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Department of Pharmacy

PGY1 Pharmacy Residency Program
Reading Hospital/Specialty Pharmacy

Updated 07/2026

DEPARTMENT OF PHARMACY
PGY1 PHARMACY – Reading Hospital/Specialty Pharmacy

Policies and Procedures Manual

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Program Scope

Purpose Statement

Postgraduate year one (PGY1) pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. (Per ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs)

Education Standards

The Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program is designed in accordance with the American Society of Health-System Pharmacists (ASHP) accreditation standards approved by the ASHP Board of Directors effective September 20th, 2024.

Program Goals and Objectives

Our residency concept is best described through the philosophy or opinion that a pharmacy residency provides opportunity to accelerate professional growth in patient-centered care and pharmacy operational services, and to further the development of leadership skills. PGY1 residents acquire substantial knowledge required for skillful problem solving, to refine their problem-solving strategies, and strengthen their professional values and attitudes. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides an environment for accelerated growth through supervised practice under the guidance of model practitioners.

Purpose

The purpose of the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program is to provide structured, advanced educational and training experiences to develop or enhance a pharmacist's skills to provide pharmaceutical care to a diverse patient population in a specialty/ambulatory health-system environment. The expectation is that graduates of the program will be prepared to practice in patient care positions in a specialty/ambulatory health-system environment, pursue entry into a PGY2 training program in the area of their choosing, and achieve board certification.

Competency Areas

Competency areas are broad categories of the residency graduates' capabilities. Educational goals are broad statements of ability, while objectives are observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. The educational goals and objectives can be found in ASHP's documents entitled: "Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs." This document contains criteria and examples intended to help preceptors and residents identify specific areas of skill development or needed improvement in residents' work.

Over the course of residency, the resident will have learning experiences and opportunities to achieve these educational goals and objectives outlined in the PGY1 Harmonized CAGO.

The residency program is designed to provide experiences that support development and achievement of these goals and objectives through structured learning experiences. Flexibility has been designed into the program to permit individualization of experiences to meet the personal interests and goals of the resident while directing attention to areas identified for improvement.

Program Structure

Program Governance

Residency Advisory Committee

The Residency Advisory Committee, or RAC, governs the residency program. The RAC is comprised of preceptors and select members of the pharmacy leadership group. The committee is chaired by the Residency Program Director (RPD) and meets routinely (at least quarterly) to review and discuss the progress of the residents. Interactive feedback within the committee is utilized to direct the resident's current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The group will recommend modifications to the resident's schedule as necessary. The final quarter meeting is utilized for feedback from residents to provide guidance for future changes in residency program or structure. The RAC committee reviews and discusses qualifications/reappointment for preceptors at least every 4 years.

PGY1 Pharmacy Resident Advisor

Mentoring and advising are key elements of the residency program. By 9/1 of the residency year, each resident will select an individual from among the residency preceptors as their personal resident advisor. This selection should take into consideration shared career goals, work ethic, general attitude, and disposition. The advisor to resident ratio cannot exceed 1:1. Active resident advisors will be granted designee status in PharmAcademic to facilitate review of evaluations to support ongoing plan modification and updates. The resident advisor will collaborate with the resident and the RPD to complete updates to the resident's development plan. If circumstances arise during the residency year that warrant reevaluation of the resident advisor selection, discussion with and approval from the RPD will be required before any changes are made.

The resident advisor will act as a personal contact in all matters related to the completion of the residency program and will supplement and augment the activities of the RPD. The resident advisor will collaborate with the resident to develop their residency plan and monitor the plan's progress. The resident and advisor will determine the degree of contact and involvement necessary to meet these objectives (meeting at least quarterly). Key areas that will be focused on include advice on projects (initiation, completion, deadlines, etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, licensing, career opportunities after residency, and any residency-related or other issues that may arise.

The goal in providing a residency advisor is to give the resident a specific contact, of their choosing, with whom they will be comfortable discussing any matters related to the completion of the residency. Residents are involved in many different projects, in many different aspects of hospital operations, interacting with many different individuals. The pharmacy practice resident may become overwhelmed at some time during residency and may benefit from discussions, direction, and counsel from their selected contact person. The resident advisor can provide unique insight and personalized advice to guide the resident to the residency certificate. The resident advisor may also act as an impartial third party should issues or conflicts arise between

the resident and the RPD, managers of the pharmacy department, or preceptors within the residency program.

RPD Eligibility and Qualifications

Qualifications to serve as RPD of the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program are in accordance with Criteria set forth by ASHP.

PGY1 RPDs are licensed pharmacists from the practice site who: completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience; or completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience; or has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

The RPD will follow ASHP requirements for continued eligibility by contributions to pharmacy practice, participation in drug policy/workgroups, and modeling and creating an environment that promotes professionalism. This will be reflected in the academic and professional record (APR).

When interim leadership for a residency program is required due to vacancy or leave of absence of the RPD, the director of pharmacy or administrative authority such as the RAC, may appoint a pharmacist to serve as interim RPD. The interim appointment is acceptable for a period of no longer than 120 days.

Preceptor Eligibility and Qualifications

Qualifications to serve as a preceptor of the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

PGY1 preceptors must be licensed pharmacists who have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or have completed an ASHP-accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

Preceptors will follow ASHP requirements for continued eligibility by continued content knowledge/expertise in the area of pharmacy practice precepted and contributions to pharmacy practice in the area precepted. Preceptors will maintain active practice in the area precepted in order to guide and teach residents in the area precepted and provide role modeling and professional engagement. This will be reflected in the APR.

Preceptors who do not meet qualifications will have an individualized preceptor development plan in order to meet qualifications within 2 years. Progress will be evaluated in RAC meetings. Preceptor appointment and reappointment decisions will be approved by RAC each year prior to the start of a new residency class and will be documented in meeting minutes and the preceptor roster.

Resident Appointment

Qualifications

Qualifications for participation in the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program are in accordance with criteria set forth by ASHP.

Residents shall be graduates of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). International applicants are graduates or candidates for graduation from a pharmacy degree program that is a minimum of five years in duration.

Residents must be licensed or eligible for licensure in Pennsylvania by the start of the residency program. Immunization licensure is required.

Residents shall participate in and obey the rules of the Residency Matching Program.

Application Requirements

Residency candidates are required to submit the following items for application to the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program:

- Copy of curriculum vitae or resume
- Official transcript from an accredited School/College of Pharmacy
- Three recommendations from professional colleagues and/or college faculty
- Letter of intent expressing professional goals and reason for pursuing a PGY1 Pharmacy Residency

The completeness of the application materials submitted via PhORCAS is assessed by the RPD. Complete applications of eligible candidates are reviewed by the RPD, Residency Program Coordinator (RPC), current pharmacy resident, and/or select pharmacy preceptors, applying a rubric to guide the selection of qualified candidates to present to the RAC to consider for virtual interviews. The rubric allows for a more holistic review of the residency candidates allowing a combination of unique experiences and backgrounds in conjunction with traditional didactic measures of performance with the goal to enhance a diverse group of pharmacy residents. No more than 9 interviews will be offered for each available residency position. Selected candidates are requested to provide their availability for interview, selecting at least 3 potential dates and times from those offered. Interviews will be scheduled to best accommodate availability of invited candidates.

Selected candidates will be offered a virtual interview to allow those with the inability to travel to have the same opportunities as candidates who are capable of travel. The interview will include presentation of a clinical pearl, time with the current residents (when applicable), residency preceptors, and department leadership, including the RPD and inpatient PGY1 RPD. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions regarding the program and the requirements for completion.

Preceptors and departmental leadership who participate in candidate interviews complete a Candidate Evaluation Form, the scores of which are totaled for each candidate to provide a preliminary rank list as a foundation for ranking discussions. The preliminary list will be reviewed

by the interview participants for discussion. Any candidates who demonstrated inappropriate behaviors as defined by our evaluation rubrics will be removed from the rank list after discussion and consensus vote from at least 50% of the interview participants. Candidates position on the preliminary rank list may be adjusted by 3 positions in either direction after discussion and consensus vote from at least 50% of the interview participants. Once the rank list is finalized it is submitted to the Resident Matching Program.

Should participation in Phase II of the ASHP Match be necessary, a similar but expedited applicant and candidate assessment will be applied. Completeness of the application materials submitted via PhORCAS will be assessed by the RPD. Complete applications of eligible candidates will be reviewed by the pharmacy residents, RPC and/or RPD, applying an abbreviated rubric utilized in Phase I and presented to the RAC to consider for interview. No more than 9 interviews will be offered for each available residency position. The current residency manual will be provided to candidates in advance of their scheduled interview to afford them time for review and preparation of any clarifying questions. Preceptors and departmental leadership who participate in candidate interviews will complete a Post-Interview Candidate Assessment and participate in ranking discussions. Phase II candidates will be ranked based on consensus of participating interviewers and the Phase II rank order list will be submitted to the Resident Matching Program.

Out-of-state applicants are strongly encouraged to carefully review and consider the non-curriculum based experiential hours required for Pennsylvania licensure.

Acknowledgement of Residency Match and Pre-Employment Requirements

Residents matched to the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program will receive an acceptance letter acknowledging the match results and delineating the general terms and conditions of the residency by the deadline listed on the ASHP Match Schedule of Dates published annually on the National Matching Services website. Acknowledgement in writing (including email) by the resident will constitute acceptance of the match, agreement to fulfill the duties of the residency position for the upcoming year, and confirmation that the resident has received the residency manual and understands the requirements for completion of the program.

Following confirmation of the match results, residents will receive communication from the Reading Hospital Human Resources Department and the Graduate Medical Education Office regarding pre-employment requirements and orientation. Pre-employment requirements include completion of I9 form, OSHA respirator questionnaire, completion of the online portion of the RQI BLS assignment and an onboarding appointment for FBI fingerprinting, parking registration, and occupational health appointment at which a urine drug screen and immunization evaluation will be performed. Pharmacy residents participate in hospital orientation with incoming medical residents in mid-June. ACLS training is completed during this 2-day orientation.

Pharmacist Licensure Verification

Participation in the Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency Program is contingent on securing and maintaining a pharmacist license and immunization license without restriction in the State of Pennsylvania (PA). It is expected that the resident will complete these licensure requirements by 9/30 of each residency year.

The resident will provide the RPD confirmation that:

- He/she has already taken the NAPLEX and the PA pharmacy law exam, or

- He/she will take the PA law exam upon transfer of NAPLEX scores from another state, or
- He/she already has a valid PA pharmacy license.

Upon notification of completion of the licensure requirements, the resident will provide documentation of licensure to the RPD

The resident will provide the department with the licensure certificate to remain on file during the resident's year at the Reading Hospital Ambulatory Pharmacy. Failure to attain licensure in a timely manner (by 9/30) will result in dismissal from the residency program. Residents should contact the RPD should any issue arise with licensure; individual circumstances will be reviewed on a case-by-case basis with consideration given for extenuating circumstances (i.e. delays related to state Board of Pharmacy processing or scheduling of test dates). If an extension is granted beyond 9/30, the resident is expected to complete a minimum of 52 weeks of residency training with at least 2/3 of that time as a licensed pharmacist.

The Educational Program

Program Requirements:

Successful candidates are asked to complete the ASHP PGY1 Pharmacy Resident Entering Self-Assessment Form via PharmAcademic prior to their arrival for the start of the residency. This will aid residents in identifying areas of strength, weakness, and interest. These forms are also utilized in developing the residents' training schedule and the residency plan for each resident.

Required, Selective Required, and Elective Learning Experiences

Structured learning experiences spread throughout a 12-month (52-week minimum) period are utilized to facilitate the achievement of the program outcomes. Within each structured experience, learning activities have been developed which allow the resident to meet the program's goals and objectives. There are 16 mandatory learning experiences (orientation, 8 rotation blocks and 7 longitudinal rotations) and a minimum of 2 elective learning experiences. The program is flexible to meet individual needs and interests of each resident. Residents are encouraged to develop areas of interest and become involved in all pharmacy activities.

The week prior to each learning experience, the preceptors of the current rotation will meet with the preceptors of the next rotation to discuss resident progress, strengths, and areas of opportunity to afford the incoming preceptor an opportunity to evaluate and, if possible, design specific activities to meet the resident's goals. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

Required rotation learning experiences with minimum lengths and general scheduling sequence:

- GME/Pharmacy Orientation (*Start of program*) - up to 3 weeks
- Introduction to Staffing (*1st, 2nd, or 3rd block*) - 5 weeks
- Acute Care (*3rd or later block)* - 5 weeks
- Leadership and Administration (*5th block*) - 5 weeks

Selective required rotation learning experiences with minimum lengths and general scheduling sequence:

- 3 specialty rotations based on resident interest and preceptor availability (*1st or later block*):
  - Oncology/Hematology - 5 weeks
  - Neurology* - 5 weeks
  - A4 Specialty Clinics/Rheumatology - 5 weeks
  - Infectious Disease - 5 weeks
  - Cardiology* - 5 weeks
- 2 ambulatory rotations based on resident interest and preceptor availability (*1st or later block*):
  - Internal Medicine - 5 weeks
  - Family Health - 5 weeks
  - Endocrinology* - 5 weeks

- Rotations indicated with an asterisk are located off hospital main campus and are less than 15 minutes driving time. Travel for these experiences is not reimbursable as the rotations are selective and can be modified for residents unable to provide transportation. See Appendix B for office address locations.

Elective rotation learning experiences are scheduled according to resident's interest and preceptor availability. These may include, but are not limited to:

- Any of the above listed experiences, not previously completed
- Advanced rotations for the available specialty/ambulatory rotations or others may be developed based on resident interest and preceptor availability, but no more than 2 blocks may be completed in one therapeutic area

Longitudinal Learning Experiences

Requirements of the mandatory year-long longitudinal learning experiences are described below. Scheduling of longitudinal experiences may vary. The learning experiences are:

- Health-System Ambulatory Pharmacy Practice – every 3rd weekend, 3rd Friday evening, and 2 of the 6 major holidays
- Population Health – approximately 8 hours per month, scheduled PRN
- Weight Management* – scheduled 4 hours every other week
- Project/Research – time scheduled as needed based on project requirements
- Drug Use Policy – time scheduled as needed and to include 2 recurring monthly meetings at minimum
- Teaching/Precepting – scheduled based on teaching opportunities and to include an online, asynchronous certificate program
- Pharmacy Access Services – patient care activities scheduled 4 hours every other week, additional activities scheduled PRN

Health-System Ambulatory Pharmacy Practice

Each resident is required to complete a pharmacy practice component of the residency program. This service component, often referred to as staffing, is crucial to the development of professional practice and dispensing skills to ensure provision of safe and effective

pharmaceutical care. Through this longitudinal experience, the resident will develop insight into the operations, policies, and procedures of the ambulatory/specialty pharmacy.

The service component of the residency program is fulfilled by each resident staffing every third weekend, every third Friday evening, and two holidays [Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day and Memorial Day]. Christmas Eve and New Year's Eve are regular attendance days with residency and rotation responsibilities.

The program complies with pharmacy specific Duty Hours Requirements, taking regular residency hours as well as service hours into consideration. Duty hours will be tracked by the resident and RPD via Pharmacademic attestations. Instances of non-compliance will be reviewed by the RPD and RAC to develop recommendations for actions to prevent excessive duty hours accounting for details of the specific instance or scenario. Residents and preceptors are required to be familiar with mechanisms for identifying fatigue through training offered by the Graduate Medical Education office.

Population Health

Each resident is required to spend a minimum of 8 hours per month, scheduled PRN, participating in various activities related to population health. Residents will participate in initial training during the orientation block to ensure preparedness for the rotation. After this, residents will perform the role of a Population Health pharmacist including participation in regularly scheduled payor and committee meetings, attendance at ad hoc meetings and strategy sessions, and contribution to discussions on pharmacy metrics and population health initiatives. Additionally, they will assist the lead pharmacist with population health or value-based care initiatives, such as data collection, process improvement projects, and presentations. This experience is designed to immerse residents in population health strategies while enabling active contributions to impactful initiatives that support patient care and system-wide objectives.

Weight Management

Each resident is required to spend 8 hours per month, assisting with the management of patients enrolled in the weight management service. Responsibilities may include reviewing patient charts, assessing medication appropriateness and efficacy, monitoring weight-loss progress and medication tolerability, identifying barriers to treatment adherence, and providing patient education on pharmacologic and lifestyle interventions. The resident will also assist with documentation, benefits investigation analysis, prior authorization support and collaboration with providers to optimize individualized weight management plans. This experience will enhance the resident's skills in obesity management, patient counseling, and ambulatory care practice.

Project/Research

Each resident is responsible for the completion of a residency project. The topic must be selected by the resident and approved by the RAC by 9/1 of the residency year. All projects will be assigned a preceptor to work with the resident. Residents are provided with a list of project ideas during the orientation period but may propose original project ideas as well. Organizational and departmental mission, values, and strategic initiatives are taken into account when selecting projects. Each resident is required to submit proposed projects to the Human Subject Protections Office to determine if approval of the Institutional Review Board is required.

The typical resident project includes the following steps:

- Project selection

- Presentation of project to the RAC including background, hypothesis, methods, and timetable
- Submission to the Human Subject Protections Office
- If IRB approval required - presentation to the Research Advisory Committee
- Full project development
- IRB submission and approval, if necessary
- Implementation
- Poster presentation of progress to date
- Data collection
- Data analysis
- Oral presentation of results
- Final paper in an approved manuscript style

Residents will have access to a statistician. The resident is encouraged to submit the project as a work in progress for poster presentation at the ASHP Midyear Meeting. Printing costs for posters will be paid by the program. Presentation of the completed project (preferably as a podium presentation) at the Eastern States Residency Conference and submission of a written manuscript of publishable quality are requirements of the residency program.

Drug Use Policy:

To include the following experiences:

Medication-related policy or intervention development: Each resident is required to participate in the preparation or revision of a drug class review, monograph, treatment guidelines, treatment protocol, utilization management criteria, and/or order set development. Project selection will be based on a combination of resident interest and departmental needs. The results of the project will be presented to the relevant committee and/or departmental body.

Participation on teams and committees: Each resident is required to participate in the monthly Clinical and Specialty Navigator Committee and quarterly pharmacist meetings. Pharmacy residents may share responsibility for taking minutes and preparing in-services to communicate actions and decisions of the committee to the general pharmacy staff.

Medication Safety: The resident will complete activities related to medication safety and present findings at relevant meetings. Activities will include review and preparation of assessments of risk for new specialty medications, review and assessment of ISMP newsletters for relevant safety alerts, and other safety related interventions and communications. The objective of this participation is to provide the resident with the opportunity to better understand the Quality Improvement process and how it impacts the functioning of the pharmacy department as well as patient care within the Reading Hospital ambulatory clinics.

Contracting and Reporting: The resident will gain experience in contracting and required medication utilization reporting required for limited distribution medications and restricted insurance contracts.

Teaching/Precepting

Residents will have paid enrollment in the University of Connecticut Teaching and Learning Program. Sessions will be scheduled to review modules as a group with residents and participating preceptors completing the practice-based activities together, when possible, to earn the “Teaching and Learning Certificate of Accomplishment”.

Each resident may present an in-service program to the Department of Pharmacy during the residency program depending on availability. The goal of this requirement is to improve the resident's communication skills, literature evaluation, and presentation techniques.

Each resident is required to critically evaluate and formally present two research articles to the Department of Pharmacy staff. Residents are responsible for choosing a study on a topic of their interest and seek an appropriate mentor depending on the specialty area. The goals of a journal club are to improve residents' critical research literature evaluation, biomedical statistics, communication, and presentation skills.

Residents will be given opportunities to participate in and conduct staff education, as well as conferences and symposia outside the department by invitation.

Residents will assist and support preceptors of pharmacy students completing their APPE clinical rotations at the Reading Hospital. Residents are expected to attend all student presentations.

Pharmacy Access Services

The Ambulatory Pharmacy Access Center pharmacists engage patients in 340b ineligible clinics to complete medication review and offer pharmacy services including copay assistance and free medication delivery. APAC pharmacist will engage 10 – 15 patients per day depending on clinic coverage. Residents will spend a minimum of 4 hours scheduled every other week engaged in APAC encounters. Residents are required to have a supervising RPh co-sign the APAC encounters until they obtain pharmacist licensure and complete APAC training per hospital policy.

The resident will engage in additional medication therapy management activities for the specialty pharmacy via the MTM Outcomes platform. The goal of this form of outreach is to improve patient outcomes by facilitating Medication Therapy Management (MTM) services. On any given day there may be 1-2 patients identified by the outcomes platform as eligible for review or intervention. Residents will complete 1-2 Comprehensive Medication Reviews and 2-3 Targeted Medication Reviews on the MTM outcomes platform each month.

Customized Residency Plan

The plan is written and developed collaboratively by the resident, resident's advisor (when identified), and RPD during the first month of the residency. The plan includes the resident's interests, areas for improvement, areas of strength, current and future goals, and the plan for training. This information is used to develop an individualized training schedule for the residents. The resident, the RPD, the resident's advisor, and members of the RAC develop the plan and schedule collaboratively. The resident's plan is updated on a quarterly basis by the resident's advisor and resident and adjusted according to the resident's progress.

Residents develop an annual schedule with guidance from the RPD and their advisor. The schedule includes all required and elective experiences, research project, staffing requirements, travel, miscellaneous assignments, meetings, and time off.

Participation in Recruitment Efforts

Each resident will assist the department in recruiting new residents to the program. Because each resident is a valuable source of information and advice for prospective candidates, time will be scheduled during the interview process for interviewees to interact with current residents.

Each resident is also required to spend time providing information to potential candidates during the ASHP Midyear Clinical Meeting and at Residency Showcases as appropriate.

Resident Portfolio

Each resident will compile a residency portfolio for the year to document activities completed during the residency year. Copies of all documents generated over the course of the year including suggestions/edits/drafts/final copies as worked on between resident and preceptor or advisors should be included in the portfolio and uploaded to PharmAcademic. Documents should be arranged as instructed in the graduation checklist (see Appendix A).

Evaluation and Assessment

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident's performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives. Written evaluations are managed via PharmAcademic.

Informal, verbal feedback

- Resident and rotation preceptor are to meet at a frequency determined by the preceptor based on resident experience, timing of rotation in the residency year, and support needs of the resident to review and discuss patients and issues.
- Residents and RPD meet at least quarterly to review and discuss overall progress.

Verbal, mid-rotation evaluation between resident and rotation preceptor are scheduled as close to the mid-point of the rotation as possible. Written criteria-based snapshot evaluations can also be utilized by the preceptor during the experience to focus their evaluation on a specific learning objective. Snapshot evaluations are used at the discretion of the preceptor and may be used to help the resident focus on a specific area where improvement is needed. Snapshots may also be used to evaluate "task" oriented learning activities (i.e. development of drug monographs).

Preceptor evaluation of resident: A summative evaluation between resident and preceptor is conducted at the end of a learning experience, as close to the last day as possible. The preceptor for the resident's upcoming learning experience may be invited to the evaluation session to identify areas of focus for the upcoming experience. For longitudinal experiences, evaluations are completed quarterly. Evaluations are reviewed by the RPD and highlights shared with the RAC.

Resident evaluation of preceptor and learning experience: Preceptor and learning experience evaluations are completed by the resident and shared with the preceptor at the completion of each learning experience and reviewed by the RPD. For longitudinal experiences, evaluations may be completed quarterly if necessary.

Resident self-evaluation: The resident completes a summative self-evaluation quarterly in discussion with the resident advisor. The discussion is recorded via the quarterly development plan prior to presentation to the RPD. All evaluations are reviewed by the RPD and highlights shared with the RAC.

Routine progress report: The resident's progress on goals and objectives as well as their program plan are discussed routinely at RAC meetings. Quarterly, a written assessment and

update of the resident plan will be prepared collaboratively by the RPD and the resident advisor and shared with the resident. The summative evaluations and criteria-based checklists will provide the basis for the progress report (development plan).

The following definitions may be useful to promote consistency when performing evaluations in PharmAcademic:

NI = Needs Improvement	The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" of "Satisfactory Progress". This means the resident could not: • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather even basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation.
SP = Satisfactory Progress	This applies to a goal whose mastery requires skill development in more than one learning experience. In the current experience the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can: • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted.
ACH = Achieved	The resident has fully accomplished the ability to perform the objective independently in the learning experience. This means: • Resident rarely requires assistance to complete the objective • Minimum supervision is required • No further developmental work needed There is a possibility the resident can receive NI or SP on future rotations in the same goal in which ACH was received if the resident does not perform at least at the same level as previously noted.
ACHR = Achieved for the Residency	The resident's advisor and the RPD will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. At such time, the RPD has the ability to mark the resident as "achieved for the residency". This means that the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary.

Requirements for Completion of Residency

- Complete 12 months of full-time service (52-week minimum)
- Completion of all mandatory rotation learning experiences
- Completion of all deliverables as outlined on the pharmacy graduation checklist (see Appendix A)
- Completion of all assigned evaluations
- Completion of required staffing shifts with no more than 5 shifts being missed due to sick leave
- A minimum of 80% of the competency goals must be evaluated as Achieved for Residency

The RAC will determine if and when the resident has met all requirements for completion.

Remediation

Residents who are not performing satisfactorily based on the standards and evaluation procedures must be immediately notified, and a written plan describing deficiencies and expectations must be developed. Examples of non-satisfactory performance may include repeated instances of tardiness, unprofessional behavior, 3 sequential ratings of NI on a single objective, missed deadlines, or if concerns for patient safety due to clinical decision making are identified and relayed to the RPD. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The RPD has the authority to initiate corrective actions and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Supervision/Suspension*:* If remediation efforts have been unsuccessful, the RPD has the authority to place individuals on academic supervision or suspend them (with pay). A letter of academic supervision will be provided to the resident that will include the following:

- the specific reason for academic supervision or suspension;
- duration of the academic supervision or suspension;
- expectations;
- what will be done to assist the individual in meeting expectations;
- mechanism of evaluation to determine improvement;
- and consequences if expectations are not met.

Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal

Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the RPD and requires the support of the RAC.

Prior to dismissing a resident, except for cause as outlined below, the RPD must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies and was provided feedback on his or her efforts.

Automatic dismissal or suspension may be considered for causes including the following:

- misrepresentation of facts or falsification of employment documents;
- conviction of a felony while enrolled in the residency program;

- failure to comply with or satisfactorily complete terms outlined in the resident manual;
- or for just cause as defined in Tower Health System's Discipline Policy.

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the RPD, CAO, Director of Pharmacy, COO, and Human Resources. The decision of the majority will be considered binding and conclusive.

A resident who is terminated will receive his or her stipend up to the day on which notice of termination was sent. Any unused vacation to that date shall be paid. At termination, the resident forfeits all rights to any other benefits from Tower Health System. If the decision to terminate the resident is rescinded or modified following review of written comments or a hearing, the decision shall also state which rights, including compensation, shall be restored.

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of 37 days, the COO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the RPD and Director of Pharmacy, the resident may be placed on a leave of absence.

General Information

Salary/Earned Time Off (ETO)

- PGY1 pharmacy residents will receive a stipend equivalent to standard PGY-1 residency programs
- Residents are granted a total of 96 hours of Earned Time Off or 96 hours of IPT for the 12-month program.

Moonlighting (internal or external)

- Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- Opportunities may be present for the resident to take on additional staffing hours if there is a departmental need.
- Eligibility to take on additional staffing hours will be contingent on the resident's ability to staff independently and may require additional onboarding activities.
- Resident eligibility to participate in internal and external moonlighting must be approved by the RPD.
- All moonlighting hours (both internal and external) MUST be reported to the RPD and tracked to ensure the resident is not working excessive hours, interfering with achievement of program goals and objectives or negatively impacting patient care.
- Residents may not moonlight for more than 16 hours per month.
- Moonlighting may not result in duty periods exceeding 16 hours.
- A minimum of 8 hours (preferably 10 hours) must elapse between duty periods.
- If a resident's ability to perform expected patient care activities is compromised, the RPD may deny any or all future requests for moonlighting.

Benefits

- Health Insurance: comprehensive medical, dental, and eye coverage – eligible the first full month after hire date.
- Reimbursement for one major national meeting (ASHP Midyear Clinical Meeting) and for the PA Pharmacy Residents and Preceptor Conference.
- Additional benefits (provided and optional) are detailed in the Tower Health Employee Benefit Highlights Handbook
- Each resident will have their own assigned desk, laptop, and docking station with additional monitors

Vacation/Personal/Sick Days

- Scheduled time off for vacation, personal, and sick days will be used from the residents ETO bank in accordance with the Reading Hospital policy and will not exceed a total of 12 days during the residency year.
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing, and other residency responsibilities.
- Time-off requests must be received at least two weeks prior to the scheduled time off.
- All requests for time-off, vacation, and schedule changes should be submitted and approved by the pharmacist scheduler, the preceptor for the rotation during which the time off will occur, and the RPD.
- Approval for vacation and time off will follow departmental policy and procedures. See Pharmacy Staffing Procedure
- ETO (non-sick days) will not be granted on evening, weekend, or holiday staffing shifts per departmental policy (a switch will need to be arranged if time off is needed on a scheduled weekend or holiday).
- Approval of ETO time will be restricted during the final two weeks of the residency with approval required by the RPD.
- Attendance at the ASHP Midyear Clinical Meeting and the Eastern States Conference are considered Conference Days and do not affect ETO.

Sick Days/Extended Illness

- Sick days must be reported as early as possible to the ambulatory pharmacy. In addition, the resident should also notify the current rotation preceptor and RPD as early as possible of their absence.
- It is the responsibility of the resident to coordinate with the preceptor for the current rotation and make up any associated missed work.
- Illnesses longer than 3 days will follow the Tower Health System illness policy. Such absences require a provider's note to return to work.
- Information regarding extended sick leave or family medical leave is delineated in the Tower Health Employee Benefits Highlights Handbook.
- Multiple and/or extended illness may impact the resident's ability to complete the requirements of the residency program. Such absences should be discussed with the RPD as early as possible to evaluate and determine a plan of action for the resident.

Leave of Absence

- Time away from the program (defined as vacation, sick, interview, personal, holidays, religious time, jury duty, bereavement, military, parental, leave of absence, and extended leave) may be granted to the resident at the discretion of the RPD, with advice from the RAC, upon review of the circumstances surrounding the request for leave. All personal leave (beyond 12 days of paid ETO) is unpaid. In general, residents would be eligible for up to 37 days of leave, but the duration of approved leave would be determined on an individual basis, taking all extenuating circumstances into consideration. The expectation is that the program end date would be extended (with pay) by a duration equivalent to the leave of absence (not including 12 days of ETO) to allow fulfillment of the 12-month service obligation and completion of all residency requirements. If absence extends past 37 days, dismissal from the program would ensue. As outlined previously, all requirements of the pharmacy residency program must be satisfied within the time allotted to complete the residency and receive the residency certificate. The RAC will determine if, and when, the resident has met all requirements for program completion.

Appendix A. Graduation Checklist

Reading Hospital/Specialty Pharmacy PGY1 Pharmacy Residency – Requirements for Successful Completion of the Program & Graduation Checklist

The PGY1 Specialty Pharmacy resident will be required to complete the following activities and produce the outlined work products listed below for successful completion of the residency program. All formative feedback and final work products requested shall be uploaded in a PDF format into PharmAcademic. See endnotes for additional instructions. The Residency Program Director will assess progression of requirements quarterly. This PGY1 Pharmacy Graduation Checklist will be uploaded into PharmAcademic at resident closeout by the RPD. X = complete and will not reassess.

Requirement	Qty	Learning Experience	Comments	Progress (Count X/X) Q1	Q2	Q3	Q4
Maintain competency as a pharmacist including appropriate licensure and certification [Onboarding and Orientation]							
Master Orientation Checklist	1	Orientation	Due 9/30 (Evidence type: Miscellaneous)				
PA Pharmacy License	1	Orientation	Due 9/30 (upload to My Profile > Credential records)				
Immunization License	1	Orientation	Due 9/30 (upload to My Profile > Credential records)				
Basic Life Support Certificate	1	Orientation	Per training portal indicated deadline (and by 9/30) (upload to My Profile > Credential records)				
Advanced Cardiac Life Support Certificate	1	Orientation	Per training portal indicated deadline (and by 9/30) (upload to My Profile > Credential records)				
Tower Health Training Modules	NA	Orientation	Per training portal indicated deadline (and by 9/30)				
Read Specialty Pharmacy Policies and Procedures	NA	DUP	Discuss with preceptor by 9/30				
Competency Area R1: Patient Care							
Objective R1.4.2: Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	3	DUP	**ASHP Required Deliverable** Minor Project (R2.1.2, R2.1.6). (Evidence type: Project) - File name example: 1.4.2 *Treatment Protocol* Plan - Submit reports for the plan, findings, and implementation				
Competency Area R2: Practice Advancement							
Objective R2.1.2: Develop a project plan as defined in the objective and criteria.	3	Research	**ASHP Required Deliverable** Major project (R2.1.1 – R2.1.6) (Evidence type: Research) - File name example: 2.1.2 Major Project Plan *IRB submission* - Upload IRB determination submission, decision letter, and ASHP midyear abstract submission				
Objective R2.1.6: Project reports for at least 2 projects.	3+	Research	**ASHP Required Deliverable** Major project (R2.1.1 – R2.1.6) (Evidence type: Research) - File name example: 2.1.6 Major Project *Midyear Poster* - Project reports to include Midyear poster, PSHP conference presentation slides, and manuscript of publishable quality				
	2+	DUP	**ASHP Required Deliverable** Minor project (R2.1.2, R2.1.6). (Evidence type: Project) - File name example: 2.1.6 Minor Project Plan Report - May use same project as indicated in R1.4.2 - To include presentations of project plan and final report				
Competency Area R4: Teaching and Education							
Objectives R4.1.1 (construct), R4.1.2 (written), R4.1.3 (verbal): One verbal and one written example of an educational activity.	1	Teaching	**ASHP Required Deliverable** (Evidence type: Presentation) - File name example: 4.1.3 Teaching Cert Presentation Slides - Verbal presentation (audiovisual or handout)				
	1	DUP + Teaching	**ASHP Required Deliverable** (Evidence type: Presentation) - File name example: 4.1.2 Inservice Handout - Written example (patient, provider, pharmacist education or newsletter, med/disease management or guideline update)				

Rotational Requirements								
	Journal Clubs	2	As assigned + Teaching	Resident is responsible for identifying at least 2 journals for a pharmacy-wide JC presentation through the rotations. These count towards the Teaching/Precepting longitudinal rotation. All JC should be uploaded and mapped to the correct rotation. (Evidence type: Journal Club)				
	Topic Discussions	5	As assigned	Residents will be presenting at least 1 topic discussions on each of their specialty and ambulatory required selective rotation blocks. Each should be uploaded and mapped to the correct rotation. (Evidence type: Miscellaneous)				
	Case Presentations	2	As assigned	Residents will be presenting patient cases on some of their specialty and ambulatory required selective rotation blocks. Each should be uploaded and mapped to the correct rotation. (Evidence type: Presentation)				
	Community Outreach	1	Admin	Participate in one community outreach project and upload description/evidence of the event. (Evidence type: Community Service)				
	Quality Improvement Project	1+	Admin	Identify and implement a QI project. This may not overlap with DUP minor project. (Evidence type: Project)				
	Departmental Policy Review	1+	Admin	Review and revise one departmental policy and upload original and updated versions. (Evidence type: Management/Administration)				
Longitudinal Requirements								
	Proactive Risk Assessments	12	DUP	Present at least one per monthly specialty navigator meeting. (Evidence type: Drug Information)				
	ISMP Med Safety Updates	4	DUP	Present quarterly at specialty and clinical navigator meetings. (Evidence type: Drug Information)				
	Oncology Compass Rose Outcomes	3	DUP	Present quarterly at specialty navigator meetings. (Evidence type: Management/Administration)				
	In-Service	*1*	DUP + Teaching	Present committee-based action or change to entire pharmacy staff to ensure appropriate implementation. (Evidence type: Presentation)				
	UConn Teaching & Learning Program Certificate	2	Teaching	Complete the program along with co-residents and upload the final certificate as evidence. Also upload the audiovisual slides from the resident-led session. (Evidence type: Teaching Experience)				
	Longitudinal Rotation Calendar Checklist	1	All	Completed Longitudinal Rotations Calendar (Evidence type: Miscellaneous)				
	Staff assigned weekend and evening shifts	NA	Pharm Pract	No more than 5 shifts may be missed entirely due to callout – number of missed shifts documented quarterly (no upload)				
Complete or produce all checkout items								
	Complete Development Plan	4		Complete Initial and Quarterly Development plan (RPD uploads)	/4	/4	/4	/4
	Completion of ≥80% of objectives as ACHR	NA		RPD to assess via PharmAcademic as Achieved for Residency				

Appendix B. List of off-campus sites for specified rotation experiences

Endocrinology rotation
Reading Hospital Endocrinology & Diabetes Center Wyomissing
1001 Reed Ave
Suite 402
Wyomissing, PA 19610

Weight Management
Reading Hospital Weight Loss Surgery and Wellness Center
1220 Broadcasting Rd
#100
Wyomissing, PA 19610

Neurology rotation
Reading Hospital Neurology Suite 104
2603 Keiser Blvd
#104
Wyomissing, PA 19610

Cardiology rotation
Reading Hospital Cardiology Suite 107
1320 Broadcasting Road
$107
Wyomissing, PA 19610