Kaiser Permanente – Woodland Hills Medical Center Area PGY 1 Pharmacy Residency Program Residency Plan Development Process

Resident completes self-assessment in PharmAcademic prior to starting residency. **Documentation**: *ASHP Entering Interests Form*

During orientation, resident is acquainted with all sites/preceptors.

Documentation: Signed *PGY 1 Pharmacy Residency Orientation Program* form

First rotation preceptor evaluates resident's practice experience, knowledge, and deficiencies. This information rounds out that learned from the resident's self-assessment. **Documentation**: First preceptor verbal feedback and *Summative Evaluation*

Within first four weeks of program start: RPD meets with resident to begin negotiated individualized residency plan. First half of program is generally core rotations. Electives are based on resident's interests as well as resident's deficiencies (gleaned from *summative evaluations*), future goals, rotation availability. Residents are encouraged to wait until mid-November to select electives (allows time to mature professional interests). Emphasis is placed upon accomplishing core rotations and resident's interests.

Documentation: Individualized Program Plan Development form

Non-clinical, required (Core) rotations will be sequenced first to provide time for resident BOP licensing. All residents will successfully complete core rotations in the following areas: Orientation, Practice Management/Leadership, Physician Drug Education, Journal Club / Critical Literature Assessment, P&T /Student teaching, Acute Care, Home Infusion Pharmacy, Outpatient Anticoagulation, and Ambulatory Oncology Practice.

Attempt is made to have logical sequence to rotations (e.g., acute care to home health to ambulatory care, ambulatory care rotations emphasizing approach to patient care first with more stressful rotations last). However, holidays, preceptor/resident vacations, meetings all must be considered.

Objectives not met during rotations will be passed onto subsequent preceptors for mentoring or lengthening rotation or return to rotation. This after discussion with affected preceptors and resident. Frank deficiencies or changes in resident's desires will generally be accommodated (usually by the insertion or deletion of additional objectives, but may include changes in schedules and rotations or sites, and lengthening of deficient rotations).

Documentation: Individual Rotation Summative Reports

Personal e-mail communication from resident, preceptor, and RPD RPD Quarterly report of Resident's Progress

Residency preceptors meetings (incorporated into staff meetings), RAC meetings, student rotation evaluations, resident rotation evaluation, and resident exit interviews help refine future programs to identify area/preceptor's strengths and weaknesses.





