



## PGY1 and PGY2 STANDARD GUIDANCE DOCUMENT SUMMARY OF CHANGES

### Revision for all Guidance Documents:

- 2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.
- 2.1.a. Non-traditional residency programs must describe the program’s design and length used to meet the required educational competency areas, goals, and objectives.

#### Guidance

Residents taking leave greater than the paid leave (i.e., vacation, sick, holiday) allowed by the organization cannot be awarded a certificate of completion unless that additional leave is made up.

Program policies address whether or not the program will be extended and if the extension will be paid or unpaid. If the organization is not able to extend the program, the policy states that the resident will not receive a certificate of completion.

#### How it will be surveyed

Review of:

- residents’ schedules
- extended leave policy
- residency terms and conditions
- documentation of changes to the program duration for residents’ successfully completing the program when leave has exceeded paid leave allowed by the organization

Discussion with RPD and residents about how extended or excessive leave during residency is managed.

### 2.9: ASHP Regulations

#### Guidance

2.9 is a critical factor (see Glossary for definition of “critical factor”).

With regard to naming of programs, the following are the accepted names for PGY1 programs. These names must be used in residents’ certificates and consistently throughout all promotional materials, program materials, and web sites.

PGY1 Pharmacy

PGY1 Managed Care Pharmacy

PGY1 Community-Based Pharmacy

Variation to the three PGY1 program titles listed above is not allowed and would be considered non-compliant with the regulations on accreditation of pharmacy residencies. (e.g., adding modifiers such as “ambulatory focus,” “pediatric emphasis”, etc. is specifically prohibited.) Program descriptions should contain information regarding the practice setting but indicating that information in the name of the program is prohibited.

PGY1 programs are allowed to provide additional information about their program in promotional or program materials but the description should be limited to the practice setting, types of patients seen, or other special characteristics of the program. For example, a program set in an ambulatory clinic is allowed to describe their practice or note that the program is in an ambulatory setting in the program description. As another example, if a program is set in a pediatric hospital, that can also be described in the program description. However, it cannot be part of the program title.

Per *ASHP Regulations on Accreditation of Pharmacy Residencies*:

Regulation (VIII.F.), “all programs in the accreditation process must use ASHP-approved technology systems to support and maintain the application process (i.e., PhORCAS) and residency program management (i.e., PharmAcademic).”

Required use of PharmAcademic for residency program management includes:

- Building and maintenance of learning experience descriptions
- Summative, preceptor, and learning experience evaluations;
- Documentation and sharing of resident development plans;
- Close-out procedures to notify ASHP regarding completion/non-completion of enrolled residents, including graduate tracking.

Regulation (VII.B.): “Records (to include, residents’ applications, residents’ acceptance letters, residents’ plans, all evaluations, residents’ projects, and copies of certificates) for residents trained by an ASHP-accredited program since the last site survey (i.e., up to six years) must be maintained and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.”

**How it will be surveyed**

Review of Application Procedures  
Review of PharmAcademic

May review records of past residents to determine if they have been maintained for the appropriate length of time as specified in the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

**3.3c(1): Learning Experience Descriptions**

**Guidance**

3.3.c.(1)(c)-(d) are critical factors (see Glossary for definition of “critical factor”).

Learning experience descriptions are developed by preceptors for all required and elective learning experiences under guidance of the RPD, and/or oversight by the RAC.

Learning experience descriptions are documented in PharmAcademic.

Learning experience descriptions describe how residents will progress and the expectation for their skill development over time and in any repeated learning experiences. Expectation requirements include progression of the resident over the period of the learning experience (e.g., rotation, longitudinal). Residents should progress over the course of the learning experience to be more efficient, effective, and able to work independently in providing patient care. If a successfully completed learning experience is repeated (e.g., Patient Care 1 and Patient Care 2), the preceptor elevates the expectations for the resident during the repeated experience. Progression timelines are documented in each learning experience.

Learning activities are **specific, unique to the objective**, and developed at the cognitive learning level (Bloom's Taxonomy) associated with the objective.

Learn more at: <http://www.ashpmedia.org>

Resource: template for learning experience descriptions and example activities on ASHP website

#### How it will be surveyed

Review of learning experience descriptions **in PharmAcademic.**

Discussion of reasons for second learning experience in an area, if residents have completed the same learning experience a second time.

### PGY1/PGY1 Managed Care 3.4d; PGY1 Community 3.4b; PGY2 3.4e

#### General Guidance

The purpose of resident development plans is to modify the design and conduct of the program to address each resident's unique learning needs and interests.

Development plans also provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments made to meet their learning needs.

The program's residency advisory committee meets at least quarterly to discuss overall progress by residents and agree to development plan adjustments needed for residents. Adjustments are reflected in the quarterly updates to the plan.

The following is included in the development plan for each resident:

#### ***Initial assessment by the resident, RPD, and/or designee and/or preceptor(s).***

Residents review the design and conduct of the program and complete an initial self-evaluation for use in developing their plan.

The initial self-evaluation includes the following information:

- Short- and long-term career goals (*optional*).
- Incoming strengths (*required*).
  - professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives.
  - personal strengths related to being a professional.
- Incoming areas for improvements (*required*).
  - professional areas for improvement in terms of knowledge, skills, and abilities related to the educational goals and objectives
  - personal areas for improvement related to being a professional
- Incoming learning interests related to required or elective learning opportunities (*optional*).

Programs may use their own customized assessment methods such as residents' self-assessment checklists, case discussions, other checklists, interviews with residents, observation, other methods or combination of methods, or use of tools available in PharmAcademic®.

The initial self-assessment is completed before or during the beginning of the residency, and information is collected and analyzed during orientation.

***An initial development plan is created for each resident (generally within the first 30 days of the residency by the RPD (and/or designee), discussed with each resident, and may be reviewed by the RAC.***

Adjustments to initial resident development plans include the following as appropriate:

- modification of residents' schedules.
- preliminary determination of elective learning experiences.

- educational goals and objectives to be emphasized in required and elective learning experiences.
- addition of goals and objectives to required or elective learning experiences.
- changing and/or increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas for improvement.
- modify preceptors' use of modeling, coaching, and facilitation.

Summaries of initial development plans are shared with residents' preceptors.

#### **1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter updates**

The quarterly updates are completed, discussed with each resident, and documented **approximately** every 90 days from the start of the residency (e.g. October, January, and April).

Adjustments are made based upon review of residents' performance (including effectiveness of the previous plan), relevant to the previous quarter's plan with input from preceptor(s) and residents; the identification of new strengths or areas for improvement and, optionally, changes in residents' short- or long-term career goals and interests. If there is no need for changes in the development plan, this is documented.

Development plans do not require a separate evaluation of objectives on a quarterly basis.

It is important to note that the assessment information collected about a resident is a component of the development plan, but is not the plan itself.

#### ***Quarterly review of residents' progress in achieving the competencies, goals, and objectives of the program and the resident professional development plans.***

A system is used to track goals and objectives achieved, areas for improvement, and expected progress relative to the time of the year.

A system is used to track adjustments to and the effectiveness of adjustments documented in development plans.

**The initial development plan and quarterly updates to the development plan must be uploaded and shared through PharmAcademic.**

#### **How it will be surveyed**

##### **Review of resident development plans in PharmAcademic:**

- for initial assessments and plans
- for assessments of/and changes to initial development plans after each quarter
- to determine if adjustments to resident development plans appear appropriate for dates
- Discussion with RPD, preceptors, and residents

**Other Changes to Guidance:** Slight changes were made related to formatting and also to ensure guidance is consistent across the different standards. Where, different, the best language from the four guidance documents was utilized for all guidance documents. Also, updated outdated hyperlinks.

#### **Continuous Residency Program Improvement**

**Added:** PharmAcademic is used for the tracking of initial employment.

- 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.
- 3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.

3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.

3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

#### **Guidance**

Programs develop their own process for program quality improvement.

Examples:

- residency advisory committee (RAC) meetings at the end of every residency year to discuss areas of strength, opportunities for improvement, and strategies to improve the residency program
- retreats
- focused meetings
- meetings with residents asking their feedback at the end of the residency year
- survey instruments (e.g., preceptor self-assessment, resident evaluations' of RPD)

For 3.5.c.(1), regarding initial employment, the employment environment may be noted and taken into account. ~~May be tracked in PharmAcademic®.~~ PharmAcademic is used for the tracking of initial employment.

#### **How it will be surveyed**

Review of:

- minutes of RAC meetings in which residency program improvements have been discussed, if applicable
- any documentation of program assessments, instruments, plans for improvement, etc., if available.
- information obtained about graduates
- Graduate tracking report in PharmAcademic

Discussion about the program's continuous quality improvement efforts.

**Revisions approved by the ASHP Commission on Credentialing on August 11, 2019 and are effective immediately.**

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