



Origination	5/1/2005
Last Approved	9/9/2024
Effective	9/9/2024
Last Revised	9/9/2024
Next Review	9/9/2026

Owner	Shannon Rotolo
Policy Area	SMH Pharmacy Residencies
Applicability	University of Rochester - Strong Memorial Hospital

Assessment Strategy of Resident Activities

UR Medicine will utilize PharmAcademic for all rotation and longitudinal learning experiences. The Pharmacy Residency programs will follow the Residency Program Design and Conduct model of evaluating resident progress during each learning experience and throughout the residency year.

Resident Development Plan: Uploaded to PharmAcademic

- A customized resident development plan will be created by the Program Director in collaboration with each resident within 30 days of the start of the program and every 90 days thereafter.
- Development plans are shared with preceptors in PharmAcademic
- Development plan is reviewed and updated based upon resident progress, strengths, areas for improvement, career goals and interests, well-being and resilience, etc. The development plan also documents resident's quarterly progress towards attainment of program's goals, outline changes to be implemented to the resident's summative evaluation plan, schedule of learning experiences and/or projects and any remedial action(s) necessary.
- Plan and modifications are discussed between program administrators and the resident

PGY1 and PGY2 Pharmacy Residency Programs

Learning Experiences (Required Rotations (including Longitudinal Rotations) and Elective Rotations)

The Program Director or assigned preceptor will perform quarterly longitudinal evaluations for the longitudinal experiences specific to the respective residency programs. (Specific longitudinal experiences for each PGY1 and PGY2 residency program can be found in the program structure.)

- Formative feedback: To provide the resident with on-going feedback regarding their progress on achievement of educational objectives for the purpose of improving learning.
 - This will occur throughout a learning experience and prior to the summative

- evaluation as needed
- Preceptors will provide on-going feedback to residents about how they are progressing and how they can improve that is immediate, specific, and constructive
- Formative evaluations can be both verbal and written and may be formal or informal and will be documented in PharmAcademic.
 - Should include narrative that addresses how well (not just what) the resident did
 - Residents who are not progressing according to expectations will receive more frequent formative feedback
- Completed and signed by the preceptor and cosigned by resident (following a verbal discussion) and program director
- Summative Evaluation
 - Documents preceptor's evaluation of resident's attainment of goals and objectives
 - Evaluation will consist of both areas of strengths and areas for improvement with additional focus for each goal not achieved
 - Areas for improvement should include specific examples and also describe methods that were shared on how the resident can improve
 - Completed by the preceptor and reviewed with resident at the end of the learning experience
 - Reviewed and cosigned by the resident after verbal review with the preceptor – noting comparison with resident's self evaluation where applicable
 - Reviewed and cosigned by the preceptor, resident, and program director
- Resident's Summative Self Evaluation
 - Summative self evaluation of goals and objectives assigned to the learning experience
 - Evaluation will consist of both areas of strengths and areas for improvement
 - Submitted to the preceptor for review, discussion, and co-signature prior at the end of the learning experience
 - Reviewed and cosigned by the preceptor and program director
- Preceptor/Learning Experience Evaluation
 - Completed by the resident within one week of the end of the learning experience
 - Identifies at least one strength and area of improvement for the rotation
 - Reviewed and cosigned by the preceptor and Program Director

All Programs

Deadlines for summative evaluations are within 7 days of the completion of the learning experience. The intent is to provide timely feedback and self-assessment for areas to work on in subsequent learning experiences. The deadline for the PharmAcademic evaluation may be extended by a preceptor after

discussion with the RPD/Coordinator and agreement that there is basis for the extension, although verbal feedback to the resident should still take place at the end of the rotation and pertinent information passed on to future preceptors.

Note - Part of preceptors' ongoing participation in the residency program is to ensure that all aspects of the program assessment plan are complete.

Assessment Scale for Summative Evaluations:

Preceptors' indicating that the resident "**Needs Improvement**" for any goal or objective must document why the resident was given this rating and what the resident must do to improve their performance. This indicates that the resident has not met the preceptor's standards for "Satisfactory Progress." The preceptor will provide recommendations for specific activities and/or additional objectives that will be required for the resident to show progress towards achieving the goal or objective on future or follow-up rotations.

In the case of a second "**Needs Improvement**" documented on the same educational goal or objective, a Corrective Action plan will be developed by the RPD with an update sent to the Director of Clinical Pharmacy Practice, Research, and Education. The RPD will implement a plan to evaluate progress as frequently as possible.

"**Satisfactory Progress**" indicates that the educational goal or objective, in order to reach the level of "Achieved," requires skill development during more than one learning experience. In the current learning experience the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.

"**Achieved**" indicates the resident has fully accomplished the ability to perform the educational goal or the objective. No further instruction or evaluation is required.

A resident must demonstrate that he/she is able to consistently show competence in achievement of residency program goals/objectives for "**Achievement for Residency**."

The table provided below provides Rating Scale Definitions.

*ACHR (Achieved for Residency) will only be marked by residency program directors.

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none">• Resident is not performing at an expected level at that particular time; significant improvement is needed.• Deficient in knowledge/skills in this area• Often requires assistance to complete the objective• Unable to ask appropriate questions to supplement learning• Preceptor MUST provide a comment in the

	PharmAcademic summative evaluation for how the resident can improve
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation • Preceptor SHOULD provide comments in the PharmAcademic summative evaluation for how the resident can improve to achieve the objective as well as comments about what the resident does well and should continue to do
Achieved (ACH)	<ul style="list-style-type: none"> • Resident can perform associated activities independently for this learning experience • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed • Preceptor SHOULD provided comments in the PharmAcademic summative evaluation regarding what the resident does well and should continue to do
Achieved for Residency (ACHR*); only for Residency Program Directors (RPDs)	<ul style="list-style-type: none"> • Resident can perform associated activities independently across the scope of pharmacy practice • Resident consistently performs objective at Achieved level, as defined above, for the residency • RPDs will mark ACHR for competency area R1 patient care objectives (as applicable based on program) when (1) achieved is marked on more than one summative evaluation or (2) based on comments in the summative

	<p>evaluation that demonstrate growth and progression indicating resident independence per RPD discretion</p> <ul style="list-style-type: none"> • RPDs will mark ACHR on non-patient care competency area objectives when achieved at least once on a summative evaluation and per the RPD the resident has shown consistent independent performance or growth over time
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Approval Signatures

Step Description	Approver	Date
Pharmacy Administrator	Travis Dick	9/9/2024
Policy Owner	Shannon Rotolo	9/3/2024

Applicability

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