

EXAMPLE

**Health System
Department of Pharmacy Services
PGY1-Pharmacy Residency Development Plan**

**Ima Resident, PharmD
20XX-XY**

Entering Characteristics	Initial Plan: Changes to Program	1 st Quarter Update/ Effectiveness of Changes	2 nd Quarter Update/ Effectiveness of Changes	3 rd Quarter Update/ Effectiveness of Changes
<p>Strengths:</p> <ul style="list-style-type: none"> • Time management • Motivation to learn 	<ul style="list-style-type: none"> • Monitor Ima’s strengths and determine if additional modifications are needed during 1st quarter update. • Ima will be coordinating scheduling her peers for the required resident presentations and the P3 Foundations Lab this year which will utilize her strengths in time management. 	<ul style="list-style-type: none"> • Ima’s entering strengths were confirmed in during the 1st quarter of the residency. • Other strengths that were documented in Ima’s first quarter evaluations include: good listening skills, inclusion of all team members in discussions about patient care, and respect for patients, families, and colleagues, her ability to self-reflect, her proactive nature, her ability to prioritize patient care and other assignments, team player/willingness to jump right in and assist, and her conscientiousness. • Ima has done a fantastic job coordinating the scheduling of her colleagues’ presentations and for Foundations Lab; I 	<ul style="list-style-type: none"> • Ima’s entering and Q1 strengths continued through Q2. • During her projects, longitudinal service, and rotations, she demonstrated the following new strengths: <ul style="list-style-type: none"> • Coming up with treatment plans • Closing-the-loop’ with appropriate follow-up of nurses, providers, and documentation and hand-off. • Having the best interest of her patients in mind • Enthusiasm and commitment for learning • Thorough order verification 	<ul style="list-style-type: none"> • Entering, Q1, and Q2 strengths were continued in Q3. • Other strengths noted in summative evaluations include: <ul style="list-style-type: none"> ○ Compassion/ empathy for her patients and their families ○ Oversight of her student particularly organizing the schedule and dividing the patients ○ Her organized and proactive approach to patient care

		<p>am very grateful for assistance with this.</p>	<ul style="list-style-type: none"> • Prioritization of workload • Ownership of her projects • We're looking forward to Ima's contributions to our recruiting process in Q3 and her continued support of the Foundations Lab. Thanks for your commitment to both of these processes! 	
<p>Areas for Improvement:</p> <ul style="list-style-type: none"> • Clinical knowledge • Identify a patient's education level and subsequently tailor her interactions and teaching appropriately • Ima self-evaluated the following objectives as those with which the preceptor role of coaching would be needed as she has limited experience with the task completion: R1.3.1 (prepare and dispense medications); all objectives under goal R2.1 (prepare drug 	<ul style="list-style-type: none"> • The program provides many opportunities for Ima to grow in clinical knowledge. Rotation preceptors will monitor Ima's growth will be asked to routinely give feedback and comment. At this point, we believe the standard program and the broad variety of scheduled rotations will provide her many opportunities to grow her knowledge base. We will closely monitor over Q1 to determine if additional intervention is necessary. • Ima has a number of scheduled rotations (ED, am care, internal medicine, and oncology) that provide opportunities for interacting 	<ul style="list-style-type: none"> • Ima identified improving clinical knowledge as an area of opportunity when she entered the program. Her rotation 1 preceptor documented her growth in clinical knowledge. However, an ongoing area of development for Ima (and any resident). Our program and Ima's schedule are designed to support Ima's ongoing clinical knowledge base development. • Opportunities for improvement suggested in Ima's rotation evaluations include: <ul style="list-style-type: none"> ○ to look for patterns in all of her 	<ul style="list-style-type: none"> • Through the majority of Ima's remaining rotations, she will have numerous opportunities to continue to strengthen her clinical knowledge. • She had some teaching opportunities in the Emergency Department rotation (block 3) and was rated as doing a great job. She'll have additional patient teaching opportunities in her ambulatory care 	<ul style="list-style-type: none"> • Ima's clinical knowledge continues to grow through the design of the program and her rotation schedule. • Although she had initially indicated educating patients at the appropriate level was an area of opportunity, Ima educated many patients during her am care rotation and adapted for their various barriers-language, education, sensory, etc. This is no longer an area needing improvement. • Areas of improvement that were noted in evaluations include:

<p>class review, monograph, or guideline; MUE; identify improvements in med use system; participate in adverse event reporting); R2.2.3 and R2.2.4 (identify changes to improve patient care or medication use system); and all objectives under goal R4.2 (employ appropriate preceptor roles).</p> <ul style="list-style-type: none"> • Ima rated the following objectives as those with which she has fundamental awareness only (requiring preceptor role of teaching/role modeling): R1.3.2 (formulary management); R1.3.3 (oversight of dispensing); R3.2.1 (departmental planning); R3.2.2 (explain pharmacy enterprise); R3.2.3 (departmental management); and E5.1 (respond to medical emergencies). 	<p>with and educating patients. These rotation preceptors will model this skill set and then coach Ima. We'll continue to monitor her progress to see if additional changes to her development plan are needed.</p> <ul style="list-style-type: none"> • By distribution of this development plan Ima's program director and preceptors are now aware of the objectives in which the preceptor roles of teaching/role modeling and coaching will be needed. The overall program design, graduation requirements, and scheduled rotations are intended to provide Ima many opportunities for growth in these areas. • Orientation, service, practice management, medication use policy, project, and the teaching certificate learning experiences incorporate the objectives she's rated as having the least amount of prior experience. We'll monitor her growth throughout Q1 to determine if additional intervention is necessary. 	<p>upcoming rotations and to continue to really dig into the literature to understand the rationale for the treatments she sees in guidelines and consensus papers</p> <ul style="list-style-type: none"> ○ continue working on her medical writing to craft documents using more formal/medical language/terms vs. informal statements as well as really think about the information that needs to be provided • Ima's performance thus far on the objectives she initially rated as having the least previous exposure is on par for this point in the residency year. Additionally, she's actually achieved for residency all objectives under R2.1 based upon her performance in rotation 2-medication use policy. No 	<p>rotation (block 5).</p> <ul style="list-style-type: none"> • Based upon Ima's progress thus far with her baseline areas for improvement and objectives with the least amount of prior experience, programmatic changes are not necessary. • Ima's rotation 3 preceptor suggested the following areas for her in future rotations: <ul style="list-style-type: none"> ○ trusting her own knowledge ○ present an assessment and plan without justifying each decision to develop confidence in her decision making as an independent pharmacist ○ develop her own practices, both as the provider and recipient of information • There were no new areas for improvement 	<ul style="list-style-type: none"> ○ Not seeking affirmation from her preceptor of her every plan. ○ Increase active learning techniques when providing topic discussions to learners ○ Improve timeliness of submission of required materials (pharmacademic cosigns, quarterly report, TLC philosophy, research slides for preceptor); delays have an untoward effect on the design of the program and the workload of preceptors, program director, and support personnel. • As comments regarding trusting her judgment and being independent have been identified in the last 2 quarters, Ima and her final 2 rotation preceptors will be placing significant emphasis on decreasing the need to seek affirmation for all actions.
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		programmatic changes are necessary.	identified in Q2. No programmatic changes are necessary.	
<p>Residency/ Career Goals:</p> <ul style="list-style-type: none"> Expand knowledge through a variety of direct patient care experiences Gain confidence and grow as a new practitioner Learn how to effectively teach in a variety of settings including didactic and experiential environments Short-term: obtain and complete a PGY2 residency in pediatric pharmacy Long-term: become board certified in pediatric pharmacotherapy; practice clinically in pediatrics at an academic medical center 	<ul style="list-style-type: none"> Ima's assigned learning experiences will provide her the opportunity to accomplish her short-term and long-term goals. As she begins her learning, experiences and progresses through quarter 1, we'll be monitoring for any career goal changes to determine if programmatic changes are necessary. To provide the foundation for goal of learning to teach in both didactic and experiential settings, Ima will be enrolled in the VCU/ UVA Teaching and Learning Certificate (TLC) which is now a program requirement for her. 	<ul style="list-style-type: none"> Ima's career goals remain the same as from her initial assessment; therefore, no changes are necessary. 	<ul style="list-style-type: none"> No changes since last quarter. 	<ul style="list-style-type: none"> No changes since last quarter.

<p>Interests:</p> <ul style="list-style-type: none"> • Pediatrics • Teaching 	<ul style="list-style-type: none"> • Ima will have a PICU rotation in as block 1 so that she's able to fully assess if she intends to pursue a career in pediatrics including a PGY2 pediatrics residency. • Ima's will gain additional exposure to her interests in academia/ teaching by being enrolled in the Teaching and Learning Certificate (TLC) program and administrative support as the Foundations Lab scheduler. 	<ul style="list-style-type: none"> • Ima confirmed her interest in pediatrics during her first rotation and subsequently applied to our PGY2 pediatrics pharmacy residency program. We are pleased that she'll be staying on and completing an additional year of training with us. 	<ul style="list-style-type: none"> • No changes since last quarter. 	<ul style="list-style-type: none"> • No changes since last quarter.
<p>Resident Progress</p> <p><i>Objectives for focus in next quarter:</i></p>		<p><i>Longitudinal requirements:</i> Ima is progressing as expected on her longitudinal program requirements (service, quality project, research project, teaching certificate). Quarterly evaluations for each are scheduled in PharmAcademic during October.</p> <p><i>Overall:</i> Ima has had a successful first quarter as a PGY1 resident. She successfully completed orientation, 2 required</p>	<p><i>Longitudinal requirements:</i> Ima continues to make steady progress on her longitudinal requirements. During Q2, she began preparing her early Q3 ACPE-accredited pharmacist CE seminar while completing a rigorous rotation in the ED and her quality improvement project and presenting a complete poster at the Vizient meeting held in conjunction with the ASHP Midyear</p>	<p><i>Longitudinal requirements:</i> Ima continues to make steady progress on her longitudinal requirements including final data collection and analysis of her project including acceptance at PPAG, her SOP didactic lecture, and completing and submitting her quality project SBAR, and preparing and presenting her ACPE-accredited pharmacist CE seminar while successfully completing her assigned rotations and fully supporting our residency recruiting season.</p>

rotations (critical care and medication use policy). Overall, she's achieved for residency (ACHR) 14.7% (5/34) of program objectives: R1.3.2, R2.1.1-R2.1.4

Objectives for focus in next quarter:

During the next quarter, Ima and her preceptors should focus on the following objectives:

- R1.1.1
- R1.1.2
- R.1.1.3
- R1.1.4
- R1.1.5
- R1.1.6
- R1.1.7
- R1.1.8

meeting.

Overall: Ima has now completed 3 of 5 required rotations (acute care specialty, med use policy, and critical care). Overall, she's achieved for residency 14/34 (41%) of objectives. In Q2, she was rated as ACHR for the following objectives: R1.1.1, R1.1.3, R1.1.8, R1.3.1, R1.3.2, R.1.3.3, R2.2.1, R2.2.2, and R3.1.2.

As Ima has achieved for residency objective R3.1.2, all summative self-evaluations have been removed from PharmAcademic.

Objectives for focus in next quarter: In the next quarter (Q3), Ima should focus on the on the objectives specifically assigned to practice management (her 4th rotation) under goals R3.1, and R3.2. When she returns to direct patient care

Overall: Ima has now completed all 5 required rotations. Of the evaluations that have been submitted (several are missing), Ima's achieved for residency 17/34 (50%) of objectives. In Q2, she was rated as ACHR for the following objectives: R1.1.2, R1.1.7, R4.2.1, and R4.2.2.

Objectives for focus in final quarter: In the next quarter (Q4), Ima should focus on the on the following objectives: R1.1.4, R1.1.5, R1.1.6, R1.2.1, R2.2.3, R2.2.4, R2.2.5.

rotations later in Q3, she should focus on R1.1.2, R1.1.4, R1.1.5, R1.1.6, and R.1.1.7.