



Wilkes University

NESBITT SCHOOL OF PHARMACY



Postgraduate Year One (PGY1) Community-based Pharmacy Residency Program



Candidate

The residency program in PGY-1 Community-based Pharmacy conducted by Wilkes University Nesbitt School of Pharmacy, Wilkes-Barre, Pennsylvania has an accreditation candidate status with American Society of Health-System Pharmacists, in partnership with American Pharmacists Association.

Residency Manual 2021 - 2022

Residency Program Director

Nicole C Pezzino, PharmD, BCACP, CDCES
Director of Community Outreach & Innovation
Assistant Professor of Pharmacy Practice
Wilkes University Nesbitt School of Pharmacy

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Welcome from Dean Stolte

It is my pleasure to welcome you to the Nesbitt School of Pharmacy family or "Pharmily". I cannot wait for you to get to know our faculty, staff, and student pharmacists during the upcoming year. These people are what make us special, and I am confident you will feel all the warmth and support we have to offer.

I am so proud to have the school involved in this community pharmacy practice residency program. I am a product of a community pharmacy residency, and they have a special place in my heart. I believe that the combination of clinical, business, and "people" training I received during that year has made my career path possible for me. I hope that you find it to be as rewarding and enriching as I did.

If you ever have any questions or need any information from me, please do not hesitate to contact me at any time. I mean that. I am grateful to you for choosing to join us. I look forward to getting to know you better this year and watching you grow and prosper with the excellent guidance and mentorship of Dr. Pezzino.

Kindest regards,

Scott K. Stolte, Pharm.D.
Dean and Professor, Nesbitt School of Pharmacy
scott.stolte@wilkes.edu
(570) 408-4911



Wilkes University Nesbitt School of Pharmacy Mission Statement

The Wilkes University Nesbitt School of Pharmacy mission statement is to develop pharmacists who will provide high quality health care and to make meaningful contributions to the science and practice of pharmacy. Wilkes University Nesbitt School of Pharmacy will be recognized as an exceptional pharmacy program through innovative education, contemporary practice and valuable scientific contributions. The core values are teamwork, professionalism, lifelong learning, cultural competency, personalized attention, and community engagement.

Residency Program Purpose

To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.¹

Residency Program Description

The Wilkes University Nesbitt School of Pharmacy / Weis Pharmacy PGY1 Community-based Residency Program is a 12-month training program that will develop the resident into an innovative community pharmacist practitioner with diverse experiences in patient care and leadership. The resident will have the opportunity to work in an interprofessional, collaborative environment in experiences in community pharmacies, outreach clinics, underserved practices and with our Pennsylvania Pharmacist Care Network. The resident will develop the skills, confidence and experience to catalyze change and advance patient care services in community pharmacy practice.

The program's goal is to supply the resident with a toolkit of skills that will prepare them to begin their professional career. The resident will have the opportunity to be able to:

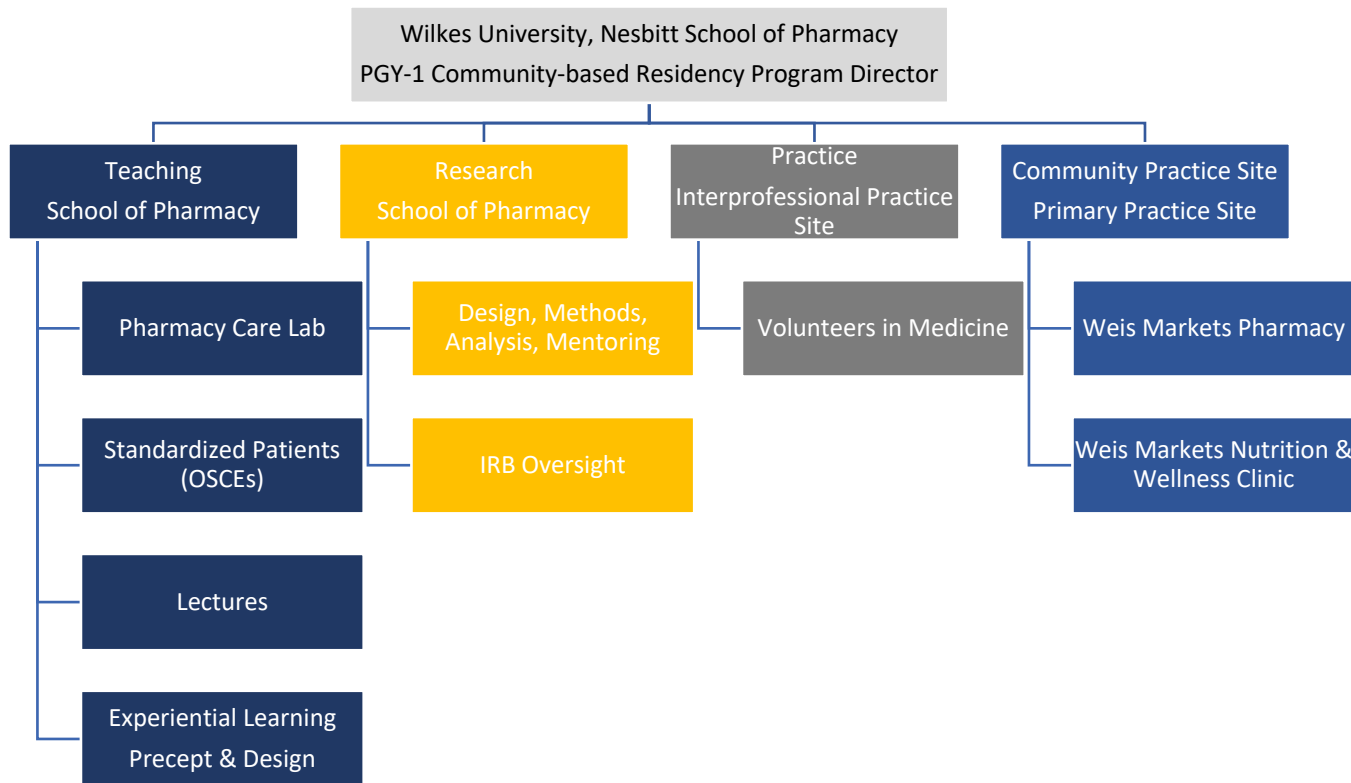
- Apply medication therapy management skills in direct patient care through wellness and disease state management programs
- Develop, market, and implement new patient care and disease state management programs
- Improve the effectiveness and efficiency of the medication use system;
- Provide immunizations according to state regulations
- Educate patients, health care practitioners and student pharmacists
- Design and conduct a research project which will be presented at a regional or national conference and be submitted for publication
- Participate in community outreach, professional engagement and electives

As a fully integrated member of the team at the residency site, the resident will learn first-hand what works and what areas could be improved upon in a community pharmacy, partner with experienced practitioners to initiate new programs and expand and enhance existing services and provide fresh perspectives and insights for the site staff.

¹ Accreditation Standard for PGY1 Community Pharmacy Residency Programs



Residency Program Partners



Wilkes University Nesbitt School of Pharmacy (NSoP)

Founded in 1933, Wilkes University is a private, independent institution located in historic Wilkes-Barre, PA, on the edge of the Pocono Mountains. It offers 46 majors, including master's and doctoral programs. The Wilkes University NSoP core values include Teamwork, Professionalism, Lifelong Learning, Cultural Competency, Personalized Attention, Community Engagement. The School is accredited by the American Council for Pharmacy Education (ACPE) and is a member of the American Association of Colleges of Pharmacy (AACP). The School is led by Dean Scott K. Stolte and a team of Assistant Deans and Department Chairs. The PGY1 Community-based Pharmacy Residency Program is part of the Department of Pharmacy Practice.

Weis Markets

Weis Markets is a regional supermarket chain with 144 pharmacies in Pennsylvania, Maryland, New York, New Jersey, West Virginia, Virginia and Delaware. The pharmacy team is committed to the provision of high-quality patient care and advancing the pharmacy profession. The Schnecksville location has two private consultation rooms. They offer Medication Therapy Management services, point-of-care testing, diabetes education (including Association of Diabetes Care & Education Specialists (ADCES) accredited Diabetes Self-Management Education and Support program and a CDC pending recognition Diabetes Prevention Program classes) and immunizations. In addition, they belong to the Pennsylvania Pharmacists’ Care Network and are part of the Flip the Pharmacy national initiative.



Volunteers in Medicine (VIM)

Volunteers in Medicine Wilkes-Barre Clinic opened its doors in the summer of 2008 in the downtown area. VIM Wilkes-Barre is a full service free medical and dental clinic. The clinic provides primary and preventative health care to financially eligible individuals and families in Luzerne County, PA who otherwise have no access to public or private health insurances.

Residency Program Team Members

Residency Program Director (RPD)

Nicole C Pezzino, PharmD, BCACP, CDCES is the Director of the PGY1 Community-based Pharmacy Residency Program. Dr. Pezzino joined the Wilkes University NSoP in 2015 as an Assistant Professor of Pharmacy Practice. She started and assumed role of RPD in 2020 for the program. Her office is located in 324 Stark Learning Center at Wilkes University.

Residency Preceptors

The residency program includes innovative and distinguished practitioners in eastern Pennsylvania. They include:

- Nick Cicco, PharmD
- Stephanie Doyle, PharmD
- Sarah Longenbach, PharmD (preceptor in training)
- Kimmy Nguyen, PharmD, BCACP, BC-ADM
- Judith DeLuca, PharmD, BCPS
- Rick Seipp, PharmD

Residency Advisory Committee (RAC)

The committee overseeing Wilkes University Nesbitt School of Pharmacy / Weis Markets PGY1 Community-based Pharmacy Residency Program is composed of:

- Residency Program Director (RPD)
- All Residency Preceptors

Purpose:

- to provide guidance to the residents, RPD, residency preceptors on issues related to resident training
- facilitate the planning and accreditation of the residency program
- ensure adherence to university and site policies and procedures
- ensure adherence to ASHP accreditation guidelines
- assist in the oversight of current pharmacy resident to monitor resident progress as it related to clinical, teaching, research and project activities and resident professionalism
- assist with preceptor selection and development, site development and program planning
- responsible for overall continuous quality improvement of program

Meetings:

- RAC meetings will be scheduled at least biannually to review resident progress with respect to clinical, teaching, research and project activities and resident professionalism
- Minutes will be documented and distributed to all RAC members
- Resident program quality improvement retreats will be held live annually



Qualifications of the Resident

Applicants to the Wilkes University NSoP / Weis Markets Community-based Pharmacy Residency Program must:

- Submit an application form, letter of intent, curriculum vitae, transcript and three letters of recommendations
- Participate in and adhere to the rules of the Resident Matching Program (RMP)
- Submit all application materials by the deadline
- Be graduates of an ACPE-accredited Doctor of Pharmacy degree program
- Be eligible for licensure as a pharmacist in Pennsylvania

Details on residency application requirements and procedures can be found on our website at <http://wilkes.edu/wilkesresidency>. All residency applications will be accepted via the [Pharmacy Online Residency Centralized Application Service \(PhORCAS\)](#).

Residency applicants will be evaluated by the Residency Advisory Committee (RAC) through a structured procedure. An application evaluation form is used to confirm that applicants have submitted the required materials. This form takes into account an applicant's academic performance; knowledge, skills, attitudes, and abilities needed to achieve the stated educational goals and objectives of the residency program; and letters of recommendation from faculty and employers. Each item is weighted based on its relative importance to the residency program. The RAC reviews all the forms to determine who should be invited for a formal interview (**Appendix A**).

On-site interviews will be conducted for residency applicants who meet application evaluation criteria. During the interview, the interview evaluation form (**Appendix A**) is used to evaluate the candidate. Each applicant is evaluated on the same criteria, including but not limited to, appearance and demeanor, communication and interpersonal skills, career goals, leadership, and motivation. The RAC believes that a candidate must be above average to be considered a match for our program. The RAC holds a conference call to discuss the strengths and weaknesses of the candidates and who we believe would be the best fit with our program. After this call, the rank order of candidates is finalized and submitted to the National Matching Service (NMS).



Responsibilities of the Resident to the Program

General

Residents must be committed to the values and mission of the organization conducting the residency program, Weis Markets. They must also be committed to completing the educational goals and objectives established for the program. Residents must seek constructive verbal and documented feedback that directs their learning. Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.

Licensure and Liability Insurance

Per the *Accreditation Standard for PGY1 Community Pharmacy Residency Programs*, each resident must obtain licensure to practice as a pharmacist. Licensure as a pharmacist in the commonwealth of Pennsylvania is essential as residency training is “predicated upon accepting full responsibility and accountability for the care of patients”.

The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning where they have matched for their residency program. Residents must obtain licensure in Pennsylvania and liability insurance within 90 days of the start of the residency program. The offer letter encourages residents to seek licensure as soon as possible (prior to the start of the residency program). A copy of documentation/proof of licensure and liability insurance must be provided to the RPD. A resident who fails to obtain licensure and insurance within this time frame will be dismissed from the program and termination of employment. The RPD has the discretion to grant extensions on licensure up until 120 days after the start of the residency year. If the resident is not licensed by this time, the resident will be terminated.

Patient Care Documentation

Residents will be involved with providing patient care at Weis Markets and at off-site locations. At the end of each week, residents should complete the Patient Care Activity Grid (**Appendix B**), which will provide an estimate of the number and types of patient contact throughout the year. The Patient Care Service Activity Grid should also show progression as an independent practitioner.

Needlestick Policy

The pharmacist on duty should immediately contact their store’s Manager on Duty and their Pharmacy District Manager (PDM) to report the incident. If pharmacy staffing is needed for relief your Pharmacy District Manager will work on finding appropriate coverage and give any added direction needed for closing and securing the pharmacy.

When a possible exposure event occurs, follow the steps outlined below. The Pharmacy District Manager will work with the store management team and the pharmacy associates to make sure all the following steps are completed appropriately.

1. Depending on the exposure the associate should immediately wash the needlestick areas thoroughly with soap and water, flush exposed areas of the skin, nose, or mouth, or irrigate their eyes with water or saline.
2. The exposed associate must inform the Manager on Duty and the Pharmacist on Duty, if the exposed associate is not a pharmacist.



3. The source individual should be notified of the exposure by the Pharmacist on Duty and try to obtain consent for the appropriate testing. However, the source individual's consent cannot be forced for testing or disclosure of their personal information for documentation.
 - a. If the source individual consents to testing and/or disclosure their name, address, and telephone number should be collected. A member from risk management will shortly reach out to the individual with testing information and next steps.
 - b. If the source individual does not consent to testing or verifies that they do have an infectious disease, it should be noted.
 - c. If the source individual is not known, indicate on the reports where applicable that the source cannot be identified.
4. The exposed associate must call the Corvel Nurse Line at **(877) 764-3574**. The Corvel team will direct the associate on next steps and where to seek appropriate medical attention.
5. The exposed associate must give the details of the incident to the Manager on Duty so they can be documented.
6. The Manager on Duty will work with the pharmacy team and Pharmacy District Manager to immediately report the incident within the LPMS and notify members of asset protection and risk management.
7. The Pharmacy District Manager will follow up with risk management timely to make sure the source individual received information on testing.
8. Pharmacy associates will work with the Manager on Duty to clean up any blood or other possibly infection material according to the store safety manual on bio-hazardous waste handling procedures.

The resident should notify their primary preceptor at the practice site where the incident occurred and the Residency Program Director

Duty Hours Policy

Management and monitoring of duty hours is a critical activity to ensure that residents are appropriately rested between scheduled residency activities in order to promote optimal patient safety and effective care provision by the resident. Residents are required to adhere to [the duty hour requirements](#) set forward by the American Society of Health-System Pharmacists (ASHP) (**Appendix C**) and this policy and procedure. The RPD and Preceptors of the residency need to ensure that the scheduled duty periods within their purview do not violate the resident duty hour requirements set forth by ASHP. Additionally, the RPD will monitor the resident's duty hours to ensure compliance with the policy. While it is the prerogative of the resident to decide whether to engage in moonlighting, the resident is required to discuss the potential moonlighting site, work activities, and hours of service at that site with the RPD *before committing to any moonlighting activity*. The RPD will assist the resident in determining how moonlighting could affect the resident's duty hours and his/her ability to fulfill the goals and objectives of the program.

Definitions

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call (not applicable to this residency program), administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do NOT include: reading, studying, and academic preparation time



for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the 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 periods of the residency program.

Duty Hours Tracking Policy

The resident will receive information during the orientation month regarding duty hour requirements. At the end of each week during the residency, the resident will complete a patient care activity grid which includes duty hours and submit it to the RPD and Director of Pharmacy.

Additionally, the resident must complete a duty-hour's attestation below every month in PharmAcademic™. The RPD will review monthly, co-sign, and follow-up with the resident if compliance issues are noted.

1. I have read and understand the ASHP Duty-Hour Requirements for Pharmacy Residencies.
 - a. Yes
 - b. No, please provide comments

2. During the past 4 weeks, my duty hours were limited to 80 hours per week, averaged over a 4-week period, including any moonlighting hours.
 - a. Yes
 - b. No

3. During the past 4 weeks, I was provided with at least one day off every 7 days from all educational and clinical responsibilities, averaged over a 4-week period.
 - a. Yes
 - b. No

4. During the past 4 weeks, I have not been on continuous on-site duty for more than 16 hours.
 - a. Yes
 - b. No

5. During the past 4 weeks, I was given a 10-hour time period between all daily duty periods.
 - a. Yes
 - b. No

6. During the past 4 weeks, I have not moonlighted.
 - a. Yes



- b. No
7. If you have moonlighted during the past 4 weeks, indicate the number of hours moonlighted per week. _____
8. In the past month, I have felt overwhelming stress, more fatigued than usual, or depressed.
- a. Yes
 - b. No

At each evaluation point (quarterly), the resident must discuss with the RPD other responsibilities associated with the residency program (e.g., longitudinal rotation activities) and/or moonlighting obligations that will impact the resident's duty hours. It is the responsibility of the resident to alert his or her RPD and Preceptor if he/she feels inadequately rested to safely participate in patient care on any given work day.

Moonlighting Policy

Before beginning any moonlighting assignment, the resident will talk with the RPD about the assignment, the duties and work hours of the assignment, and jointly assess how it might interfere with duty hours or the resident's ability to complete the goals and objectives of the program.

A resident may moonlight at Weis Markets; however, he/she needs to receive prior approval from the RPD using the Moonlighting Notification Form (**Appendix C**). A resident should not moonlight for a company that is not his/her residency program site. Moonlighting hours may not exceed 20 hours per month unless the resident received prior approval from the RPD. Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit. If moonlighting hours result in the resident violating the program's duty hours policy, and the resident does not respond to a first warning from the RPD about the violation, the resident may be terminated from the residency program upon the second offense that is caused by moonlighting hours. If the resident's preceptors and program director determine that moonlighting is interfering with the resident's judgement, overall performance, compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies, and/or ability to achieve the educational goals and objectives of the program, the program director (RPD) will meet to discuss a plan which may include restricting or eliminating resident's moonlighting hours.

Conflict of Interest

Weis Markets believes that is not in its or its employees' best interest for employees to have an ownership interest in or to accept secondary employment with competing pharmacies, retail drugstore chains, mail-order pharmacies, or other businesses in direct competition with the company, which includes all divisions, subsidiaries, and joint ventures of Weis Markets.

Secondary employment is defined as employment on either a full-time or part-time basis with an employer other than Weis Markets. Secondary employment in a hospital in the employee's professional capacity is permitted.

Therefore, it is the policy of the company to require the relinquishment of any such ownership interest or secondary employment as a condition of employment. Exceptions to this policy may be made only with the written approval of the vice president of pharmacy at Weis Markets.



OneDrive

OneDrive is an online “cloud” technology that residents use to store and share residency-related files. Each resident will have two folders: a Resources folder (shared with the RPD, all preceptors in the residency program, and all residents in the residency program) and a Resident Portfolio folder (labeled with their own name; shared with the RPD and only that resident’s preceptors). As both the Resources and Resident Portfolio folder are shared folders, care should be taken when deleting items. Each resident is responsible for maintaining their Portfolio OneDrive folder. By the completion of the residency year, all draft versions of residency-related items should be deleted and only final versions of materials saved in the Resident Portfolio. Residents are encouraged to back-up these files on a regular basis and to save a final copy of their OneDrive folder before graduation from the program. Access to both the Resources folder and Personal folder in OneDrive will cease as of June 30 each residency year.

Learning is Virtually Everywhere - Desire2Learn (D2L) Brightspace

D2L is a course management tool that is used to access materials for Precepting and Learning Certificate Program. Residents will be enrolled in the site by the Wilkes University Department of Pharmacy Practice. Residents will visit www.live.wilkes.edu and use their Wilkes username and password to log-in to the site.

Outlook Calendar

Outlook Calendar is used to maintain the schedule for the residency year. The Outlook Calendar includes resident and preceptor birthdays, dates and location for required and recommended professional organization meetings, as well as Leadership Seminar and TOP TIER Seminar dates, times, and locations (including connection information for virtual Seminars).

Microsoft Teams

The community pharmacy resident will participate in the Leadership Meetings on Microsoft Teams/in person. During meetings, residents will have the opportunity to interact with the RPD, corporate leadership, University leadership and guest speakers. The resident will have the opportunity to have book discussions, participate in updates of policies/procedures, and deliver a leadership themed CE presentation to pharmacists during a pharmacy manager meeting. The presentation will be evaluated using the Presentation Evaluation Form (**Appendix E**).

Membership in Professional Organizations

Residents are strongly encouraged to become active members of state and national professional organizations.

In Pennsylvania, we have one primary state organization – the [Pennsylvania Pharmacists’ Association](#) (PPA) that represents the needs of pharmacists in all practice settings. PPA was formed 1878 when eight members from American Pharmacists Association met in Harrisburg and realized the need for a state organization. Community pharmacy residents will find a home in PPA in the New Practitioner Network and within the Pennsylvania Pharmacists’ Care Network (PPCN). Additionally, a number of committees may be of interest to community pharmacy residents.

National organizations that may be of interest to community pharmacy residents include the [American College of Clinical Pharmacy](#) (ACCP), the [American Pharmacists Association](#) (APhA), the [American Society](#)



[of Health-System Pharmacists](#) (ASHP), [Pharmacy Quality Alliance](#) (PQA) and the [National Association of Chain Drug Stores](#) (NACDS).

Research Project, Business Plan, Quality Improvement Project and Collaborative Practice Agreement/Protocol(s)

Each resident is required to complete a practice-based projects. Residency project ideas will be jointly decided on between the resident, preceptors and RPD. The Research Project Timeline and Manuscript Template (**Appendix F**) will guide the resident to successful completion of the project and manuscript. A list of potential journals for publication of the project is provided (**Appendix G**). In addition, each resident is required to complete a business plan. The Business Plan Timeline and Template (**Appendix H**) will guide the resident for successful completion. The quality improvement project should be decided in collaboration with the team after completion of the ISMP assessment (<https://surveys.ismp.org/s3/Community-Self-Assessment>) to improve the medication use system or patient care. Additionally, the resident is responsible for the evaluation of an existing, or development of a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.



Responsibilities of the Program to the Resident

General

The Wilkes University Nesbitt School of Pharmacy / Weis Markets Community-based Pharmacy Residency Program is a full-time practice commitment that is conducted over a period of 12 months and provides the resident with a minimum of 2,000 hours of practice experience. The residency is in candidate status with ASHP, in partnership with APhA, and as such, adheres to the rules of the Resident Matching Program.

The program will be committed to providing the educational goals and objectives and will support the resident's progress towards completion of these goals. The program's primary educational commitment will be to the resident. Additionally, the program shall be committed to providing constructive feedback to the resident to enable the resident to make active use of feedback for further development.

Offer and Acceptance Letter

Residents who are accepted into the program are provided with a letter outlining their acceptance to the program (**Appendix I**). Acceptance by residents of these terms, including the criminal background check, drug screening and conditions must be documented prior to the beginning of the residency.

Resident Salary and Benefits

The resident is a full-time salaried employee of the Weis Markets. The resident is paid a stipend as outlined in the offer letter. The resident is paid on a monthly basis. The resident is eligible for health, dental, and vision insurance; more detail on these choices is available from Human Resources. In addition, there is a professional development stipend which can be used to support attendance at professional meetings or to allow completion of certificate training programs (see Professional Meeting Attendance below). At the practice site, the resident will be provided with an area in which to work, which includes access to appropriate technology.

Paid Time Off and Family Leave

Each pharmacy resident employed by Weis Markets shall be entitled to 10 paid time off days per year. In addition, six paid holidays are included in the residency year and are as follows:

1. New Year's Day
2. Memorial Day
3. Labor Day
4. Thanksgiving Day
5. Day after Thanksgiving
6. Christmas Day

If a resident needs to take more time off, then prior approval will be needed from the director of pharmacy and director of the program. If a resident is unable to complete the residency program requirements, grounds for dismissal from the program will be considered.

Resident is not eligible for Family Medical Leave of Absence (FMLA) leave unless resident has been a Weis Markets employee for at least twelve (12) months. Resident may be eligible for other leaves in accordance with company policy. In the event of a serious medical condition or family medical leave requiring extended absence, resident may take any unused paid days off and still complete the residency program on schedule. Any additional required time off up to a maximum of 8 weeks will result



in extension of the program, beyond the normal end date, by the number of days off beyond paid leave. Residents requiring extended unpaid leave greater than 8 weeks in duration will not be able to complete the program and will be dismissed from the program. If an extension is needed, the resident must request the extension in writing and the residency program director will approve such requests. Residency certificates will be withheld until all requirements are successfully completed. Residents can only receive compensation for twelve months. In the event that an extension is needed, the requirements are completed without pay.

Professional Meeting Attendance

Each resident is provided with a professional development stipend which can be used to support attendance at professional meetings or to allow completion of certificate training programs.

Each resident is allotted \$3,000.00 for travel expenses. Travel expenses include mileage to and from meetings, registration fees, airfare, cab fare, and hotel expenses. *In order to receive reimbursement, Weis Markets has to have proof that the resident paid and proof that the resident actually attended the meeting.* The resident's name must be on receipts. Please note: It is the resident's responsibility to keep a tally of his/her expenses.

All Residents will be required to attend the following meetings:

1. PPA Mid-Year Meeting and Residency Showcase
2. PPA Annual Meeting
3. APhA Annual Meeting
4. Eastern States Conference for Pharmacy Residents and Preceptors

Residents can choose to attend any of the following meetings:

1. NACDS Annual Meeting
2. NCPA Annual Convention
3. ASHP Midyear Clinical Meeting

^Another meeting may be substituted for one of those listed above. All residents must receive approval for meetings prior to submitting registration.

Expense Reports

Each resident is responsible for completing expense reports (**Appendix W**) for work related travel. All expenses are to be submitted no later than 2 weeks after returning from travel. Expense reports submitted after this date may not be considered for reimbursement. Expense reports should be submitted directly to the VP of Pharmacy.

Weis Markets will reimburse for mileage to programs and events that the resident is asked or required to attend. Weis Markets will not reimburse the resident for travel to sites directly related to their daily activities as defined by the residency program.

Reimbursement for mileage

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Printed directions **TO** and **FROM** the meeting
4. Proof that the resident attended the meeting (example: nametag or itinerary)



Reimbursement for registration

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Receipt/confirmation *showing payment*

Reimbursement for airfare

1. The name of the meeting attended
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Copy of the resident's flight information
5. Receipt/confirmation with the resident's name - *showing payment*

Reimbursement for hotel expenses

1. The name of the meeting
2. The date(s) and time(s) of the meeting
3. Proof that the resident attended the meeting (example: nametag or itinerary)
4. Copy of hotel bill with the resident's name - *showing payment and zero balance*
5. Hotel bills with room charges such as restaurant, bar, room service, valet parking will not be reimbursed. The resident must have these items listed separately per university policy.

Residency Certificate

The resident is awarded a residency certificate upon the successful completion of all residency requirements. Ordinarily, all training requirements should be met within the 12-month residency period. See family leave for exceptions to this policy.



Residency Graduation Requirements

- Of the 40 required objectives (underneath R1-R4 goals), a minimum of 32 objectives (80%) must be graded as Achieved for Residency (ACHR), with the remaining objectives graded as Satisfactory Progress (SP)
- Complete all assigned evaluations in PharmAcademic™
- Educational Program(s):
 - Prepare and deliver at least one educational program to each of the following audiences: (1) patients, caregivers and members of the community, (2) health profession students, (3) pharmacists, and (4) other health care professionals
- Co-precept a minimum of two (2) students at the practice site
- Residency projects completed and uploaded to the Resident's Portfolio:
 - Prepare and submit a business plan for a new or enhance an existing service
 - Evaluated existing, or developed a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists
 - Conducted a quality improvement project in the medication use system or in patient care
- Residency research completed and uploaded to the Resident's Portfolio, including satisfactory completion of all the following:
 - IRB approval
 - PPA, APhA or other grant application submitted
 - Presentation of project in poster format
 - Presentation of project in platform format
 - Manuscript prepared in an acceptable submission format
 - Completion of the Precepting and Learning Program ('teaching certificate' with Wilkes University)
- Submitted updated Curriculum Vitae as of June 1
- Submitted final Patient Care Grid

Disciplinary Action and Resident Dismissal Policy and Procedure

Reasons for Disciplinary Action

The Wilkes University Nesbitt School of Pharmacy and Weis Markets requires that the resident conduct themselves in a professional manner and follow all policies and procedures. Disciplinary action will be taken, pursuant to the policy in **Appendix J**, if the resident is deficient in one of the following areas:

- Present himself/herself in a professional manner
- Follow code of conduct and policies & procedures
- Follow the policies and procedures of the school of pharmacy or the practice site
- Follow the policies and procedures while at any outside institution connected to the pharmacy residency
- Make satisfactory progress toward completion of the residency goals and objectives. This will be determined by quarterly evaluations and from a global sense of progression as determined by the Residency Program Director (RPD) and/or preceptor(s)
- Make satisfactory progress toward completion of all residency requirements (see graduation requirements checklist)



Residency Program Director and Site Coordinator Responsibility for Disciplinary Action

The RPD and/or preceptor of the learning experience will be responsible for documenting the deficiency for the first occurrence and review the findings with the resident. If the resident does not meet expectations during the outlined timeframe for the first occurrence, the RPD will work with preceptor(s) to document the deficiencies and further review the findings with the resident. The resident will receive counseling and assistance on how to improve their performance. This will be documented in the performance improvement plan in **Appendix J**. If more than three deficiencies are documented, a resident may be dismissed from the program.

Reasons for Dismissal

Wilkes University Nesbitt School of Pharmacy and/or Weis Markets may require the resident to withdraw from the training site due to characteristics and activities that are detrimental to patient care. Examples of behavior which would require this action are listed, but are not limited to the following:

1. Stealing (including theft of professional property or personal property)
2. Breach of trust or confidentiality
3. Failure to observe written policies
4. Inability or failure to fulfill responsibilities (including licensure)
5. Behavioral misconduct or unethical behavior that may occur on or off site premises
6. Unsatisfactory attendance
7. More than one unsatisfactory performance evaluation
8. Mental impairment caused by substance abuse

Resident Voluntary Dismissal

The resident may withdraw from the residency at any time throughout the 12-month commitment. The withdrawal must be submitted in writing to the RPD and will contain a statement of why the resident no longer feels it is in his/her best interest to continue the residency. All benefits and wages will cease on the day the letter is received by the RPD and a certificate of successful completion will not be issued to the resident.

Design and Conduct of the Residency Program

The Wilkes University Nesbitt School of Pharmacy / Weis Markets Community-based Pharmacy Residency Program abides by the Accreditation Standard for PGY1 Community Pharmacy Residency Programs (**Appendix K**) and utilizes the Required and Elective Educational Outcomes, Goals, Objectives and Instructional Objectives for PGY1 Community Pharmacy Residency Programs (**Appendix L**).

The program ensures that residents complete all of the objectives within the four required competency areas:

- *R1: Patient Care*
- *R2: Leadership and Management*
- *R3: Advancement of Community-based Practice and Improving Patient Care*
- *R4: Teaching, Education, and Dissemination of Knowledge*



Each resident will complete the Entering Interests and Goal-Based Evaluation Form (**Appendix N**) on PharmAcademic™. This form will enable the RPD and preceptors to understand the resident's prior experiences, skills, and abilities. Each resident receives orientation to the school and their practice site.

Customization of Residency Program

The residency program is committed to maintaining a customized program that meets the needs of the individual resident. The resident is expected to meet the performance requirements of the residency as outlined in the program policy and procedures that is updated before the start of each training year. However, in order to meet each resident's individual needs, aspects of residency including personalized activities identified in the resident development plan will be developed to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once each quarter of the program.

Learning Experiences

The learning experiences will allow the resident to gain experience with diverse patient populations, a variety of disease states, and a range of complexity of patient problems as characterized by a generalist's practice. The required learning experience provides ample opportunity to achieve the program's educational goals and objectives.

Required Learning Experiences

Residents are required to complete the following learning experiences:

- *Orientation Learning Experience (Appendix O)*
- *Patient-Centered Dispensing Learning Experience (Appendix P)*
- *Patient Care Learning Experience (Appendix Q)*
 - *MTM/Immunizations/ Point-of-Care Testing/Dz State Management/Community Outreach*
- *Ambulatory Care Learning Experience (Appendix R)*
- *Practice Management and Leadership Learning Experience (Appendix S)*
- *Precepting and Education Learning Experience (Appendix T)*
- *Clinical Project Learning Experience (Appendix U)*
- *Research Learning Experience (Appendix V)*

The Learning Experience Descriptions can be found in **Appendices O-V**.



Program Structure

Core Competencies	Percent of Time
R1: Direct Patient Care <ul style="list-style-type: none">• Patient Care Learning Experience(Weis - Community-based Site) (MTM Services, Immunizations, PPCN, etc)<ul style="list-style-type: none">○ Community events (senior center outreach, community outreach events, daycare/elementary/middle school/high school events, etc)○ Nutrition and Wellness Clinic (DPP classes, DSME, physician partnerships, physical assessments, etc)○ Telehealth Specialty Medication Management Service• Ambulatory Care Learning Experience (Volunteers in Medicine Clinic)• Patient-Centered Dispensing Learning Experience (Weis Markets #182)	69% <ul style="list-style-type: none">• 29%• 20%• 20%
R2: Leadership and Management <ul style="list-style-type: none">• Practice Management and Leadership Learning Experience (Weis Markets #182)<ul style="list-style-type: none">○ Residency Program Administration	11% <ul style="list-style-type: none">• 10%• 1%
R3: Advancement of Community-based Practice and Improving Patient Care <ul style="list-style-type: none">• Clinical Project Learning Experience (business plan, quality improvement project, protocol/CPA development/update)• Research Learning Experience<ul style="list-style-type: none">○ Pennsylvania Training Outpatient Pharmacists Techniques in Evidence Based Research (TOP TIER)	11%
R4: Teaching, Education, and Dissemination of Knowledge <ul style="list-style-type: none">• Precepting and Education Learning Experience<ul style="list-style-type: none">○ Wilkes University Pharmacy Precepting & Learning Program (teaching certificate)○ Opportunities to teach in care lab, lecture in large/small group courses, standardized patient (OSCEs), experiential learning preceptor	10%



Required Learning Experiences	Orientation	Patient-Centered Dispensing	Patient Care	Ambulatory Care	Practice Management & Leadership	Precepting and Education	Clinical Project	Research
Hours per week	1 month	8	22	8	4	4	2	2

Sample Schedule Overview

Week 1

Time	Mon	Tue	Wed	Thu	Fri
8a					
9a					
10a					
11a					
12p					
1p					
2p					
3p					
4p					
5p					
6p					

Week 2

Time	Mon	Tue	Wed	Thu	Fri
8a					
9a					
10a					
11a					
12p					
1p					
2p					
3p					
4p					
5p					
6p					
7p					



Resident Assessment & Evaluation

Evaluation Process

Residents will be provided with verbal feedback regarding performance throughout the residency program. In addition, the resident can ask for verbal feedback on performance at any other time. Formal summative evaluations will be conducted quarterly. Preceptors conduct and document a criteria-based, summative assessment of the resident's performance of each of the educational goals and objectives assigned to the learning experience. The preceptor and resident will have a meeting to discuss each evaluation. PharmAcademic™ will be used for documentation of scheduled evaluations.

For all evaluations completed in PharmAcademic™, the resident and the preceptor will independently complete the assigned evaluation and meet to compare/discuss. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic™ following this discussion. The final determination of performance and evaluation status rests with the Program Director.

Evaluation Type	Evaluator	Evaluated	When
Formative (Verbal)	Preceptor	Resident	Continuously throughout the program
Summative Assessment	Preceptor	Resident	Quarterly
Summative Self-Evaluation	Resident	Resident	Weekly Quarterly
Preceptor Evaluation	Resident	Preceptor	Midpoint and Endpoint
Learning Experience Evaluation	Resident	Learning Experience	Quarterly
Residency Program Director	Resident	Residency Program Director	Midpoint and Endpoint

Preceptors are expected to provide quality feedback to the resident. This could take form of verbal or written feedback and will vary depending on the learning experience and satiation.

- **Formative evaluations:** provides on-going feedback that can be used to improve performance, identify strengths and areas for improvement. This type of feedback should be provided daily at the beginning of the residency and then weekly moving forward as the resident progresses. Characteristics of formative feedback (FAST) include: Frequent, Accurate, Specific and Timely. Examples of formative feedback include:
 - Observation and dialogue about a specific performance
 - Criteria based formative evaluation ("Snapshot")
 - Reviewing and commenting on drafts of manuscripts/presentations
 - Receiving student feedback on a specific learning experience
- **Self-Assessment:** Residents will be asked to complete a weekly reflection on strengths/struggles and quarterly self-assessment of progress to achieving residency goals/objectives. Residents are expected to review **criteria** associated with each objective and determine progress towards consistently meeting criteria at an experienced pharmacist level.
- **Summative evaluations:** This quarterly, scheduled evaluation summarizes the resident's performance throughout the learning experience. Specific **criteria-based** comments should be included to provide the resident with information they can use to improve their performance as the learning experience progresses. The same rating scale will be used for all learning experiences by all



preceptors and residents when performing summative evaluations. Examples of summative feedback include:

- PharmAcademic™ quarterly learning experience evaluation conducted by preceptor
- Final report on quality improvement project
- Final manuscript for research project
- *Preceptor, Learning Experience and Residency Preceptor Director evaluations* must be completed at least quarterly. These evaluations are reviewed regularly as part of the quality improvement process for preceptors and residency program.

Other Professionals Feedback

At various times throughout the residency program, the resident will be working closely with other health care professionals (physicians, nurses, dietitians, etc). The feedback from their perspective is critically important for the resident to receive and review to allow for growth and development. This feedback will be provided using PharmAcademic™ Customized Evaluations. Specific goals/objectives will be chosen based on the learning experiences and the interactions between the healthcare professional and the resident. These evaluations may be completed electronically or on paper. If on paper, the evaluation will be uploaded to PharmAcademic™.

Preceptor Summative Evaluations

Quarterly, all preceptors will be required to complete summative evaluations based on the learning experiences they are involved with for the residency program. When evaluating resident's performance during learning experience summative evaluations, please refer to the following criteria for Satisfactory Progress (SP), Needs Improvement (NI) and Achieved (ACH) (**Appendix AA**). *All summative evaluations must be completed within 7 days of the due date.*

Satisfactory Progress (SP): Please provide **verbal** comments to the resident. **Written** comments are optional but encouraged for the resident. Please address the following:

1. How the resident is working to meet the criteria specific for each objective
 - a. Resident can perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
 - b. Evidence of improvement since last evaluation even if it is not complete mastery of the task
2. Supports resident's self-efficacy by providing positive statements on what the resident has done well.
3. Helps the resident to gain skills by identifying areas for improvement
 - a. Provide specific recommendations on what or how the resident can improve to reach ACH status
 - b. Provide alternative strategies for improvement if resident needs additional guidance

Needs Improvement (NI): Please provide **written** comments for any objective evaluated as Needs Improvement using the following criteria:

1. Resident has shown lack of interest in content area
2. Resident has failed to put forth effort to complete or initiate tasks required to meet the objective/goal
3. Resident fails to meet due dates
4. Resident turns in work considered unacceptable by preceptor/RPD.
5. Resident's level of skill on the goal does NOT meet the preceptor's standards



Achieved (ACH): Please provide **written** comments for any objective evaluated as Achieved using the following: Resident consistently meets the following criteria:

1. Resident can consistently perform at the level expected of an entry level health care provider without guidance.
2. Resident demonstrates competence in the area being assessed
3. Resident's level of skill on the objectives meets the preceptor's standards
4. No further instruction or evaluation is required in subsequent learning experiences.

Use a mix of ratings depending on the time of year and progress: Very few objectives should receive an ACH (ACHIEVED) by the end of quarter one/two

Resident Self-Assessment and Self-Evaluations

Self-Assessment Strategy

The ability to accurately self- evaluate one's skills/abilities is a critical skill for any professional. To help residents develop, the residency program has built in weekly/quarterly self-assessment opportunities.

- Bi-Weekly residents will be asked to identify a strength/struggle to evaluate. This self-assessment is found in the weekly activity log. How to accurately self-assess using the skill of reflection will be reviewed in orientation.
- Quarterly residents will evaluate their performance compared to the criteria based goals/objective statements for each learning experience.
 - This evaluation is found in PharmAcademic™
 - Each evaluation must be completed by the due date or within 7 days.
- Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy (**Appendix J**).

Learning Experience Self-Evaluations

Summative Evaluations (quarterly evaluations on specific Learning Experiences) should be completed using the guidelines below. Each objective has a defined list of criteria that must be met. Please refer to Required Competency Areas, Goals and Objectives for PGY1 Community-based Pharmacy Residencies or PharmAcademic™ (click on Criteria Button within a summative evaluation). All resident rating scales have been defined (**Appendix AA**). Once all objectives are achieved for the residency (ACHR), the goal is automatically achieved.

Satisfactory Progress (SP): provide **written** comments which address the following are optional and strongly encouraged to be included by the resident for each area you feel you are progressing using the following criteria:

1. Provide evidence of how you are working to meet the criteria specific for each objective
 - a. Perform most activities with guidance but can complete the requirements without significant input from the preceptor/RPD
 - b. List evidence of improvement since last evaluation even if it is not complete mastery of the task
2. List activities you feel you have done well.
3. Identify areas for improvement



Needs Improvement (NI): provide **written** comments for any objective you feel needs improvement using the following criteria:

1. Content area difficult to grasp
2. Effort required is above and beyond what capable
3. Lacking self-motivation
4. Missing due dates
5. Work submitted is considered unacceptable
6. Receive formative feedback indicating strong area for improvement.

Achieved (ACH): provide **written** comments for any objective you feel you have met using the following criteria:

1. Consistently perform at the level expected of an entry level health care provider without guidance.
2. Demonstrates competence in the area being assessed
3. Level of skill on the objectives meets the preceptor's standards
4. Practicing independently
5. Consider whether the item could be supported by a "snapshot". If so, then insert text indicating that a snapshot is available and place the snapshot in the appropriate folder in OneDrive (Residency Notebook) and on PharmAcademic™.

Each learning experience (**Appendices O-V**) provides suggested activities for each quarter in order to help the resident stay on track. Drug Therapy Problem List (**Appendix V**) should be completed on a regular basis (at least monthly) to document drug therapy problems identified throughout the year.

In preparation for a quarterly evaluation, the resident should complete and submit the following items:

1. the Quarterly Evaluation Form on PharmAcademic™
2. the Resident Development Plan (**Appendix M**) resident comments form
3. the Patient Care Activity Grid (**Appendix B**) aggregated for the quarter
 - a. Final Patient Care Activity Grid should be compiled and submitted prior to the final evaluation
4. the Drug Therapy Problem list (**Appendix V**) aggregated for the quarter
 - a. Final Drug Therapy Problem List should be compiled and submitted prior to the final evaluation

These items should be completed one week (7 days) prior to the scheduled evaluation discussion/sit down date.

Evaluations of Preceptors

The resident's evaluation of the preceptor is an important part of the quality assurance process. This type of feedback evaluates the preceptor's performance either at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experience (example: Precepting and Learning- twice at mid-point and end). For feedback to be effective, it must be honest, professional and provide **specific** comments for what has gone well and what can be improved upon.

To help residents in providing feedback, please refer to the following:

1. Provide qualitative comments that are specific to meet your needs as a learner
2. Provide praise when appropriate
3. Note areas of improvement since last evaluation



4. Identify new areas for improvement at each evaluation period
5. Provide specific recommendations on what or how the preceptor can improve

If a resident is uncomfortable providing feedback, the resident should contact the RPD for assistance, support, and guidance. Resident evaluation of Preceptor: Formal, written Preceptor Evaluations are completed twice during longitudinal learning experiences. These should be shared with the preceptor and then will be reviewed by the Residency Program Director.

Performance Standards

The PGY1 Community-based Pharmacy Resident is expected to fulfill all the objectives of all learning experiences and to satisfactorily complete all other requirements outlined in the residency manual. Professionalism, high quality and timeliness are expected. The goal is for the resident to successfully meet the expectations and to grow professionally.

In the event that performance does not meet expectations, the resident will be given ample opportunity to improve. Written documentation of feedback, evaluations and discussions will be maintained. The goal of the residency is to teach, not to discipline. However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year. Immediate dismissal may occur for violation of Wilkes University Nesbitt School of Pharmacy / Weis Markets regulations, policies and procedures, or for unethical or unprofessional conduct.

If the resident does not agree with the evaluation of a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the resident is not satisfied with the resolution, he/she may submit a written request to present his/her justification of performance to the Pharmacy RPD within seven (7) days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the resident in writing.

If the resident is not satisfied with the resolution, they may submit a written request for review by the Pharmacy RAC within seven (7) days of notification of the Program Director's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the committee verbally. The RAC will also review all written documentation of performance and discussions. The Committee may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. Criteria-based evaluation forms may be used as applicable. The committee's decision with the concurrence of the RPD is final. This entire process will be coordinated by the RPD. In the case that the RPD is the preceptor involved in the evaluation in question, the RAC will select another preceptor to coordinate the process.



Resident Development Plan

The RPD and preceptors will develop an Individual Resident Development Plan (**Appendix M**) for the resident based upon the Entering Interest and Goal-Based Evaluation Form that was completed during Orientation (**Appendix N**). The initial plan will be based on the results of the resident's initial self-evaluation. Any discrepancies in assumed entering knowledge, skills, attitudes, or abilities will be accounted for in the resident's customized plan. The initial plan will be completed by the end of the orientation period and no later than thirty days from the start of the residency. Adjustments to the resident's learning experiences, learning activities, evaluations and other changes will be documented on the initial development plan.

Any criteria-based assessment of the resident's performance of one or more of the required learning experiences, activities, evaluations is performed and judged to indicate full achievement of the objective(s), the program is encouraged to modify the resident's program accordingly. The Resident Development Plan and any modifications to it, including the resident's schedule, must be shared with the resident and all preceptors.

The RPD and preceptors will track residents' progress toward achievement of their educational goals and objectives. Overall progress toward achievement of the program's outcomes, through performance of the program's educational goals and objectives, will be assessed at least quarterly, and any necessary adjustments to the Resident Development Plan, including remedial action(s), will be documented and implemented. Any adjustments to the development plan must be shared with resident and all preceptors.

Components of a Development Plan

- Baseline Questionnaire: the resident will be asked to complete an Entering Interests Form and Entering Objective-Based Self-Evaluation (Residents will also be asked to review current ASHP/APhA Competency Statements, Goals and Objectives of the residency program and complete a self-evaluation) (**Appendix N**) in PharmAcademic™
- The resident will determine if the following level of support is needed based on their current level of experience for each objective:
 - a. Teaching/Role Modeling
 - b. Coaching
 - c. Experience with coaching
 - d. Function independently with facilitation
 - e. Achieved
- The resident will be asked to draft 3-4 customized goals based on completion of their Entering Interests and Goal-Based Evaluation Form (**Appendix N**) and submit on resident development plan goals form
- After discussions with the RPD and preceptors during orientation, the initial developmental plan will be created and include: strengths, areas for improvement, interests and career goals. As the resident develops, the plan may include additional assignments, learning experiences, increased/decreased repetition of activities, additional of new objectives ,etc.
- The resident will review the development plan goals form and Insert explanatory and reflective comments into the Resident Comments textbox prior to formal evaluations each quarter
- Consider whether additional goals should be added based on the previous quarter's experiences. If so, then insert a new objective and discuss this with the RPD and preceptors during the evaluation.



Patient Care Activity Grid

To complete, follow these tips:

- The resident should document the type and number of patient care activities completed, at least on a weekly basis
- Each resident should indicate if the activity was completed with preceptor assistance, while precepting a student, or performed independently
- Duty hours should be noted
- Ensure that final summaries of all columns are correct

Exit Interview

Near the conclusion of the residency program, the resident will have the opportunity to formally evaluate the program. The resident will complete the Final Goal-Based Evaluation Form and have a private meeting with the Dean of the Nesbitt School of Pharmacy to discuss strengths and areas of improvement for the program.