Riverside Health System
PGY-1 Community Pharmacy Residency Manual
2024-2025

Last updated 7/2/24 ZW

Welcome to Riverside!

On behalf of our entire team, we are pleased to extend a warm welcome to you as our newest community-based pharmacy resident. We are thrilled to have you join us and are confident that you will find Riverside Health to be a place of growth, learning, and fulfillment. We understand that transitioning into a new role and environment can be both exciting and challenging; rest assured, we are here to support you every step of the way. Your success and well-being are our priorities, and we are dedicated to making your transition as smooth as possible. Whether you have questions, need assistance, or simply wish to discuss your experiences, please do not hesitate to contact us. We are here to listen and provide support in any way we can.

Riverside Health values diversity, inclusivity, and a strong sense of community. You will find a wealth of resources, opportunities, and activities designed to enhance your professional and personal development. We encourage you to engage fully with all that our community offers, from collaborative projects and professional development programs to social events and community outreach initiatives. We also prioritize creating a safe and secure environment for all our residents. We have implemented various measures to ensure your peace of mind, and we encourage you to familiarize yourself with our guidelines and safety procedures.

Once again, we are delighted to welcome you to Riverside Health. We believe that this experience will be a stepping stone in your career, where you can build lasting professional relationships, pursue your passions, and create meaningful contributions to community health. We look forward to getting to know you and supporting you on your journey. If there is anything we can do to assist you or if you have any questions, please do not hesitate to contact us.

Welcome to Riverside Health!

Warmest Regards,

Cindy Coffey, PharmD -Residency Program Director

Zakia Woods, PharmD, CDCES- Residency Program Coordinator

Coreen Tan, PharmD, BCPS -Residency Creation Team

Waimin Khuu, PharmD -Residency Creation Team

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Section I: Program Overview

Program Purpose

Mission

Our mission at Riverside is to care for others as we would care for those we love — to enhance their well-being and improve their health.

Program Purpose

Our postgraduate year one (PGY-1) Community-Based pharmacy residency program builds on Doctor of Pharmacy (PharmD) education to contribute to the development of exemplary community pharmacists through leadership, education, medication-related care in a diverse group of patients within an integrated health system network.

Goals

The pharmacy residency program is rooted in the Riverside Care Difference which is the way we deliver care and services, by putting our patients and customers at the heart of all we do. The Riverside Care Difference is our commitment to deliver safety, healing, kindness, and respect.

The residency program will provide each resident with specific learning/practice experiences designed to enable the resident to expand the scope of his/her practice skills to better serve the needs of the community. The goal of the residency program is to prepare resident pharmacists to become well-rounded, competent and confident clinical pharmacists capable of working in a variety of community-based pharmacy roles within the community or pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

Riverside Site Description

Riverside Regional Medical Center (RRMC) is a 450-bed, Level II Trauma Center with new state-of-the art facilities and is the largest hospital in Riverside Health System, which incorporates seven other practice sites: Riverside Walter Reed Hospital, Riverside Tappahannock Hospital, Riverside Doctors' Hospital Williamsburg, Riverside Rehabilitation Institute, Riverside Mental Health and Recovery Center, Riverside Shore Memorial Hospital and Select Specialty Hospital. This acute care facility provides a regional cancer care center, the Peninsula region's only Comprehensive Stroke Center, the area's only open-heart surgery program, the region's only Level II Trauma Center, and a cornerstone neurosciences program that includes the Chesapeake, Riverside and University of Virginia Radiosurgery Center. RRMC recently finished construction on a brand-new addition to the hospital in the summer of 2018 that added 144 private patient rooms.

Pavilion Pharmacy is a community pharmacy located within Riverside Regional Medical Center, serving as the primary retail pharmacy for the health system. Pavilion Pharmacy's unique location allows for meaningful impact on readmission reductions through the meds-to-beds and transitions of care (TOC) programs. The pharmacy team strives to eliminate healthcare inequities through the provision of sustainable and affordable drug therapies.

Our accredited specialty pharmacy program provides high cost, high touch medications to those diagnosed with complex chronic diseases which require close monitoring. The pharmacy team removes barriers to specialty medication access by conducting benefits investigations, prior authorizations and appeals, copay, and patient assistance programs. The personalized service includes medication counseling and education, care plan development, injection technique training, monthly progress consultations and medication refill management.

RRMC hosts over 70 medical residents practicing in various specialty areas, allowing for frequent interaction on learning experiences. Pharmacy residents are incorporated into many of the medical resident teaching opportunities, including Grand Rounds, lunch and learns, and academic research day. Strong affiliations with pharmacy schools allow us to provide over 60 student rotations annually, and exposure to numerous journal club and student presentations.

Residency Advisory Structure

Residency Program Director (RPD): The residency program director (RPD) is responsible for overseeing all aspects of the residency program. Responsibilities of the RPD include:

- Organization and leadership of the residency advisory committee that provides guidance for the residency program conduct and related issues.
- Oversight of the progression of residents within the program and documentation of completed requirements.
- Oversight of preceptor appointment, evaluation, and development
- Coordinating with preceptors to develop schedules, learning experiences, and to track the resident's progress.
- Develop and implement program improvement activities in response to the program assessment results.
- Evaluate whether residents fulfill the purpose of the program through post-graduate tracking of employment, board certification, or other applicable information.

Residency Program Coordinator (RPC): The residency coordinator will be assigned at the discretion of the residency program director. The residency coordinator responsibilities include but are not limited to assisting the residency program director with: scheduling resident learning experiences, organizing the residency project learning experience, initial resident development planning, creating and implementing preceptor development program activities, and annual individual preceptor development planning.

Residency Advisory Committee (RAC): Members of the RAC include preceptors for the required learning experiences and the Residency Program Director. The purpose of the committee is to communicate issues regarding the residency or resident. The committee will meet at least every other month. Responsibilities of the committee include discussion of resident progress, addressing resident concerns, changes to schedules, changes to the residency program, and preceptor development.

Residency Steering Committee (RSC): Members of the RSC include the Director of Pharmacy, System Clinical Director of Pharmacy Services, Clinical Pharmacy Manager, Pharmacy Operations Manager, Residency Program Director, and Residency Coordinator. The purpose of this committee is to provide general oversight of the residency program to ensure congruence with the goals and objectives of the health system. The committee meets at least twice a year. Responsibilities of the committee include but are not limited to considerations for future learning experiences, identifying potential preceptors, discussion of and deliberation of the residency candidate rank list, and finalizing major changes in the residency program structure.

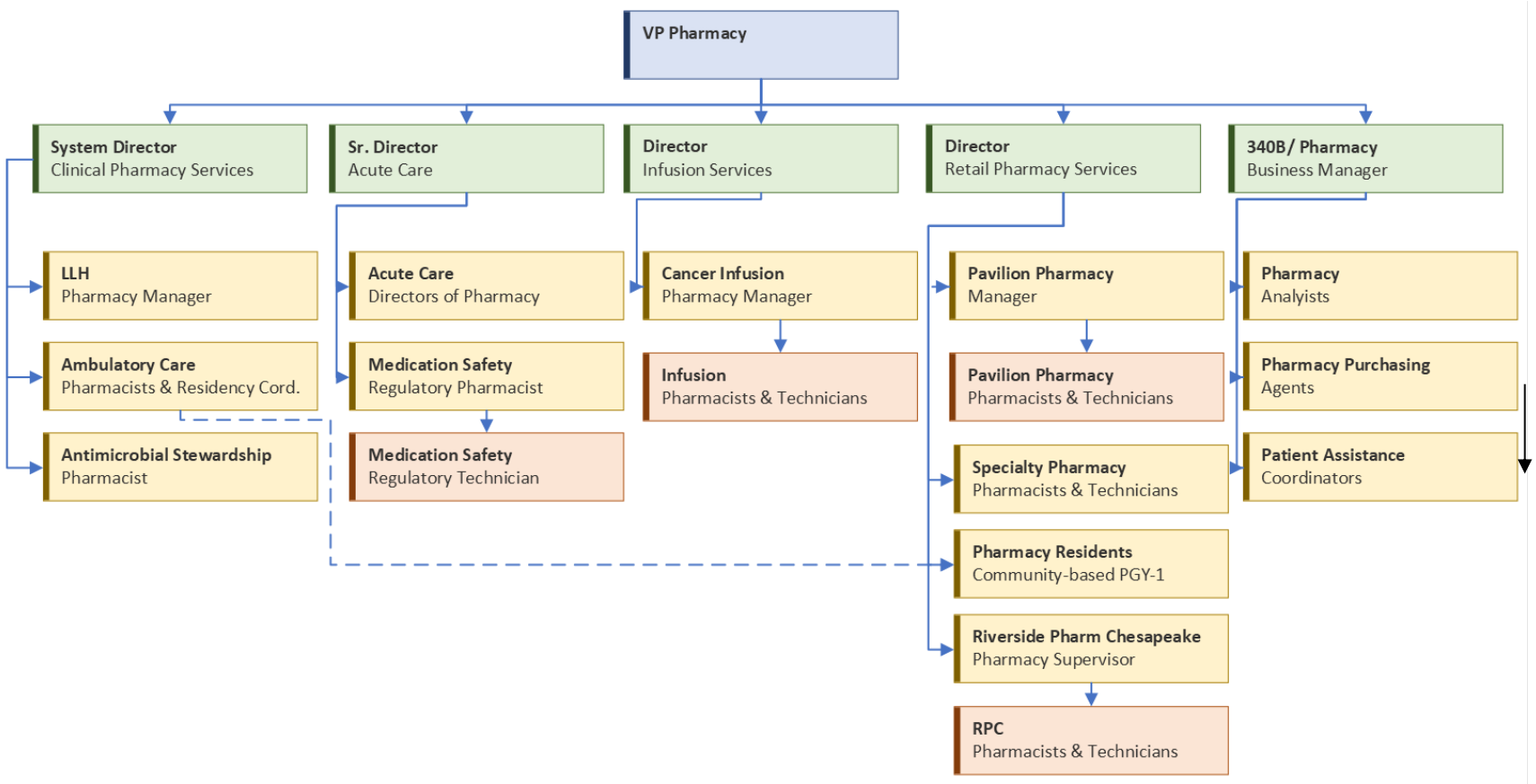
Learning Experience Preceptor: The learning experience preceptor is responsible for overseeing and evaluating the resident within the assigned learning experience as well as participating actively in the residency program's continuous quality improvement processes. Responsibilities of the preceptor include:

- Serving as a role model for learning experiences while demonstrating practice expertise and preceptor skills.
- Contributing to the success of the resident and demonstrating commitment to advancing the residency program and pharmacy services.
- Adhering to residency program and department policies.

This program utilizes non-pharmacist preceptors. Before a resident may begin a learning experience with a non-pharmacist preceptor, the RAC committee must agree that the resident is appropriately prepared for a learning experience with a non-pharmacist preceptor.

Resident Project Advisor: The resident will be assigned a project advisor who will assume the responsibility to guide the resident in completing the required research project. The advisor will be assigned according to subject matter and expertise.

Pharmacy Organizational Structure



Resident Tracking

Program Calendar: 2024-2025

July 1: Official start of residency year, System Wide Orientation/Riverside Care Difference/ Facility Orientation
July 2-3: Residency Program Orientation
July 4-5: Epic Training
July 8: Headshots, White Coat fitting @ RRMC, Start CITI & 340b Training
July 12: Teaching and Learning Certificate Day @ VCU
July 26: VSHP Residency Day
July 29: CPR/BLS Training
July 30: Specialty Pharmacy Training
Aug 2: End of orientation:

- CITI training due, Cardinal Health Streams due, Project selection due

July: Initial Resident Development Plan meetings with RPD, clinical coordinator

Aug 1: Deadline to obtain VA pharmacy licensure without action plan
Aug 15 : ASHP Poster abstract submission site opens
Aug 31: Project proposal submitted to IRB.
Aug: Initial Project meetings with project advisor, clinical director, RPD

Sept 30: End of Quarter 1

- Q1 longitudinal learning experience summative & self-evaluations due
- Q1 project tracking form due

Oct: ASHP Midyear abstract due October 1, 2024
Oct 17-19: VSHP Fall Seminar
Oct: Q1 Resident Development Plan meetings with RPD

Nov 1: Midyear poster draft due to RPD.

Dec 8-12: ASHP Midyear Clinical Meeting
Dec 31: End of Quarter 2

- Q2 longitudinal learning experience summative & self-evaluations due
- Q2 project tracking form due

Dec: Project meeting with project advisor, clinical director, RPD
Dec: Q2 Resident Development Plan meetings with RPD

Jan 20 - Feb 28 - Resident Interviews
Jan: T&L Spring Session at VCU ***Actual Date TBD***

Feb 3 : Registration opens for Eastern States Conference

March 3: Eastern States Abstract Due
March 31: End of Quarter 3

- Q3 longitudinal learning experience summative & self-evaluations due
- Q3 project tracking form due

March: Match Day Phase I ***Actual Date TBD***
Project meetings with project advisor, clinical director, RPD
Q3 Resident Development Plan meetings with RPD

March 31: Eastern States Residency Conference PowerPoint presentation draft 1 due
April 1 – April 8: Eastern States Residency Conference presentation practice

April: Match Day Phase II ***Actual Date TBD***
April 3-5 : VSHP Spring Seminar

April 18: Eastern States Residency Conference presentation due - Final version to RPD

May 1: Academic & Corporate research day poster or presentation due - Final version to RPD
May 1 : Eastern States Abstract Submission Deadline
May 15: Completed Manuscript due to RPD
May 18-21– Eastern States Residency Conference
May: Corporate Research Day ***Actual Date TBD***
May: Academic Research Day ***Actual Date TBD***

June 2: Manuscript draft 1 due
June: APPE Block 2 Orientation ***Actual Date TBD***
June: Annual Residency Graduation ***Actual Date TBD***
June 27 : Completed manuscript submission date.

June 30: End of Quarter 4

- Q4 longitudinal learning experiences summative & self-evaluations due
- Q4 project tracking form due
- Longitudinal learning experience ASHP learning experience & preceptor evaluation due.
- Objective based self-evaluation due in PharmAcademic
- Manuscript due - Final version to RPD
- End of year Assessment - Final version to RPD
- Tracking Form - Final version to RPD

Q4 Exit Interview with RPD

Section II: Program Structure

Learning Experiences Overview

The residency program consists of nine (9) required learning experiences and five (5) elective learning experiences of variable length. The program allows for flexibility to select activities that will complement the resident's background and career goals. Learning experiences are structured to provide a solid, fundamental experience but are flexible to recognize individual interests and the resident's predetermined plan for the development of various pharmacy practice skills. The plan for training will be based on the resident's entering interests and initial development meeting. The resident will meet with the RPD quarterly to evaluate progress throughout the residency program and adjust training plan and learning experience schedule if needed. The RPD and RPC will schedule all learning experiences in collaboration with specific preceptors. The individual learning experience preceptor will be responsible for issuing a schedule to detail the resident's assignments during that learning experience.

Required learning experiences include:

1. Orientation
2. Community Pharmacy Management
3. Transitions of Care
4. Specialty Pharmacy
5. Population Health
6. Ambulatory Care I
7. Ambulatory Care II
8. Project
9. Committee Leadership

Elective learning experiences may include:

1. Antimicrobial stewardship (AMS)/Life Long Health (LLH)
2. Behavioral Health
3. Oral Oncology
4. Health System Leadership/Patient-based Economic Aid and Relief (PEAR)
5. Teaching and Learning Certificate

Learning Experience Structure

July Orientation	August – April Longitudinal Learning Experiences	Transitional	May - June Electives (choose 2) *
5 weeks System Wide Orientation iCare training Pharmacy practice (staffing) Orientation Residency program Pharmacy operations Clinical practice VSHP Residency Forum BLS/ACLS certification	Transitions of Care Specialty Pharmacy Ambulatory Care I Ambulatory Care II Community Pharmacy Project Committee Leadership	Midyear PTO/Vacation Teaching and Learning Certificate (elective)	Health System Leadership/PEAR Oral Oncology Behavioral Health AMS/LLH Repeat/extension of a learning experience (if needed) Other
Concentrated (4 weeks)			
Population Health			

Preceptors

Required:
Orientation: Cindy Coffey, PharmD
Project: Tyler Sledge, PharmD, CDCES
Ambulatory Care I: Zakia Woods, PharmD, CDCES
Ambulatory Care II: Jennifer Purdy PharmD, BCACP, BCGP
Population Health: Jamie Rongers, PharmD, BCACP
Community Pharmacy Management: Ryan Monfils, PharmD
Specialty Pharmacy: Waimin Khuu, PharmD
Transitions of Care; Roslyn Monroe, PharmD
Behavioral Health: Robin Sayles, PharmD
Committee Leadership: Cindy Coffey, PharmD

Electives:
AMS/LLH: Ryan Wong, PharmD Tyler Sledge, Pharm.D., BCPS
Health System Leadership/PEAR: Cindy Williams, BSPharm, FASHP
Oral Oncology: Coreen Tan, PharmD, BCPS
Teaching and Learning: May Nicholson, PharmD
Behavioral Health: Robin Sayles, PharmD, RPh

Resident Schedule Example

Block A Map					
	Mon	Tue	Wed	Thur	Fri
AM / PM	TOC / Admin	Amb Care I	Amb Care I	Specialty	Community/Staff

Block B Map					
	Mon	Tue	Wed	Thur	Fri
AM / PM	Admin / TOC	Community/Staff	Specialty	Amb care II	Amb care II

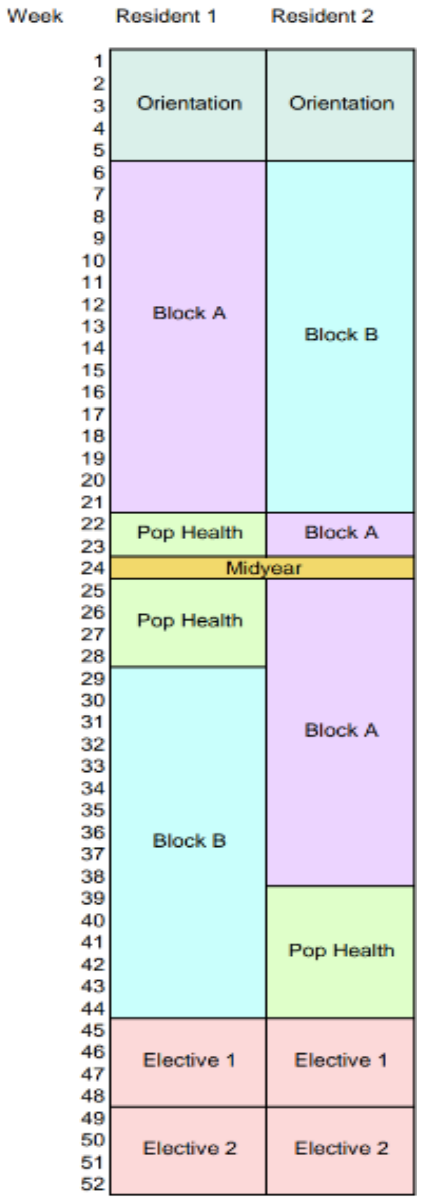
6 weeks pop health + 2-4 week electives

Resident 1: 5 week orientation, 16 weeks Block A, 6 weeks Pop Health, 16 weeks Block B, 2-4 week electives

Resident 2: 5 week orientation, 16 weeks Block B, 16 weeks Block A, 6 weeks Pop Health , 2-4 week electives

Admin time to be completed at Atrium

Staffing: 1 day per week + every 3rd weekend



Taught and Evaluated Grid

Required and Elective Learning Experiences Taught & Evaluated Grid	Ambulatory Care I	Ambulatory Care II	Behavioral Health	Community Pharmacy Learning Experience	Health System Leadership Learning Experience	Lifelong Health-Antimicrobial Stweardship	Oral Oncology	Orientation	Pavilion Transitions of Care	Population Health Learning Experience	Project	Specialty Pharmacy	Teaching and Learning Certificate
PGY1 Community-Based Pharmacy Required (2024) – Required													
R1 Patient Care													
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient													
R1.1.1 Collect relevant subjective and objective information about the patient.	TE	TE	TE	TE			TE		TE	TE			
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE	TE	TE	TE		TE	TE		TE	TE			
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE	TE	TE			TE	TE		TE				
R1.1.4 Implement care plans.	TE		TE				TE		TE				
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	TE		TE	TE		TE	TE		TE				
R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	TE			TE		TE	TE		TE				
R1.2 Provide patient-centered care through interacting and facilitating effective													
R1.2.1 Collaborate and communicate with healthcare team members.	TE	TE	TE			TE	TE		TE			TE	
R1.2.2 Communicate effectively with patients and caregivers.	TE	TE	TE				TE		TE			TE	
R1.2.3 Document patient care activities in the medical record or where appropriate.	TE	TE		TE			TE		TE			TE	
R1.3 Promote safe and effective access to medication therapy.													
R1.3.1 Facilitate the medication-use process related to formulary management or medication access.				TE								TE	
R1.3.2 Participate in medication event reporting.				TE								TE	
R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.				TE			TE		TE				
R1.4 Participate in the identification and implementation of medication-related													
R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	TE									TE			
R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	TE		TE		TE	TE							
R2 Practice Advancement													
R2.1 Conduct practice advancement projects.													
R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.									TE		TE		
R2.1.2 Develop a project plan.									TE		TE		
R2.1.3 Implement project plan.									TE		TE		
R2.1.4 Analyze project results.									TE		TE		
R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.					TE				TE		TE		
R2.1.6 Develop and present a final report.									TE		TE		

R3 Leadership															
	R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational														
		R3.1.1 Explain factors that influence current pharmacy needs and future planning.				TE								TE	
		R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.				TE								TE	
	R3.2 Demonstrate leadership skills that foster personal growth and professional														
		R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	TE			TE	TE			TE					TE
		R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.			TE	TE			TE	TE					
		R3.2.3 Demonstrate responsibility and professional behaviors.				TE			TE	TE					
		R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.				TE				TE					
R4 Teaching and Education															
	R4.1 Provide effective medication and practice-related education.														
		R4.1.1 Construct educational activities for the target audience.									TE				TE
		R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.									TE		TE		TE
		R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.		TE	TE		TE				TE		TE		TE
		R4.1.4 Assess effectiveness of educational activities for the intended audience.									TE				TE
	R4.2 Provide professional and practice-related training to meet learners' educational														
		R4.2.1 Employ appropriate preceptor role for a learning scenario.	TE												TE
PGY1 Elective - Specialty Pharmacy (2014) – Elective															
E7 Specialty Pharmacy															
	E7.1 Effectively fulfill the major functions of a specialty pharmacist, including intake,														
		E7.1.1 Effectively conduct the patient intake process for specialty pharmacy patients							TE					TE	
		E7.1.2 Effectively engage in clinical management activities for specialty pharmacy patients							TE					TE	
		E7.1.3 Effectively conduct fulfillment activities for specialty pharmacy patients							TE					TE	
		E7.1.4 Effectively facilitate optimal treatment outcomes for specialty pharmacy patients							TE					TE	

Orientation

Ambulatory Care Competency Checklist for PGY-1 Residents

Name: _____ Date: _____

All items must be completed with signatures by the trainer and returned to your director or manager by the end of the orientation period.

Method of Evaluation Key:		**Skill Level Achieved**:
P = Policy / Procedure Review	**C = Clinical** Practice	**Y = Yes-** Competent
E = Education Session	**D = Demonstration** Actual or Simulated	**N = No-** Needs Review (See Action Plan)
V = Verbal Review	**N =** Health Streams or Cardinal my Learning	***Completed by Preceptor or Educator***

Competency Behavior Criteria:	**Method of Evaluation**	**Skill Level Achieved**	**Initials of person signing off**
CHF Transitions Clinic Overview:			
• **Reviewed Ambulatory Care Orientation Slides** o Clinic background and pharmacist's role o References and resources o iVents	P E V D N	Y N	
• **Pharmacist Workflow** o Access to Amb Clinical Pharmacist job type in iCare o Demonstrates ability to review provider/clinic schedule. o Appropriately identifies which patients to review. o Demonstrates ability to open encounter and visit note. o Uses Pharmacy Visit Navigator & Workflow to aid in patient assessment	P E V D N	Y N	
Disease State Review			
• Reviews orientation materials in shared drive (guidelines, journal articles, useful resources) • Completes patient case discussion #1 (group topic discussion)	P E V D N P E V D N	Y N Y N	

Competency Behavior Criteria:	Method of Evaluation	Skill Level Achieved	Initials of person signing off
Drug Reference Review			
• Access Dynamedex • Perform drug-drug interaction check for patient medication list. • Differentiate between drug therapy interactions that should be documented within notes	P E V D N P E V D N	Y N Y N	
Comprehensive Medication Reviews			

• **Assesses medication list.**
  ○ Ensures every medication has an indication.
  ○ Confirms dosing and directions are appropriate.
  ○ Assess medications for unnecessary duplications.
  ○ Review relevant drug-drug interactions.
  ○ Identifies medications that are contraindicated/cautioned in respective patient populations.
• **Reviews discharge summary and discharge medication list for transition of care patients**
• **Identifies potential opportunities for to optimize medication regimen**
	P E V D N
	
	P E V D N
	P E V D N
	P E V D N
		Y N
		
		Y N
		Y N
		Y N	

• **Patient interview/pre-clinic phone call**
  ○ Uses correct patient identifiers.
  ○ Communication is clear and respectful.
  ○ Uses motivational interviewing techniques when appropriate.
  ○ Obtains all relevant patient information such as HF symptoms, weight, BP.
  ○ Education provided is accurate and appropriate level of health literacy is used.
  ○ Accurate medication list is obtained and updated in the chart.
  ○ Discusses medication compliance and barriers
	P E V D N	Y N	

• **Progress notes are well written and provide a clear and concise assessment and plan.** • **Provides relevant literature and evidence supporting recommendations when appropriate.** • **Documents iVents appropriately** • **Communicates with PCP and/or clinical team when indicated**	P E V D N P E V D N P E V D N	Y N Y N Y N	

Competency Behavior Criteria:	Method of Evaluation	Skill Level Achieved	Initials of person signing off
	P E V D N		
• **Reviews CMR outcomes from previous clinic day** ○ Updates and closes iVents to reflect provider's approval/disapproval. ○ Identify areas for improvement	P E V D N	Y N	
Monitoring			
• **Appropriately evaluates all relevant patient parameters (fluid status, weight changes, BP, HR)**	P E V D N	Y N	
• **Assesses pertinent labs and imaging (SCr, A1c, ECHO, etc)**	P E V D N	Y N	
• **Recommends follow up monitoring when applicable**	P E V D N	Y N	
Population Health			
• **Reviewed Pop Health Training Slides** • **Completed Cholesterol Management Topic Discussion**	P E V D N	Y N	
• **Pharmacist Workflow** ○ Demonstrates ability to review chart and appropriately identifies which patients require additional evaluation. ○ Demonstrates ability to open encounter and visit note. ○ Uses chart to identify possible barriers to medication adherence or care gap. ○ Able to correctly identify if patient or provider needs outreach	P E V D N	Y N	

Preceptor/Educator Signature	Initials	Initials

Outpatient Pharmacist Initial Onboarding Checklist

This checklist provides a guide for the onboarding process. The new team member and hiring manager (or designee) schedule these discussions and activities to ensure completion during the first week of employment. If a section does not apply to your workflow please put NA in the date completed section.

Team member:	**Start Date:**
Position:	**Supervisor:**

Prior to team member starting/first day	**Date completed**	**Initials**
Call or email the new hire within 1-2 business days after notice of hire has been received (see email communication template). • Congratulate and welcome new team member, establishing positive anticipation about starting in position/department • Provide location and information for Day 2 orientation • Overview first week (schedule, dress code, parking) • Provide your contact information in the event issues arise for the new team member • Request pharmacist to post on day 2		
Prepare workspace, order supplies, computer, keys, locker, etc.		
Employee initial and signature: _____		

Ensure access to pharmacy systems/applications (*specialty pharmacy)

• DUO Mobile		
• CII Cabinet Keys		
• Parata Max 2®		
• CoverMyMeds®		
• Fundfinder/ PAN Foundation*		
• MedData®*		
• OptiFreight®*		
• Cardinal training portals		
• Computer based training (CBL)		
• PharmacyKeeper		
• 340B University*		
• Order Express		
• Innertrack		

Request access to relevant RHS IT applications		
• iCare/ WAM (Epic) (CARS)		
• CSG/Duo for remote access (CARS)		
• rCare (manage/investigate access)		
• Staples Advantage (purchasers only)		
• Microsoft Teams/Email		
• Kronos		
• Keys		
• Security access to pharmacy		
• Critical Point (USP Training)		
• Go2 Delivery®*		
• POA		
• Phone tree login*		
• Others		
Assign a peer mentor:		
Prepare Onboarding Plan (calendar/schedule):		
Team member's first day at facility/department (Day 2 of orientation)		
Welcome new team member upon arrival and introduce key employees and describe their role (you or peer mentor)		
Provide facility tour identifying personal item storage, restrooms, break room, workstation, parking, cafeteria, fire pulls and fire extinguishers, panic alarm, spill kits, bathrooms, lockers, etc.		
Have lunch with the new team member (you or peer mentor) if schedule allows		
Ensure the new team member can log into relevant computer applications/systems: Microsoft Teams, staff emails, sharepoint, share drive etc		
Review onboarding plan (calendar) and job description		
Sign up/register ID badge in Kronos		
Team member's first week at facility/department		
Introduce the new team member to the rest of the team at the next staff huddle		
Review and discuss Riverside's mission and vision (you or peer mentor)		
Collect emergency contact info and provide department phone list		

Review departmental policies and procedures and safety plan		
• Anti-harassment		
• Review departmental policies and procedures and safety plan		
• Personnel conduct standards		
• Vacation and sick leaves		
• Time and attendance (time cards, scheduling, missed punches, shift swaps, timekeeper, department call-out procedures, callout,length of meal break & payroll)		
• Overtime		
• Performance reviews		
• Dress code		
• Progressive disciplinary actions		
• Security		
• HIPAA and confidentiality		
• Hazardous Drug Acknowledgement		
• Oncology: NIH Booklet		
• REMS (iPledge®, BMS®/Celgene®/Clozapine®)		
• Safety		
• Emergency procedures		
• Email (including the expectation to check emails at the beginning and end of shift) and Internet use		
• Department contingency plans, computer downtime, and disaster plan (All hands-on deck etc…)		
• Department telephone usage		
• Performance feedback (expect informal and formal feedback, be understanding of both praise and constructive criticism)		
• Discuss departmental expectations, 30/60 day onboarding meetings, 90-day, and annual evaluations (see workday). Additional department specific information/skills		
• Lab coat		
• Other:		
Notify the team member of special staff activities (birthdays, recognition, team activities, department meetings etc.)		
Ensure the team member completes iCare, HealthStream, USP and Cardinal training		

Team member has successfully completed initial orientation and is progressing toward job competencies.

Department Leader or designee Name (print) _____

Department Leader or designee Signature _____ Date _____

My signature below signifies that I have had all my questions answered appropriately and I have sufficient knowledge and skill to perform the assigned job duties at Riverside Health System.

Team Member Signature _____ Date _____

Riverside Health

Specialty Pharmacy Orientation and Competency Assessment: Pharmacist Disease State Specific Training

Employee Name:	Date of Hire:	Date of Evaluation:	☐ Initial orientation/competency ☐ Annual competency

Disease State Specific Training: At hire, pharmacists will review organization clinical management program for each disease state/medication provided. Annually, each pharmacist will complete continuing education related to each disease state covered by program.				
Task	Meets	Does Not Meet	N/A	Comments
A. Asthma				
B. Cardiac Disorders				
C. Endocrine Disorders				
D. Hepatitis				
E. Hereditary Angioedema				
F. HIV				
G. Hormonal Therapies				
H. Inflammatory Conditions (including psoriasis, rheumatoid arthritis, irritable bowel disease)				
I. Kidney Disease				
J. Multiple Sclerosis				
K. Migraine				
L. Movement Disorders				
M. Nervous or Muscular Disorders				
N. Oncology and Hematology				
O. Osteoarthritis				
P. Osteoporosis				
Q. Urinary or Bowel Disorders				
R. Other:				
S. Other:				

Evaluated by/title: _____ Date: _____

Last updated 7/2/24 ZW

Specialty Pharmacist Training Checklist

CLINICAL SPECIALTY PHARMACIST TRAINING STANDARDS

(To be completed within 90 days of hire)

EMPLOYEE: _____ **LOCATION:** _____

DATE OF EVALUATION: _____ **EVALUATORS:** _____

****Assessed by direct observation, discussion and/or chart review process***

PERFORMANCE KEY:

Does Not Meet –Staff member does not demonstrate this skill; retraining required.

Meets – Demonstrates proficiency in described task this task. Needs supervision or occasional guidance.

Exceeds Expectations – Achieved proficiency and functions independently.

	Does Not Meet	**Meets**	**Exceeds Expectations**	**COMMENTS**
PHARMACY OPERATIONS & RX DISPENSING				

ADDS PATIENT DEMOGRAPHICS-TO INCLUDE NAME, DOB, ADDRESS, NUMBER, FACILITY, ALLERGIES & ADDITIONAL INFO				
ADDS INSURANCE AND COUPONS ACCURATELY				
UTILIZES PATIENT NOTES AND RX ALERTS EFFECTIVLY				
READS PATIENT MEDICATION PROFILES (EX. WHICH ARE PROFILED, DEACTIVATED, REFILLABLE)				
ABLE TO LOOK UP PATIENT PRESCRIPTIONS USING RX STATUS KEY				
VERIFIES AND COMPLETES QUALITY ASSURANCE CHECK ON PRESCRIPTIONS WITH ACCURACY				

	Does Not Meet	**Meets**	**Exceeds Expectations**	**COMMENTS**
PATIENT, PROVIDER AND TEAM COMMUNICATION				
READILY AVAILABLE TO ASSIST TECHNICIANS WHEN NEEDED				
REGULARLY CHECKS VOICEMAIL/IN-BASKET/EMAIL - ADDRESSES MESSAGES QUICKLY				
EFFECTIVELY COMMUNICATES RX STATUS WITH PATIENTS AND PROVIDERS				

EFFECTIVELY COMMUNICATES AND DELEGATES TASKS TO TEAM MEMBERS				
COMMUNICATES SPECIAL ORDERING NEEDS WITH APPROPRIATE PURCHASER				
POLICIES AND PROCEDURES				
DEMONSTRATES UNDERSTANDING OF HIPAA PROCEDURES AND SAFEGUARDS				
DEMONSTRATES UNDERSTANDING OF OPERATING POLICIES & PROCEDURES (I.E. SHIPPING, DISPENSING)				
PARTICIPATES IN WRITING AND/OR IMPROVING CURRENT POLICY AND PROCEDURES				
FINANCIAL ASSISTANCE				
DEMONSTRATES UNDERSTANDING OF FINANCIAL ASSISTANCE OPTIONS				
EFFECTIVELY COMMUNICATES ASSISTANCE NEED TO PAP TEAM AND FOLLOWS UP AS APPROPRIATE				
	Does Not Meet	**Meets**	**Exceeds Expectations**	**COMMENTS**

CLINICAL KNOWLEDGE AND EXPERTISE				
ENHANCES KNOWLEDGE OF CURRENT TOPICS IN SPECIALTY PHARMACY & TREATMENT GUIDELINES				
ACHEIVES SPECIALTY PHARMACIST CERTIFICATION UPON 3 YEARS OF EMPLOYMENT				
DEMONSTRATES ABILITY TO EFFECTIVELY COUNSEL PATIENTS ON NEW MEDICATIONS				
DOCUMENTS RECOMMENDATIONS/FINDINGS IN EMR ACCURATELY				
TRANSFERS/PENDS PRESCRIPTIONS IN A TIMELY MANNER				
EXECUTES APPROPRIATE FOLLOW UP ON RECOMMENDATIONS AND OUTCOMES				
MEETS REQUIRED PATIENT CLINICAL FOLLOW UP AS OUTLINED IN ACCREDITATION POLICIES				
RESPONDS TO MEDICATION RELATED QUESTIONS IN PROFESSIONAL MANNER DEMONSTRATING SOUND CLINICAL JUDGEMENT				
ADMINISTRATIVE				
MAINTAINS AND DEVELOPS INTERPROFESSIONAL RELATIONSHIPS WITH PROVIDERS TO PROMOTE SPECIALTY PHARMACY GROWTH				
PROVIDES SPECIALTY PHARMACY METRICS MONTHLY AND ADDITIONAL				

INFORMATION AS REQUESTED				
EFFECTIVELY CONDUCTS TEAM MEETINGS AND COMMUNICATES NECESSARY INFORMATION TO SPECIALTY TEAM				

	Does Not Meet	Meets	Exceeds Expectations	COMMENTS
QUALITY AND PROCESS IMPROVEMENT				
MAINTAINS QUALITY DATA AS REQUIRED FOR ACCREDITATION				
PARTICIPATES IN MONTHLY QUALITY MEETING AND ENSURES ACCURATE NOTES				
IDENTIFIES AREAS FOR PROCESS IMPROVEMENT				
DEVELOPS AND EXECUTES SOLUTIONS FOR PROCESS IMPROVEMENT				
COMPLETES STAFF COMPETENCY MEASURES AS NEEDED				
PHONE ETIQUETTE				

ANSWERS PHONE CALLS IN A PROFESSIONAL, COURTEOUS MANNER & VERIFIES PATIENT WITH IDENTIFIERS				
UNDERSTANDS PHARMACIST SCOPE OF PRACTICE AND DIRECTS CLINICAL QUESTIONS APPROPRIATELY				
PERSONAL CHARACTERISTICS				
DISPLAYS INITIATIVE AND INTEREST IN IMPROVING AND LEARNING NEW TASKS				
MAINTAINS POSITIVE WORK ENVIRONMENT WITH PEERS				
PROBLEM SOLVES IN THE WORKPLACE TO BETTER A SITUATION				
COMPLETES TASKS WITH SUFFICIENT SPEED				
ACCEPTS GUIDANCE & DIRECTION FROM SUPERVISOR AND COWORKERS WHEN APPROPRIATE				
EXHIBITS PUNCTUALITY AND EFFECTIVE TIME MANAGEMENT				
	Does Not Meet	**Meets**	**Exceeds Expectations**	**COMMENTS**
ACCREDITATION REVIEW (ACHC & URAC)				
REVIEWED THE FOLLOWING POLICIES AND ACKNOWLEDGED IN rPOLICIES:				

REVIEWED AND ACKNOWLEDGED URAC STANDARDS (Version 4.0)				
REVIEWED AND ACKNOWLEDGED ACHC STANDARDS				
SPILL KIT AND EYE WASH TRAINING				
TOTAL				
PRIOR AUTHORIZATIONS AND APPEALS				
DEMONSTRATES KNOWLEDGE OF VARIOUS METHODS OF PRIOR AUTHORIZATION AND APPEAL SUBMISSION				
DOCUMENTS PRIOR AUTHORIZATION AND APPEAL STATUS IN EPIC (PRIOR AUTH NOTE AND RX TRACKER)				
COMMUNICATES DENIALS AND/OR DELAYS WITH THE PRESCRIBER AS APPROPRIATE				
CONTINUES TO FOLLOW UP ON STATUS IN A TIMELY MANNER TO ENSURE QUICK TURNAROUND TIME				
TOTAL				

_____

PHARMACIST SIGNATURE DATE

_____

EVALUATOR(S) SIGNATURE DATE

_____

MANAGER SIGNATURE DATE

Summary Comments:

Last reviewed/revised 03/22/23 TRB

Resident Training Checklist: Specialty Pharmacy

	DATE	TRAINER SIGNATURE
PATIENT, PROVIDER AND TEAM COMMUNICATION		
CHECKS VOICEMAIL/IN-BASKET/EMAIL/CHATS AND ADDRESSES MESSAGES QUICKLY		
EFFECTIVELY COMMUNICATES RX STATUS WITH PATIENTS AND PROVIDERS		
COMMUNICATES SPECIAL ORDERING NEEDS (GROUND/DROP SHIP, CALL TO ORDER/INPATIENT, 340B) WITH APPROPRIATE PURCHASER		
UTILIZES RX ALERT NOTES FOR IMPORTANT COMMUNICATION		

ORDERING MEDICATIONS & RETURN TO STOCK		
REGULARLY CHECKS SPECIALTY MEDICATIONS FOR RTS ITEMS		
UNDERSTANDS AND DEMONSTRATES CORRECT RETURN TO STOCK PROCEDURES		
SCANS QS1 LABEL/DISPENSE FOR SPECIALTY MEDICATIONS THAT NEED TO BE ORDERED		
COMMUNICATES SPECIAL ORDERING NEEDS WITH APPROPRIATE PURCHASER		
DEMONSTRATES UNDERSTANDING OF CHECKING INVENTORY AND MEDICATION AVAILABILITY IN CARDINAL		

PHONE ETIQUETTE		
ANSWERS PHONE CALLS IN A PROFESSIONAL, COURTEOUS MANNER		
DEMONSTRATES PROPER WAY TO HAND OFF A PHONE CALL		
VERIFIES PATIENT WITH IDENTIFIERS		
COMPLETES PHONE CALL EVALUATION FORM		

	DATE	TRAINER SIGNATURE
FINANCIAL ASSISTANCE		
DEMONSTRATES UNDERSTANDING OF FINANCIAL ASSISTANCE OPTIONS		
EFFECTIVELY COMMUNICATES ASSISTANCE NEED TO PAP TEAM AND FOLLOWS UP AS APPROPRIATE		
CONTINUES TO FOLLOW UP WITH PATIENTS IN A TIMELY MANNER TO ENSURE QUICK TURNAROUND TIME		

CLINICAL KNOWLEDGE AND EXPERTISE		
ENHANCES KNOWLEDGE OF CURRENT TOPICS IN SPECIALTY PHARMACY & TREATMENT GUIDELINES		
DEMONSTRATES ABILITY TO EFFECTIVELY COUNSEL PATIENTS ON NEW MEDICATIONS		
DOCUMENTS RECOMMENDATIONS/FINDINGS IN EMR ACCURATELY		
TRANSFERS/PENDS PRESCRIPTIONS IN A TIMELY MANNER		
EXECUTES APPROPRIATE FOLLOW UP ON RECOMMENDATIONS AND OUTCOMES		
CONDUCTS PATIENT CLINICAL FOLLOW UP AS OUTLINED IN ACCREDITATION POLICIES		
RESPONDS TO MEDICATION RELATED QUESTIONS IN PROFESSIONAL MANNER DEMONSTRATING SOUND CLINICAL JUDGEMENT		

PRICE QUOTES		
ABLE TO PROVIDE PRICE QUOTES FOR SPECIALTY MEDICATIONS USING THE PRICE QUOTE KEY		

	DATE	TRAINER SIGNATURE

ACCREDITATION REVIEW (ACHC & URAC)		
REVIEWED THE FOLLOWING POLICIES AND ACKNOWLEDGED IN rPOLICIES:		
REVIEWED AND ACKNOWLEDGED URAC STANDARDS (Version 4.0)		
REVIEWED AND ACKNOWLEDGED ACHC STANDARDS		
COMPLETES SPILL KIT AND EYE WASH TRAINING		
PACKAGES FEDEX PACKAGES USING APPROPRIATE MATERIALS		
UNDERSTANDS DOCUMENTATION FOR DISPENSING AND DISTRIBUTION ACCURACY (RCARES, COMPLAINTS, ETC)		

PRIOR AUTHORIZATIONS AND APPEALS		
DEMONSTRATES KNOWLEDGE OF VARIOUS METHODS OF PRIOR AUTHORIZATION AND APPEAL SUBMISSION		
UTILIZES AVAILABLE PATIENT RECORDS AND DRUG INFORMATION RESOURCES (LEXICOMP, PACKAGE INSERTS, ETC) TO COMPLETE AND SUBMIT REQUESTS		
DOCUMENTS PRIOR AUTHORIZATION AND APPEAL STATUS IN EPIC (PRIOR AUTH NOTE AND RX TRACKER)		
COMMUNICATES DENIALS AND/OR DELAYS WITH THE PRESCRIBER AS APPROPRIATE		
CONTINUES TO FOLLOW UP ON STATUS IN A TIMELY MANNER TO ENSURE QUICK TURNAROUND TIME		
ADHERENCE		
WEEKLY REFILL REPORT		
DAILY AUDIT		

RESIDENT SIGNATURE DATE

EVALUATOR(S) SIGNATURE DATE

MANAGER SIGNATURE DATE

Summary Comments:
Registration:

- QS1 training
- Cardinal 123
- Parata
- InnerTrack
- EPIC
- OutcomesMTM
- Keys
- PMP

Last reviewed/revised 6/27/23

Residency Project

Each resident will complete a research project during the pharmacy residency. The goal of the residency project is to provide residents with an opportunity to gain experience in conducting a practice-related project using effective project management skills. The resident will select a project, develop and implement design, present results, and complete a manuscript of the project. Meetings with the resident, RPD, clinical pharmacy manager, and resident project advisor regarding the status of the project will occur quarterly. Progress through the research project learning experience regarding competency areas, goals, and objectives will be evaluated quarterly by the project learning experience preceptor. The final research manuscript that is ready for publication is to be submitted to the resident project advisor and approved by the Residency Program Director by the end of the residency year.

General Timeline

Please keep in mind this timeline may vary based on the intervention being implemented but sticking close to this timeline can help make this process go more smoothly.

Project Identification	June-early July
CITI Training	June
Development of knowledge on subject matter	June-July
Literature Review	June-July
Initial Meeting with Project Preceptor	July
Project Protocol Completion	August
Project Protocol Approval	August
IRB	September
Privacy Board	September
Scholarly Activities Committee Presentation	
Intervention Design / Implementation - P&T approval if needed. - Pharmacy or nursing education	September – November
ASHP Midyear Abstract	September-October
ASHP Midyear Poster	October-November
Data Dictionary	December-January
Data Collection	January-March
Eastern States Platform Presentation Abstract	March
Eastern States Platform Presentation	May
RRMC Academic Research Day	May-June
RRMC Corporate Research Day (if applicable)	May-June
Manuscript Completion and Submission	April-June

Residency Project Timeline: 2024-2025

July 1 - Orientation review submitted project proposals.
Aug 2-End of orientation - CITI training due, project selection due, project mentor selected.
August 15 - Written project proposal review with RPD
August 30 – Research proposal form completed & IRB/privacy board submission due
October 1 - Midyear abstract submission deadline
November 1 – Midyear poster draft 1 due
December 8-12 - Midyear poster presentation
March 3 – Eastern States abstract due
March 31 - Eastern States Residency Conference PowerPoint presentation due
May 15 - Completed manuscript submitted to RPD
May 18-21– Eastern States Residency Conference
June 27 - Completed manuscript submission
*August, December, March: Project meetings with project mentor, clinical director, RPD

Project Learning Experience Tracking Form 2024-2025

The resident will be responsible for maintaining the project learning experience tracking form throughout the course of the residency program. The tracking form will be uploaded into the Riverside Pharmacy shared drive under the residents individually mapped folder. The project learning experience tracking form is required to be updated and saved to the shared drive quarterly so progress of the project can be followed by RPD, clinical pharmacy manager, and resident project advisor.

Description	Activity	Expected Completion	Completed
Resident		N/A	N/A
Preceptor(s)		N/A	N/A
Title			
Practice Related Area			
Research Question			
Research Project Proposal			
IRB/privacy board Approval			
Abstract for Midyear		**DUE Oct. 1st**	
Poster for Midyear		**DUE Nov. 1st**	
Project Presentation: - Midyear - Eastern States - Academic Research Day (RRMC) - Corporate Research Day (if applicable)			
Process documented and Manuscript submitted			

CITI Training Instructions:

For **Biomedical Researchers**, please register for and complete:

- Good Clinical Practice (GCP) modules
- Biomedical Research modules

For **Social & Behavioral Researchers** please register for and complete:

- Social & Behavioral Research modules

Use this link : https://www.citiprogram.org/ to register and complete your modules. Note: When registering please be sure to select Riverside Regional Medical Center, VA in the Participating Institutions drop down menu. Your affiliation with RRMC allows the IRB department to track your progress. There are two Riverside Medical Centers listed in the drop down, please be sure to pick the one located in Virginia.

After you have created an account, please complete the required courses. You are not required to complete the Conflicts of Interest course.

The modules can be taken individually, as your schedule allows. A cumulative score of 80% is required to pass each course. You can retake quizzes until you have achieved 80% or above. **All courses will expire every three years**, at which time you'll be required to complete a refresher course.

Registering for courses on CITI can be confusing, if you run into trouble, please do not hesitate to contact the office (594-3219). Once you finish, we will be notified of your course completion and keep your certificate on file in the IRB office. **Please note per RHS policy, you are not able to participate in any research activity prior to successfully completing CITI training.**

- CBL (Computer Based Learning) for staff education of 340B based on different stakeholder groups.
- Expense control for WAC spend at our covered entities.
- Value of the pharmacist in the gastroenterology or infectious disease clinics to facilitate completion of hepatitis C therapy (measured by interventions provided by the pharmacy team to remove barriers or referral to a hepatologist)
- Value of the pharmacist/pharmacy for HIV
- The impact of pharmacist-led counseling for newly diagnosed diabetes patients upon discharge.
- Streamlining pharmacist-led transitions of care program from acute care hospital to home.
- Dual Antiplatelet Therapy in Women: Initial portion of the project would be a medication use evaluation (MUE), with secondary steps being an action plan to address any care gaps discovered.
- Development of an ambulatory med safety workflow/review. Possible safety report outs regarding duplicate therapies, potentially avoidable complications of designated chronic condition(s), VE treatment. Initial portion of the project would conduct a needs assessment, with secondary steps to develop plan for monitoring and mitigating risk.
- Utilizing Pharmacist-Led clinic within Brentwood Family medicine for patients living with diabetes using Continuous Glucose Monitoring.
- Competency driven staff development programs to drive staff retention and job satisfaction.
- Emergency room readmission prevention with pharmacists' interventions with patients discharged on antibiotics.
- Multistep order transmittal process to effectively review medications before sending to designated pharmacies.
- Bridging the gap between hospital TOC and discharge TOC.
- Developing patient education videos for specialty medications to help increase understanding of injection techniques and medications.
- Reduction of errors with patient pick-up or shipment of prescriptions with the integration of badge scan technology and electronic will-call system.
- Evolving Meds to Beds Program
    - Stroke and/or CHF readmission reductions
    - Utilizing a discharge lounge to reduce throughput of patient discharges due to prescription delivery delays.
    - Patient education prior to discharge (improvement in HCAHP scores)
- Delivering medications to patients without transportation within the surrounding communities by partnering with local fire departments/EMTs.
- Development of a deprescribing algorithm (CPA with a prescriber to review for deprescribing opportunities; would start simple with PPI's or something similar)
- Implementation/development of a palliative care pharmacist role. Pending grant funding.
- Riverside Mental Health and Recovery Center Meds to Beds impact on readmission rates.

Past Residency Projects

Year	Resident	Title

Teaching and Learning Certificate

Riverside is partnered with the Virginia Commonwealth University School of Pharmacy to offer a Teaching and Learning Certificate. Residents will have the option to enroll in the program. This program consists of live seminars, development and delivery of didactic lectures, journal clubs, and continuing education programs. Upon completion of the required elements, the resident will be issued a program certificate at the conclusion of the residency year.

Program Structure and Requirements (2024-2025):

Participants in this program, upon its completion, will be able to do the following:

1. Describe basic concepts in current pedagogical theory pertaining to pharmacy education
2. Devise a plan for effective teaching within the didactic and experiential settings to achieve clearly defined student outcomes
3. Compare and contrast teaching methods used in the large classroom and small group settings
4. Develop an approach to implement instruction within the didactic and experiential settings, including distance learning
5. Participate in and evaluate the current VCU method to assess educational activities
6. Compose a teaching philosophy that clarifies one's own purpose and goals related to teaching
7. Identify strategies for continued self-improvement related to pharmacy education

Teaching and Learning Certificate Portfolio Tracking Form

The resident will be responsible for maintaining the teaching and learning certificate tracking form throughout the course of the residency program. The tracking form will be uploaded into the Riverside Pharmacy shared drive under the residents individually mapped folder. The project learning experience tracking form is required to be updated and saved to the shared drive quarterly so progress of the project can be followed by RPD, and site coordinator. The teaching portfolio binder will have hard copies of the aforementioned documents. The overall performance of the resident in the program will be evaluated using the tracking form below. Final portfolios are due no later than June 1, 2025.

Requirement	Details		Completion Date
Attend and participate in (>80%) 8 out of the 10 of the teaching-related educational seminars + at least 1 Zoom Debrief. Place a check box in each of the sessions attended.	Session Title	Attended	
	(1) Learning Climate (July Session)		
	(2) Communication of Goals (July Session)		
	(3) Promotion of Understanding & Retention (July Session)		
	(4) Evaluation & Feedback (July Session)		
	(5) KISS: Making Complex Concepts Easy for Students to Learn		
	(6) Experiential Teaching		
	(7) Developing a Teaching Philosophy/ Portfolio		
	(8) Continuing Education Requirements – Assessments		
	(9) Careers in Academia		

	(10) Scholarship of Teaching/Learning		
	Zoom Debrief (list date attended) - Option 1: Assessments in Clinical & Didactic Settings + Fairness in Grading - Option 2: Pathways to Academia and Careers in Academia		
Co-precept at least 1 APPE student. Checklist should include the student's name(s)/block(s) precepted. Portfolio should include Experiential Teaching Evaluation Forms (Appendix C & D).			
Deliver instruction and participate in minimum of six (6) Foundations course sessions. Checklist should include session title and number of hours. Portfolio should include each Foundation session evaluation form. Forms may not be available for PHAR 566 (Evidence Based) and (PHAR 541 (Patient Assessment).	1		
	2		
	3		
	4		
	5		
	6		
Design and deliver 1 CE program presentation. Checklist should include name of presentation and date presented. Portfolio should include all evaluation forms + slides from presentation.			
Post at least 1 original discussion post + reply to at least 2 posts. Checklist should include the topics and dates of the posts. Portfolio should include original post.	Original Post:		
	Response Post #1:		
	Response Post #2:		
Design and deliver at least 3 journal club reviews or case conference	Date	Session Type and Title	Category completed

discussions for residents and pharmacy preceptors. Checklist should include the name of the session + dates provided. Portfolio should include evaluation forms provided from site + any handouts or slides utilized during presentations.			
OPTIONAL: Develop and deliver 1 contact hour of didactic lecture. Checklist should include date and name of lecture. Portfolio should include Learning objectives, slides, assessment questions, and Didactic Teaching Evaluation Form (Appendix F).			
OPTIONAL: Serve as a mentor to a residency-bound student pharmacist assigned from the School of Pharmacy. Checklist should include the student's name(s). Portfolio should include description of activities/meetings held with the student.			
Teaching Philosophy Portfolio should include a copy of the resident's teaching philosophy.	*Feedback from site coordinator:*		

On my honor, I attest that the above requirements have been satisfied for completion of the Teaching and Learning Certificate administered by VCU School of Pharmacy.

Resident Signature: _____

Date: _____

The contents of the Teaching Portfolio have been verified.

T&L Certificate Site Coordinator Name: _____

T&L Certificate Site Coordinator Signature: _____

Date: _____

Section III: Resident Responsibilities and Expectations

Residency Program Requirements for Completion

A residency certificate is awarded upon the successful completion of all residency requirements. Requirements for completion of the residency program will include:

- State licensure
- Successful completion of the goals and objectives of the program as defined:
  - Obtaining a level of "achieved" for at least 75% of the evaluated goals and objectives of the program.
- Completion of major project including submission of manuscript
- Completion of staffing requirements
- Completion of projects assigned by preceptors and residency staff including (but not limited to):
  - Drug monograph
  - Presentation of research project at ASHP Midyear Clinical Meeting and Eastern States Residency Conference or equivalent state or national conference

Ordinarily all training requirements must be met within the 12-month residency period. In the event of extenuating circumstances, a limited extension to complete training requirements may be granted. The resident must request an extension in writing to the Residency Advisory Committee which will meet to discuss and vote upon the request.

Residency certificates will be withheld until all requirements, including the major project, are successfully completed.

Accreditation:
The Riverside Regional Pharmacy Residency Program will be designed to meet the ASHP PGY1 Accreditations Standards and Competency Areas, Goals and Objectives. Accreditation will be maintained through ASHP to ensure the highest quality program.

Benefits/Human Resources:
Pharmacy residents will receive an annualized salary of $53,000.00, subject to applicable taxes and withholdings. Resident benefits are the same as all Riverside employees. However, some exceptions apply as the pharmacy residency is under the umbrella of the Medical Residency program at Riverside.
These exceptions include:

- Immediate availability of "Paid time off"

The residents are provided professional leave and expense support to attend a VSHP meeting, ASHP Midyear meeting, and the Eastern States Residency Conference. A limited stipend will be provided for travel to these meetings. Additional costs accrued over this amount will be at the resident's own expense. Stipend for these meetings varies from year to year depending on meeting location, registration costs, and department budget.

The resident is also a pharmacist who will meet all the requirements of a pharmacist working in the Riverside Health System. This includes knowledge and orientation to all applicable Pharmacy and Hospital Policy and Procedures. The resident will receive the same pharmacy orientation as any new pharmacist hired by Riverside, and he/she will be held to the same performance standard.

The resident will use the Kronos system for logging time upon arrival and leaving for the day. Riverside human resource policies and procedures for professional, family, and sick leave will be followed. In the event, leave time affects the achievement of the residency requirements; the Residency Program Director, Director of Pharmacy and Human Resource representative with input from the resident will determine a recommended course of action. This written action will be reviewed and acknowledged by all parties concerned.

Paid Time off/Sick Leave
Over the course of the year residents are allotted 120 hours (15 days) of available paid time off (PTO) that can be used for vacation, and 48 hours (6 days) that can be used for sick leave (EIB). PTO requests will be submitted via the Kronos system for review by the Director of Pharmacy or designee who prepares the schedule and via email to the Residency Program Director for approval at least 5 weeks in advance prior to the preparation of the upcoming pharmacist schedule. Requests may not be approved if time off requested is not far enough in advance. Any approved PTO time will also need to be coordinated with learning experience preceptor. Time off requests must be approved by the Residency Program Director. The resident will document all PTO days in the duty hours log and the PTO log posted in the resident office. If sick, the resident will follow hospital policy to include contacting Pavilion pharmacy (if applicable), Residency Program Director and Coordinator, and learning experience preceptor.

In the event the resident must take additional time off that exceeds the allotted applicable paid leave, they will not be awarded a certificate of completion unless that additional leave is made up. In this circumstance the resident will follow the process outlined below in the Requirements for Completion section. Time off requests for professional days, including interviews and travel time will be subject to the same process.

Your Pay & Benefits Package

As part of the Riverside family, you get a comprehensive benefits package to help you balance work and life plus a culture of trust and engagement. We survey our team members every year to continually enhance work experiences.

RIVERSIDE
PASTORAL, ADMINISTRATIVE, PHYSICAL THERAPY/SPORTS MEDICINE & PHARMACY RESIDENTS

HEALTH AND WELLNESS

You have 30 days from your hire date to enroll. Once enrolled, your benefits will begin on the first of the month following 30 days of employment. You may want to consider an interim medical plan to bridge the gap between your employment start date and the date your Riverside medical insurance begins.

MEDICAL & PHARMACY COVERAGE

- Comprehensive medical and pharmacy coverage available at competitive rates
- Lower copays and deductibles when you choose Riverside for you or your family's healthcare needs
- Zero to low copay pharmacy testing supplies and prescription drugs for Diabetes Program participation
- Infertility and bariatric services covered

FULL/PART-TIME ONLY

Unless otherwise noted

- Dental plans to include adult orthodontic & Vision coverage that offers Lasik Vision discounts
- Medical and Dependent Care Flexible spending accounts or Health Savings Accounts (based on medical plan)
- Employer-paid life insurance at 1.5 X salary (full time only) provided the first of the month after 90 days
- Employee-paid term life at up to 5 X salary
- Employer-paid disability (full-time only) provided the first of the month after 365 days
- Employee-paid short-term disability
- Whole life insurance with long-term care rider
- Hospital indemnity, critical illness and accident insurance
- ID theft protection, prepaid legal plan, and home & auto insurance
- Payroll deduction for pet insurance

Available to All

- Wellbeing EAP dedicated to healthcare that helps you and your family navigate and balance work/life.

Labor Pool/PRN/Temporary worker not eligible for full/part-time benefits listed above. Pay Partial not eligible for employer-paid benefits or paid time off.

COMPETITIVE PAY

- Competitive salary or hourly rate right out of the gate
- Discretionary Recognition Bonuses
- Employee Referral Bonuses

RETIREMENT

All team members are eligible, with no waiting period, to make contributions in Riverside's 403(b) plan, with pre-tax and Roth after-tax options.

Match: 50% of up to 5% of your pay, to include up to 2% annually in a Core Contribution. Three year vesting schedule requires 1,000 hours worked each year

PAID TIME OFF

Up to 120 PTO drop hours plus up to 48 hours of paid sick time, annually.

- PTO Is prorated based on the employee's full-time equivalency (FTE)
- Sick accumulates each pay period based on FTE
- Drop plan balances do not carryover year to year
- Annual PTO allotment refreshes every year on the annual drop date

DISCOUNTS AND PERKS

- 25% off most Riverside services
- Copay discounts on prescription drugs at Pavilion Pharmacy (Standard plan only)
- Discounts at Riverside Childcare
- Discounts at Wellness & Fitness Centers
- Adoption assistance (full/part-time)
- Dollar$mart savings on local services

Questions? Call Total Rewards at 757-534-5544, option 5

The benefits information presented is based on information taken from Riverside benefits plan documents and policies. In case of discrepancy between this document and the plan documents and policies the actual plan documents and policies will prevail.

Holidays
The resident is expected to staff a minimum of two (2) holidays as part of the community practice learning experience. Holiday shifts are divided between Memorial Day, Labor Day, Christmas Eve, and New Year's Eve. If a holiday falls on a day of the week that does not coincide with the resident's scheduled community practice day, the schedule will be adjusted for the week so that their community practice day will be on the holiday. In the event a holiday falls on a weekend and the resident is not scheduled to work, they are not required to take PTO. The resident is allowed to pick up Pavilion holiday shifts under Job 2 pending availability per moonlighting policy. For Thanksgiving, Christmas Day, and New Year's Day, the resident may choose to either (a) utilize a PTO day, or (b) utilize a self-scheduled project day as outlined in the Project Days section of the residency program manual.

Project Days
Starting in November residents are allotted a total of 5 days dedicated to working on their residency project. To better align with the timeline and obligations of their project, residents will self-schedule the project days at their own discretion. The resident will be exempt from regularly scheduled learning experience learning activities and responsibilities when utilizing a project day. Project days are limited to 1 day per month (not more than 1 day per learning experience) and must approved by the Residency Program Director. Additionally, the resident may not use project days on scheduled clinic days for the ambulatory care learning experience. The resident will still be required to complete all evening staffing requirements on the project day if applicable. All approved project days must be communicated to scheduled learning experiences preceptors by the first day of learning experience or may be subject to cancellation. The resident will document all project days used in the duty hours log.

Supervision
The residents report to the Residency Program Director or Director Designee. During learning experiences the resident reports to the preceptor for learning experience activities.

Application
The submission of all application materials is completed through PhORCAS. All candidates must submit a curriculum vitae, three letters of recommendation, academic transcripts, and a letter of intent. Completed applications and all materials must be received no later than January 1st each year or may not be considered for review. The formal application review process will be followed in accordance with the Selection and Acceptance of Pharmacy Resident Candidates policy and procedure.

Licensure
All candidates must have a Doctor of Pharmacy degree or be a candidate for graduation from a college or school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE). If a foreign graduate of pharmacy, must have completed all requirements for equivalency as outlined by the National Association of Board of Pharmacy including Foreign Pharmacy Graduate Examination Committee (FPGEC®) Certification. Licensure of the resident as a pharmacist in the state of Virginia is required by August 1st. Any resident not licensed as a pharmacist in the state of Virginia by August 1st may be considered for termination of the residency program at the discretion of the Residency Director, Residency Advisory Committee, and the Director of Pharmacy.

In the event a candidate is unable to obtain licensure in the state of Virginia by August 1st, the resident must submit formally, in writing, an explanation of why licensure has not been obtained, current status of the Multistate Pharmacy Jurisprudence Examination® (MPJE®) and the North American Pharmacist Licensure Examination® (NAPLEX®), including scores, scheduled examination dates completed and anticipated if applicable, and an action plan for obtaining licensure. Residents granted extension beyond August 1st must obtain licensure in the state of Virginia by October 31st or will be automatically terminated from the program. Additionally, residents unable to obtain licensure due to failure to pass the NAPLEX® or MPJE® may be terminated after two failed attempts.

Resident Duty Hours

The Riverside Regional Medical Center Department of Pharmacy supports compliance with the ASHP Duty Hour Requirements to ensure that residents are not compromising patient safety or minimizing the learning experience by working extended periods of time. The residency program director, preceptors, and residents share responsibility to ensure that residents abide by the ASHP requirements during the residency year.

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; administrative duties; and 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 must be addressed by a well-documented, structured process. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods are defined as 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 residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

All residents must abide by the *ASHP Duty-Hour Requirements for Pharmacy Residencies* which can be found at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx.

Residents are expected to update the duty hours log daily. At the end of each month the resident will complete and sign the associated scheduled assessment noting completion and accuracy of the duty hours log in PharmAcademic. It is the resident's responsibility to notify the RPD/DOP if they are in jeopardy of violating duty hour requirements. It is the Director of Pharmacy and the Residency Program Director responsibility to ensure that the scheduled hours do not exceed the duty hour standards.

Moonlighting

Moonlighting is defined as 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.

Additional voluntary, compensated, pharmacy-related work performed inside RRMC pharmacy (internal moonlighting) is permitted depending on labor pool availability. Residents interested in pursuing a labor pool position should notify the RPD by the end of the orientation learning experience and will need to officially apply for a Job 2 labor pool position. If the labor pool position is pursued, residents may be expected to work 2 shifts per month in addition to the staffing responsibilities defined by the pharmacy practice learning experience. All labor pool shifts will be reimbursed at staff pharmacist pay rate (refer to Human Resource Department).

Residents are limited to a maximum of 80 hours of pharmacy activity per week, averaged over a four-week period, inclusive of all duty hours and moonlighting. All moonlighting hours worked should be explicitly delineated in the duty

hours log that is reviewed and cosigned monthly by the RPD. If a resident does moonlight, he/she will be continuously evaluated to determine if the additional employment is impeding their performance. The RPD and resident will discuss at quarterly development meetings to ensure the residents' performance and judgment while on scheduled duty periods does not negatively affect their ability to achieve the educational goals and objectives of their residency program and to provide safe patient care. If any issues are identified all moonlighting shifts will be suspended until an appropriate action plan with corrective measures can be developed.

Employment outside of RRMC or the RRMC PGY1 Pharmacy Residency Program (external moonlighting) is not permitted. Engagement in professional practice activities outside of the Residency Program without prior written consent of the Director of Pharmacy and the Residency Program Director will be grounds for summary dismissal with input from RAC at the discretion of the RPD and DOP. This does not include additional shift work at Riverside Regional Medical Center scheduled by the Director of Pharmacy or his/her designee.

Requirements for Completion

Requirements for completion of the residency program are defined by the Residency Program Requirements for Completion described in the Residency Manual. A residency certificate is awarded upon the successful completion of all residency requirements including:

- State licensure
- Successful completion of the goals and objectives of the program as defined:
    - Obtaining a level of "achieved" for at least 75% of the evaluated goals and objectives of the program.
- Completion of major project including submission of manuscript
- Completion of staffing requirements
- Completion of projects assigned by preceptors and residency staff including (but not limited to):
    - Presentation of research project at ASHP Midyear Clinical Meeting and Eastern States Residency Conference or equivalent state or national conference

Residency certificates will be withheld until all requirements, including the residency project, are successfully completed. Ordinarily, all training requirements must be met within the 12-month residency period. If the resident must take additional time off that exceeds the allotted paid leave (i.e., vacation, sick, holiday) they will not be awarded a certificate of completion unless that additional leave is made up. In the event of extenuating circumstances, a limited extension to complete training requirements may be granted. The resident must request an extension in writing to the Residency Advisory Council which will meet to discuss and vote upon the request. If an extension is granted, the resident will not receive compensation during the extension period. This appointment may be extended up to 3 months for failure to complete requirements for the certificate in the following cases:

- Extended sick leave resulting in failure to meet learning objectives or required time commitments.
- Failure to make satisfactory progress on all assigned goals due to inadequate opportunity provided to achieve.

Failure to meet requirements for certificate due to lack of performance will not be ground for extension.

Residency Appointment Agreement

I, _____, hereby accept appointment for the Riverside Regional Medical Center PGY1 Community Pharmacy Residency Program for 2024-2025. The term of employment at Riverside Regional Medical Center (RRMC) will begin on approximately July 1st with hospital orientation and will be a 12-month experience ending approximately June 30th. I understand the training program under which this appointment is offered is a Postgraduate Year One (PGY1) Pharmacy Program, and I agree to participate in the training program at Riverside Regional Medical Center under the jurisdiction of the faculty of the Riverside Regional Medical Center Pharmacy Residency Program. I understand some elective learning experiences may be offered at Riverside affiliated sites.

I agree to become licensed as a pharmacist in the Commonwealth of Virginia at the earliest date eligible. It will be my responsibility to be examined and licensed. I understand that this appointment, stipend, and benefits will be contingent upon having a valid Commonwealth of Virginia pharmacist license. I acknowledge that if I am not licensed by the Virginia Board of Pharmacy by August 1st of my current residency year, my appointment may be terminated at the discretion of the Residency Advisory Committee (RAC). If granted an extension, I understand I must obtain licensure in the state of Virginia by October 31st or will be automatically terminated from the program. Additionally, if unable to obtain licensure due to failure to pass the Multistate Pharmacy Jurisprudence Examination® (MPJE®) and the North American Pharmacist Licensure Examination® (NAPLEX®) I may be terminated after two failed attempts.

I understand the RRMC Community-Based Pharmacy Residency Program will consist of nine (9) required learning experiences and two (2) elective learning experiences. The required learning experiences include pharmacy orientation, community pharmacy management, ambulatory care I, ambulatory care II, transitions of care, population health, specialty pharmacy, project, and community leadership.

I agree to devote my time and interests fully to the welfare of the patients assigned to me; to assume responsibility in the teaching or professional direction of students and other health care professionals; to be responsive to the professional staff involved in my education and patient care activities; and to take advantage of all opportunities offered to improve my knowledge and skills. I will abide by the pharmacy staff and management policies and procedures, and any applicable policies and procedures of any affiliated hospitals or facilities to which I may rotate as part of my training.

I understand Riverside Health System strives to provide a work environment free of bias or harassment and will conduct myself accordingly. I also understand that procedures are in place to deal with such events, should they occur. While carrying out the duties assigned to me and other matters relating to my conduct, I understand I will be always under the jurisdiction of the Residency Program Director (RPD) and the Director of Pharmacy (DOP). I understand that this contract will be terminated for any serious or repeated breach of ethics or discipline as defined by the Riverside Human Resources policy and procedures with input from the RAC, RPD and DOP.

As a salaried employee I understand I am expected to spend at least 50 hours per week working on activities related to the pharmacy residency program. In addition to these hours, I am expected to spend between 6-16 hours per month staffing the pharmacy as part of the pharmacy practice learning experience. Additional voluntary, compensated, pharmacy-related work performed inside RRMC pharmacy (internal moonlighting) is permitted depending on labor pool availability. For any time spent staffing the pharmacy beyond the 6-16 hours per month I will be reimbursed at staff pharmacist pay rate (refer to Human Resource Department). Employment outside of Riverside Health System or the PGY1 Community Pharmacy Residency Program (external moonlighting) is not permitted.

I understand that I am not to engage in professional practice activities outside of the Residency Program without prior written consent of the Director of Pharmacy and the Residency Program Director. This does not include additional shift work at Pavilion Pharmacy scheduled by the Director of Pharmacy or his/her designee. Any activity that interferes with

residency training or reflects negatively on Riverside will be grounds for summary dismissal with input from RAC at the discretion of the RPD and DOP.

All residents must abide by the *Duty-Hour Requirements for Pharmacy Residencies* as established by ASHP. I agree to abide by the duty hour requirements outlined by ASHP and all policies and reporting procedures of duty hours for the RRMC PGY1 Pharmacy Residency Program described in the Residency Manual. I understand that the Director of Pharmacy and the Residency Program Director will ensure that my scheduled hours do not exceed the duty hour standards. I understand it is my responsibility to notify the RPD/DOP if I am in jeopardy of violating duty hour requirements.

I understand that this offer is contingent upon my successful completion of Riverside's pre-employment process, which may include a drug screen, background search, post-offer assessment, professional reference verification, and other screenings as required based on the position for which I am hired. I acknowledge that any misrepresentations or failure to disclose requested information shall be sufficient cause to result in the immediate revocation or denial of my appointment.

As a PGY1 community pharmacy resident, I will receive an annualized salary of $53,000, subject to applicable taxes and withholdings. Riverside Health System offers a variety of benefit options. An employee of the RRMC Talent Recruitment Center will contact me to provide more specific information regarding my salary and benefits for a period of 12 months. Benefits will be in accordance with Riverside Regional Medical Center's employee policies. I will receive additional information on these benefit options, orientation, and payroll processing during my onboarding process. I can expect to begin enrolling in benefits after my first day of employment.

During the PGY1 Pharmacy Residency, I will be expected to attend three professional pharmacy meetings: the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting, the Virginia Society of Health-System Pharmacists (VSHP) Fall meeting, and the Eastern States Conference for Pharmacy Residents and Preceptors. A limited stipend will be provided for travel to these meetings. Any additional costs accrued beyond this amount will be at my own expense.

I understand I will be evaluated on a regular basis. I will be provided with these evaluations for my professional growth. A certificate signed by the appropriate representatives of Riverside Regional Medical Center PGY1 Pharmacy Residency Program will be awarded to me upon successful completion of my residency training.

I understand that as a resident I must complete the required components for residency certificate completion including projects and time commitments. A residency certificate is awarded upon the successful completion of all residency requirements including:

- State licensure
- Successful completion of the goals and objectives of the program as defined:
    - Obtaining a level of “achieved” for at least 75% of the evaluated goals and objectives of the program.
- Completion of major project including submission of manuscript
- Completion of staffing requirements
- Participation in a medication-use evaluation - this is inconsistent with page 45
- Completion of projects assigned by preceptors and residency staff including (but not limited to):
    - Drug monograph
    - Presentation of research project at ASHP Midyear Clinical Meeting and Eastern States Residency Conference or equivalent state or national conference

I understand that residency certificates will be withheld until all requirements, including the major project, are successfully completed.

Ordinarily, I must meet all training requirements within the 12-month residency period. If I need to take additional time off that goes beyond the allotted paid leave (such as vacation, sick, or holiday), I will not be awarded a certificate of completion unless I make up for that additional leave. In case of exceptional circumstances, I may be granted a limited extension to fulfill the training requirements. I must submit a written request for an extension to the RAC, which will convene to discuss and vote on my request. If the extension is approved, I will not receive compensation during the extended period. This appointment may be extended up to 3 months for failure to complete requirements for certificate in the following cases:

- Extended sick leave resulting in failure to meet learning objectives or required time commitments.
- Failure to make satisfactory progress on all assigned goals due to inadequate opportunity provided to achieve.

I understand that failure to meet requirements for the certificate due to lack of performance will not be grounds for extension.

I agree to abide in accordance with those laws and regulations, specifically including the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and the related Privacy and Security Standards, codified at 45CFR, Parts 160 and 164 ("Privacy and Security Rules") which will be covered in hospital orientation.

By my signature below, I hereby acknowledge receipt, review, and acceptance of all terms and conditions as outlined in this appointment letter and accompanying policies outlined in the Residency Manual.

_____	_____
Resident	Date
_____	_____
Residency Program Director	Date
_____	_____
Director of Pharmacy	Date

Section VI: Evaluations

Assessment Strategy

An essential component of developing the skills of a resident and continuous improvement to the residency program is frequent two-way feedback between residents and preceptors utilizing the ASHP RLS system. The goal of such discussion and interaction is to:

- Discuss the resident's achievements in terms of achieving competency areas, goals and objectives established for the learning experience.
- Provide feedback that may assist the resident with how to improve performance in current learning experience or future learning experiences or practice.
- Provide feedback on how well the resident self-evaluates.
- Provide feedback to the preceptors for continuous improvement of preceptor skills, that may strengthen mentoring during future learning experiences.
- Provide feedback to the RPD, RPC and RAC, to improve the residency program.

The preceptors, residents, RPC and RPD will frequently provide feedback to one another during individual learning experiences, RAC and in general throughout the residency program. Specific program and learning experience feedback may be given via different formats depending upon the learning experience.

The residency assessment procedure utilizes an online tool called PharmAcademic™ to support the evaluation of residents and to provide documentation of a systems-based approach to training for all ASHP-accredited residency programs.

Definitions of Evaluation Criteria

Definitions

Needs Improvement (NI)	Resident is not meeting expectations. Needs frequent supervision
Satisfactory Progress (SP)	Resident shows progress but has not mastered area. Requires some supervision
Achieved (ACH)	Resident has mastered this area. Does not require supervision
Achieved for Residency (ACHR) *assessed by the RPD only	As determined by the RPD, the resident demonstrates continued competency of the assessed goal and can effectively model and/or teach goal to a learner

Competency-based evaluation/assessment tools for the pharmacy residency:

All evaluations are completed through PharmAcademic™ and should be pensive, honest, thorough. If evaluations are not deemed to be sufficient, they may be sent back to the resident or preceptor for further thoughts at the discretion of the RPD. Details of each type of evaluation are listed below. Evaluations are different from feedback. Feedback should be continuous throughout the learning experience and constructive.

Preceptors and residents are required to complete all evaluations within 7 days after end of learning experience. The 7-day completion window includes a co-signature from the party being evaluated. To provide timely feedback and allow all parties to review and co-sign evaluations, all scheduled evaluations in PharmAcademic™ should be completed within 5 days of the scheduled completion date, and co-signatures should be completed within 48 hours of the signed evaluation.

Formative Evaluation: Each preceptor must provide periodic opportunities for the residents to practice and document criteria based, formative self-evaluation of aspects of their routine performance. Formative evaluations can be verbal or written and maybe formal or informal. Often this type of feedback is represented as criteria-based snapshot, performed throughout the learning experience but prior to the final summative evaluation. Examples of formative evaluations include but are not limited to written feedback on notes, in-services, presentations, journal clubs or other learning experience activities. Formative feedback is completed by both residents and preceptors. Residents are required to completed formative self-evaluations in PharmAcademic™ on critical care and IM1 learning experiences.

Summative Evaluation: Written, criteria based, summative assessment to evaluate the resident's achievement of competency areas, goals, and objectives at the end of a learning experience. Summative evaluations are documented in PharmAcademic™ and are completed by both residents and preceptors. The preceptor completes the summative evaluation of the resident for the learning experience while the resident completes the learning experience evaluation and a preceptor evaluation at the end of each learning experience. Summative evaluations are due 5 days from the end date of a learning experience. Co-signatures are due within 2 days of a completed evaluation. Completion of evaluations and co-signatures shall not exceed a total of 7 days from the learning experience end date.

Quarterly Formative and Summative Evaluations: Longitudinal learning experiences' written, criteria based, summative assessments are completed quarterly to evaluate the resident's achievement of objectives performed.

Learning Experience Evaluation and Preceptor Evaluation: Both evaluations are required to be completed by the resident at the end of the learning experience. Longitudinal learning experiences require that these evaluations are completed quarterly in addition to at the end of the learning experience.

Residency Evaluation Tracking Form

Resident: _____
(Indicate date of completion in box)

Completion of Residency Program

Requirement	Date
State licensure	
75% "ACHR" of competency areas, goals, and objectives	
Completion of manuscript	
Completion of staffing requirements	
Poster presentation at ASHP midyear	
Platform presentation at Eastern States Residency Conference	

Longitudinal Evaluations

	Quarter 1	Quarter 2	Quarter 3	Quarter 4/Final
Community Pharmacy Management				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Project				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Project Tracking Form Uploaded				
Ambulatory Care I				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Ambulatory Care II				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Transitions of Care				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Specialty				
Preceptor's Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				

Blocked Learning experiences

	Orientation	Population Health	Elective 1	Elective 2
Summative Evaluations				
Preceptors Evaluation of Resident				
ASHP Learning Experience Evaluation/ASHP Preceptor Evaluation				
Pt Case Presentations	N/A			
Journal Club	N/A			
Drug Information Question/Monograph	N/A			

***Assessment scheduled at midpoint of learning experience in PharmAcademic

Project learning experience

Project	Date
Project Proposal	
IRB/privacy board approval	
Abstract for ASHP Midyear	
Poster for ASHP Midyear	
Academic Research Day (if applicable)	
Corporate Research Day (if applicable)	
Eastern States Residency Conference	

Duty Hours

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
PharmAcademic Evaluation Signed												
Duty hour log updated												

PTO Days Used

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Date															

Project Days Used

	1	2	3	4	5
Date					

Teaching and Learning Certificate (optional) From 2024-2025 syllabus subject to change

Requirement	Date
Attend and participate in teaching-related educational seminars	
Develop and deliver a minimum of one (1) contact hour of didactic lecture	
Co-precept at least one (1) Advance Pharmacy Practice Experience (APPE) student	
Deliver instruction and participate in a minimum of four (4) Foundations course sessions	
Design and deliver one (1) continuing education program presentation	
Design and deliver three (3) journal club reviews or case conference discussions for residents and pharmacy preceptors	
Attend two (2) contact hours of didactic lecture provided by different faculty members	
Compose and submit a teaching portfolio for formal review	