-1200 Suspension and Termination of Residents

ADJUDICATION OF RESIDENT COMPLAINTS AND GRIEVANCES

This policy covers all resident complaints and grievances except those arising from or relating to suspensions, terminations, and other corrective actions referred to in the program policy on Corrective Action, Suspension and Termination of Residents.

The pharmacy residency will follow the process for all Gundersen Medical Foundation-sponsored residencies and fellowships as outlined in system policy [MedEd-1100 Adjudication of Resident](#)

CORRECTIVE ACTION, SUSPENSION AND TERMINATION OF RESIDENTS

This policy covers corrective actions, suspensions, and terminations of residents, as well as any complaints or grievances that residents may have relating directly thereto.

The pharmacy residency will follow the process for all Gundersen Medical Foundation-sponsored residencies and fellowships as outlined in system policy [MedEd-1200 Suspension and Termination of Residents](#)

- Pharmacy residency program-specific definitions and clarifications for the above Medical Education policy include:
 - 'Academic Deficiency' is defined as unsatisfactory progress toward achieving the specified learning objectives, competency outcomes, and requirements established for the residency program
 - 'Clinical Competency Committee' shall consist of the Residency Program Director, Associate Program Director, and core faculty members of the Residency Advisory Panel (RAP)
 - The 'Performance Improvement Plan' modifications and action steps shall be documented within the resident's learning and development plan within the PharmAcademic platform
 - The cumulatively maximum allowable duration of extension of term of PGY1 training to accommodate corrective action(s) as part of an established performance improvement plan shall be three (3) months.

REF: [MedEd-1700 Extension of Training](#)

REDUCTION OR TERMINATION OF RESIDENCY PROGRAM

If it becomes necessary for Gundersen Lutheran Medical Center to terminate or reduce the size of its PGY1 pharmacy residency program during a term of training, current residents will be notified by the Vice President of Medical Education as soon as possible. In such an event, Gundersen will make every effort to allow residents currently enrolled in the program to complete their post-graduate training and assist displaced residents in transferring into an alternate residency program in which they can continue their training.

REF: [MedEd-900 Plan to Address a Disaster that Alters Residency Experience](#)

ACHIEVING CERTIFICATE OF RESIDENCY

The following is a list of minimum program completion requirements. A resident must complete the program's requirements to receive a certificate of completion of the program. Successful completion of the requirements is determined by the residency program director and associate program director in collaboration with the program preceptors. If a resident does not successfully complete these requirements, they will not receive a certificate of completion or be considered a program alumnus.

1. Demonstration of minimum level of competency within the PGY1 Competency Areas, Goals, and Objectives (CAGO)
 - Evaluation and designation of at least 75% of PGY1 learning objectives as 'Achieved for Residency' by conclusion of residency
 - No learning objectives evaluated as 'Needs Improvement' on terminal summative evaluation
 - Designation of 'Achieved for Residency' on the following critical learning objectives (determined to be foundational elements of PGY1 training and essential for mastery for successful program graduates by the Residency Advisory Panel):
 - R1.1.1: Interact effectively with health care teams to manage patients' medication therapy.
 - R1.1.4: Analyze and assess information on which to base safe and effective medication therapy.
 - R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
 - R1.1.8: Demonstrate responsibility to patients.
 - R1.2.1: Manage transitions of care effectively.
 - R1.3.1: Prepare and dispense medications following best practices and the organization's policies and procedures.
 - R1.3.3: Manage aspects of the medication-use process related to oversight of dispensing.
 - R2.1.1: Prepare a drug class review, monograph, treatment guidelines, or protocol.
 - R2.1.2: Participate in a medication-use evaluation.
 - R2.2.2: Develop a plan to improve the patient care and/or medication-use system.
 - R3.1.1: Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
 - R3.2.4: Manage one's own practice effectively.
 - R4.1.2: Use effective presentation and teaching skills to deliver education.
 - R4.2.2: Effectively employ preceptor roles, as appropriate.
2. Completion of all longitudinal assignments and responsibilities associated with the program to the satisfaction of the RPD and program preceptors, including:
 - Minimum of three (3) Therapeutic Review assignments as specified in the Pharmacy Practice Management: Formulary and Medication Use Policy Management longitudinal learning experience description

- Closure of longitudinal research and/or quality improvement project work, with documentation to support formal hand-off to primary pharmacist faculty advisor(s), future PGY1 resident, and/or Gundersen Medical Foundation Research department
 - Completion of all tasks within PharmAcademic
 - Completion of all assigned self-evaluations and development plan documentation
 - Completion of resident program assessment survey (May)
 - Documentation of all duty hours within MedHub and/or other designated platform
 - Maintenance of updated resident portfolio within designated platform, to include designated work products related to completed learning experiences and program deliverables
 - Any other “ad hoc” assignments or requirements designated to the individual resident by the RPD as a result of corrective action and/or performance improvement plan
3. Satisfactory completion of the following required program deliverables:
- At least one Medication Use Evaluation
 - At least one Medication class review or monograph
 - Delivery of oral podium presentation at the Wisconsin Pharmacy Residency Conference or other professional conference (of similar rigor and structure)
 - Delivery of poster presentation at internal or external professional conference
 - Manuscript of longitudinal research or quality improvement project, in format suitable for submission for publication

PROGRAM STRUCTURE AND CURRICULUM

Core Learning Experiences

- **Orientation:** 4 weeks (initial 4 weeks of residency)
- **Patient Care Core Learning Experiences:** 20 weeks (4 weeks each)
 - Cardiology
 - Critical Care
 - General Medicine – Inpatient
 - Infectious Disease – Antimicrobial Stewardship
 - Pediatrics and NICU
- **Internal Medicine – Ambulatory:** Longitudinal
 - 1 week concentrated (Aug or Sept): Orientation to clinic workflow and procedures
 - 28 hours longitudinally (Sept-May): 7 x half-days (afternoon) scheduled in clinic every fifth week
 - Additional patient care encounters may occur outside of scheduled clinic time
- **Hospital Pharmacy Service (Staffing):** Longitudinal
 - Combination of operations-focused shifts within Central Hospital Pharmacy and decentralized/service-aligned shifts throughout hospital, scheduled based on resident's training to date during residency and demonstrated competency
 - 28 hours (July-Aug): Run-in period concurrent to first patient care learning experience, rotating between weekday 4-hour evening shifts (5-9 pm), weekend 8-hour day shifts (7:30a-4p), and weekend 4-hour evening shifts (4-8 pm)
 - 8 weeks (Sept-June): Scheduled for staffing shifts M-F every fifth week (40 hours/week); may include day or evening hours
 - 8 weekends (Sept-June): Scheduled for staffing shifts Sat-Sun every fifth week (16 hours/weekend); may include day or evening hours
- **Pharmacy Practice Management:** Longitudinal [completed concurrently with other scheduled learning experiences]
 - **Operations and Change Management:** 2 x 1 month (weekly 90-minute Change Management committee meeting; additional assignments and workflow-related projects)
 - **Medication Safety:** 2 months (weekly meeting with preceptor; additional assignments including RL6 medication event analyses)
 - **Therapeutics and Medication Use Policy:** Longitudinal (Aug-June)
 - Mandatory attendance at Therapeutic Review P&T subcommittee meetings (90 min monthly) and Preceptor-Resident Check-Ins (30 min monthly)
 - Attendance at bi-monthly P&T meetings strongly encouraged (required if presenting material)
 - Required completion of minimum of three assignments, including one medication use evaluation (MUE) and one therapeutic entity monograph and/or medication class review
 - **Continuing Professional Development:** Longitudinal
 - Precepting Student Learners (3-4 co-alignments/year)
 - Facilitation of Didactic Educational Presentations (minimum 2)
 - Leadership Colloquium (90 minutes monthly)
 - Formulation of personal CPD plan (Quarter 4)
- **Project:** Longitudinal [completed concurrently with other scheduled learning experiences]

- Phase 1 (July-Dec)
 - Fundamentals of Practice Research curriculum
 - Completion of research/QI protocol initiated by previous PGY1 resident
- Phase 2 (Jan-Jun)
 - Formulation of new research/QI proposal to Research
 - Present results of Phase 1 project externally and in manuscript
- May use up to 5 program days as dedicated time for project work

Elective Learning Experiences

- 16 weeks: 4 x 4-week blocks
 - Selected learning experiences may be scheduled for truncated periods to allow for resident to use leave and/or complete additional elective learning experience(s)
- Electives are selected by the resident with guidance from program directors based on identified practice interests, learning needs, and professional goals.
- Specific elective learning experience options and availability for program year discussed during orientation.
- Core patient care experiences can be repeated as an elective learning experience (after completion of initial required block).

Additional Scheduled Time

- 1 week allocated for resident attendance at ASHP national conference
 - Resident may select Midyear Clinical Meeting (December) or Summer Meeting (June)
- Up to 5 days allocated for resident attendance at regional/national conference for purposes of presenting research/QI project

Full description of each learning experience, including general description, expectations of resident, benchmarks for progression during learning experience, learning activities that support achievement of each evaluated learning objective, and description of evaluation plan, are accessible by residents and preceptor faculty in PharmAcademic.

Sample PGY1 resident schedule

Week	Blocked Learning Experiences	Longitudinal Learning Experiences			
		Service (Staffing)	IM – Ambulatory	Practice Management	Project
1	Orientation				
2					
3					
4					
5	Core – Patient Care #1	Run-In (28h)			Phase 1
6					
7					
8					
9			Concentrated Orientation		
10		Week 1			
11	Core – Patient Care #2			Change Management – Month 1	
12		Weekend 1			
13			Thurs afternoon		
14					
15		Week 2			
16	Core – Patient Care #3				
17		Weekend 2			
18			Thurs afternoon		
19					
20		Week 3		Medication Safety – Month 1	
21	Elective #1				
22		Weekend 3			
23			Thurs afternoon		
24	Conference 1: ASHP Midyear				
25	Project – Concentrated			Medication Safety – Month 2	Phase 2
26		Week 4			
27	Core Patient Care #4				
28		Weekend 4			
29			Thurs afternoon		
30					
31		Week 5			
32	Elective #2			Change Management – Month 2	
33		Weekend 5			
34			Thurs afternoon		
35					
36		Week 6			
37	Core Patient Care #5				
38		Weekend 6			
39			Thurs afternoon		
40					
41		Week 7			
42	Elective #3				
43		Weekend 7			
44	Conference 2: WI Residency Conference – PSW Education Conference				
45	Elective #3		Thurs afternoon		
46					
47		Week 8			
48	Elective #4				
49		Weekend 8			
50					
51					
52					

PROGRAM EVALUATION STRATEGY

1. Scheduled Formative Evaluations

- During blocked patient care-based learning experiences, preceptor will complete formative evaluations within PharmAcademic at the conclusion of each week, globally reflective of the resident's ability to perform activities defined within the learning experience during that week, with attention to those skills in which marked growth was demonstrated and any skills in which specific focus toward growth would benefit the resident. Items included:
 1. ***List two (2) areas in which the evaluated resident demonstrated growth or improvement this week.*** (narrative)
 2. ***List goals for next week and/or strategies to improve.*** (narrative)
 3. ***Is resident meeting performance expectations at this point in the rotation?*** (yes/no)

2. Unscheduled Formative Evaluations

- Any preceptor may electively initiate a formative evaluation within PharmAcademic. Generally, these will be unstructured (narrative only), without any specific rating scale utilized.
- The formative evaluation does not need to be directly tied to the evaluated learning objectives and/or designated learning activities for the assigned learning experience that the resident is completing at the time of the evaluation.

3. Summative Evaluations

- Assigned for completion within PharmAcademic at times based on type of learning experience.
 - Blocked learning experiences of ≤ 8 weeks of duration: at conclusion of learning experience
 - Longitudinal learning experiences: at minimum every 3 months including conclusion of learning experience (may be more frequent)
- Residents are evaluated on selected educational objectives noted within the learning experience description (in manual and PharmAcademic) and identified by preceptor team at start of learning experience.
- Definitions for rating scales utilized for summative evaluations:
 - **Achieved (ACH)**: Resident performs activities defined within the learning experience description (specific to the practice area or function of focus during the scheduled learning experience) at level of competency expected for a pharmacist clinician who has completed PGY1 residency training (proficiency).
 - **Satisfactory Progress (SP)**: Resident performs activities defined within the learning experience description with increasing competency, but with continued opportunity for development before achieving proficiency; has demonstrated a trajectory of growth with the evaluated skills/criteria during the evaluated learning period such that the preceptor expects the resident will reasonably achieve proficiency by completion of PGY1 training.
 - **Needs Improvement (NI)**: Resident is not performing activities defined within the learning experience description at a level of skill commensurate with point in training; even with

some growth observed, concern that resident will not demonstrate growth sufficient to achieve proficiency by completion of PGY1 training.

- Preceptors must consult with RPD prior to evaluating any resident as NI.
- Receipt of NI on any summative evaluation necessitates learning plan review between RPD and resident, with delineated improvement/action plan to address what steps are being taken to provide the resident with deliberate and focused opportunity to correct the performance insufficiency.

4. Resident-Completed Evaluations

- **Summative Self-Evaluations:** For some learning experiences, residents will be assigned to complete a self-evaluation of performance, at the conclusion of the experience and/or (if longitudinal) at designated intervals. The assigned self-evaluation within PharmAcademic will mirror the summative evaluation completed by the primary preceptor, including using the same rating scale (ACH-SP-NI, as defined above).
 - After completion by resident, self-evaluations are routed to all scheduled preceptor(s) for the resident's learning experience for review and co-sign.
- **Resident Evaluation of Preceptor:** At the conclusion of the learning experience, the resident will complete an evaluation of all primary and supporting pharmacist preceptors that the resident worked directly with during the period that the learning experience was completed (as defined by program administration when entering the learning experience into the resident's schedule in PharmAcademic).
 - Evaluation consists of twelve statements describing the preceptor's demonstrated characteristics and aptitude toward clinical teaching and mentoring. Resident scores each statement as always, frequently, sometimes, or never.
 - For longitudinal learning experiences, preceptor evaluations may be assigned more frequently; refer to the learning experience description within the manual (and as indicated in learning experience description within PharmAcademic).
 - After completion by resident, preceptor evaluations are routed to the evaluated preceptor for review and co-sign.
- **Resident Evaluation of Learning Experience:** At the conclusion of the learning experience, the resident will complete an overall evaluation of the learning experience structure and execution.
 - Evaluation consists of multiple components:
 - Seven statements which the resident scores as consistently true, partially true, or false.
 - Three questions for narrative response:
 - ***What were the strengths of this learning experience?***
 - ***What were the weaknesses of this learning experience?***
 - ***What suggestions can you make to improve this learning experience?***
 - For longitudinal learning experiences, learning experience evaluations may be assigned more frequently; refer to the learning experience description within the manual (and as indicated in learning experience description within PharmAcademic).
 - After completion by resident, learning experience evaluations are routed to all primary and supporting pharmacist preceptors that the resident worked directly with during the period

that the learning experience was completed (as defined by program administration when entering the learning experience into the resident's schedule in PharmAcademic).

5. Expectations Related to Evaluations

- Timely and substantive evaluation is critical to the growth and development of residents and to support the quality and rigor of the residency program.
- All evaluations need to include narrative that is criteria-anchored, illustrates areas of strength, growth, and further opportunities for improvement (as applicable, based on type of evaluation), and substantively supports the selected score(s).
 - Evaluations that do not include narrative of appropriate substance will be rejected by the PD and routed back to the evaluator for re-completion.
- Assigned evaluations within PharmAcademic need to be completed in a timely manner: optimally by the listed due date, but no later than seven days within the listed due date.
- These expectations are applicable to both preceptors and residents.
 - Rate for timely completion of evaluations is tracked for individual preceptors, and is one component of the criteria utilized to evaluate for faculty preceptor reappointment.
 - Timely completion of assigned evaluations, review and co-signature, and other tasks within PharmAcademic is a firm expectation of residents, and is one criteria utilized by the RPD to evaluate progress toward achievement of educational objective 3.1.2 (Apply a process of ongoing self-evaluation and personal performance improvement).

6. Designation of 'Achieved for Residency'

- The RPD will designate a specific educational objective (EO) as 'Achieved for Residency' for the resident based on aggregate scores on summative evaluations to date.
 - EO under R1.1 educational goal: Evaluation of EO as 'Achieved' on at least two summative evaluations
 - EO for all other goals: Evaluation of EO as 'Achieved' on at least one summative evaluation
- The RPD will evaluate opportunities to designate EO as 'Achieved for Residency' at minimum quarterly, in conjunction with the formal quarterly resident learning and development plan review.
- The RPD will document designation of specified EO as 'Achieved for Residency' within PharmAcademic and the Resident Tracking and Development Plan document.
- Once a EO has been designated as 'Achieved for Residency', it will not be required to be evaluated on subsequent summative evaluations by either the preceptor or resident.