

## Assessment Strategy: Overall Residency Program

Stellar Hospital will use the ResiTrack™ and the Stellar Hospital Evaluations to organize and provide high quality evaluations of the PGY1 residents, preceptor's and program learning experiences.

An essential component of developing the skills of a resident and continuous improvement to the residency program is frequent two-way feedback between residents and preceptors utilizing the ASHP RLS system. The goal of such discussion and interaction is to:

- Discuss the resident's achievements in terms of achieving purpose, outcomes, goals and objectives established for the rotation
- Provide feedback that may assist the resident with how to improve performance in current rotation or future rotations or practice
- Provide feedback on how well the resident self-evaluates
- Provide feedback to the preceptors for continuous improvement of preceptor skills, that may strengthen mentoring during future rotations
- Provide feedback to the RPD, RPD and RAC, in order to improve the residency program

The preceptors, residents, RPC and RPD will frequently provide feedback to one another during individual rotations, RSM, RAC and in general throughout the residency program. Specific program and rotation feedback may be given via different formats depending upon the learning experience.

### **DEFINITIONS**

RAC – Residency Advisory Committee

RLS – Residency Learning System

RPC - Residency Program Coordinator

RPD – Residency Program Director

RSM – Residency Staff Committee (Meeting)

Competency-based evaluation/assessment tools for the pharmacy residency:

1. Formative Evaluation: Formative evaluations can be both verbal and written and maybe formal or informal. Often this type is represented as criteria-based snapshot, performed throughout the rotation but prior to the final summative evaluation.
2. Summative Evaluation: Written criteria based summative assessment to evaluate the resident's achievement of objectives at the end of a learning experience.
3. Quarterly Formative and Summative Evaluations: Longitudinal learning experiences written criteria based summative assessments are completed quarterly to evaluate the resident's achievement of objectives performed.
4. Learning Experience Evaluation and Preceptor Evaluation: Each is performed by the resident at the end of the rotation. Also longitudinal learning experiences require these evaluations are completed quarterly in addition to end of the rotation.

5. Self-evaluation: Resident self-assessment and evaluation is an important component of the learning experience and the RLS system is utilized in most formative and all quarterly and summative evaluations to compare preceptor rated performance with resident's self-evaluation of performance.

The residency assessment procedure incorporates the structure and use of the system provided by ASHP, ResiTrak™. Preceptors and residents are oriented and trained in the use of ResiTrak™ by the RPD and RAC.

#### Summary of Learning Experience Evaluations

Type	How	Evaluator(s)	When
Formative	Verbal	Preceptor + Resident	Daily
Formative	Care Plan	Preceptor + Resident	Weekly
Formative	Snapshot TBD ResiTrak™	Preceptor + Resident	Weekly
Quarterly Formative and Summative	Summative ResiTrak™	Preceptor + Resident	Quarterly for longitudinal rotation
Summative	Summative ResiTrak™	Preceptor + Resident	End of Rotation
Preceptor	Standard ResiTrak™	Resident	End of Rotation + Quarterly if longitudinal rotation
Learning Evaluation	Standard ResiTrak™	Resident	End of Rotation + Quarterly if longitudinal rotation

The residency assessment documentation of outcomes, goals and objectives incorporates the ResiTrak™ system. Every effort is made to sign and date then warehouse all evaluations and associated documentation using the ResiTrak™ system. The size and magnitude of documentation for projects and manuscripts is however limited and currently beyond the operating capacity of ResiTrak™. To circumvent this limitation the program utilizes a linked, shared drive via file ResiTrak™ file manager function to access document files relevant to resident's progress on a network shared drive. This link and access point ensures access for preceptors and residents to important residency materials. Document storage and link orientation training is provided to preceptors and resident's in order ensure effective portfolio and residency program documentation, security and allowed access.

#### Preceptor Evaluation of Resident's Attainment of Goals and Objectives

Only those goals listed in the program design and those that might be added for an individual resident will be included in the written summative evaluation.

- For each rotation, at the beginning, the resident will complete the written pre-rotation assessment form (appendix), identify pre-rotation goals and submit these to the preceptor prior to the start of the learning experience. It is the expectation that these goals will provide a focus for self-directed learning for the resident and will assist the preceptor in preparing an individualized plan for the resident. The preceptor will provide appropriate orientation to the learning experience, rotation's goals and objectives, rotation schedule, resident's and preceptor's current major and minor project involvement, resident's specific interests and needs and devise a plan where by the specific learning objectives can be achieved. It is expected that each resident complete the required learning activities in an effort to achieve the rotation's goals and objectives. Overall, the Resident will be encouraged to pursue additional learning objectives in specific areas of interest or need. Thus, the learning experience assures minimum competency and allows sufficient flexibility to maximize the learning potential of each individual.

- Formative - Preceptor Evaluation of Resident/Self evaluation of Resident:
  - On-going written formative evaluation is encouraged but can be verbal. Informal or formal interaction is expected.
  - During the learning experience, the residency assessment procedure incorporates the use of ResiTrak™ system and encourages the formative RLS-snapshots and/or mid-point summative assessments (see above for details). Snapshots are important in assessing ongoing improvements in a particular area of a resident's training.
  - Narrative comments and scores are criteria-based and shape the resident's performance to come closer to the ideal (E.G. what's expected as a PGY1 graduate of the residency program) and are provided prior to the final summative evaluation.
  - Program snapshot evaluation scale is ASHP Snapshot scale (adequate/ not adequate/ not applicable).
    - Definitions:
      - A: Adequate- resident's performance is expected to result in achievement of objective by the end of the rotation
      - NA: Not Adequate- resident's performance is expected to result in not achieving objectives and needs to be corrected and improved during the current rotation.
      - Criteria scored "NA- Not Adequate" must include narrative comment specifically addressing concern and a goal attainment strategy going forward
  - Formal Criteria-Based Evaluations: The Resident will present a number of formal clinical and case presentations throughout the Residency year. These presentations are evaluated by the Preceptors attending the presentation and/or self-evaluation by the resident. This formative evaluation tool and process is designed to provide the Resident with input on presentation content, style, and improvement. Narrative comments and scores are criteria-based and shape the resident's performance to come closer to the ideal (E.G. what's expected as a PGY1 graduate of the residency program) and are provided prior to summative evaluation. These will include but are not limited to:
    - Case Discussion (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
    - Intervention Documentation (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
    - Researched DI Questions (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
    - Journal Club (RPD/RPC)
    - Other project assignments (evaluation preceptor will be assigned)
- Summative - Preceptor Evaluation of Resident/Self-evaluation of Resident:
  - Written summative evaluation forms for the learning experience in ResiTrak™ will be utilized.
  - Narrative comments are to be criteria-based and comments aimed at what the resident can do to improve performance of the task.
  - Summative evaluation scale utilized by the program is ASHP Summative Scale ASHP (NI/SP/ACH).
    - Definitions:
      - NI= Needs Improvement- resident's progress won't result in achievement of objectives
      - SP= Satisfactory Progress- resident's progress is expected to result in achievement of objectives
      - ACH = Achieved - resident's performance is ideal and meet's what's expected as a PGY1 graduate of the residency program
      - NA = Not Applicable
  - Criteria scored "NI- Needs Improvement" must include narrative comment specifically addressing concern and a goal attainment strategy going forward.
  - Criteria scored "SP= Satisfactory Progress" must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria.

- Criteria scored “ACH = Achieved” must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved.
- The resident self-evaluates his/her performance during the rotation. Self –Summative Evaluations are to be completed by the resident before the last day of the learning experience. And like wise a Resident’s Summative Evaluation by Preceptor is to be completed by the Preceptor before the last day of the learning experience. This information will ideally be submitted to the preceptor at the completion of each learning experience and quarterly for longitudinal experiences. A meeting time and place should be predetermined by this point. This process sets up the discussion meeting where the resident self-evaluation form is compared to the completed preceptor summative evaluation form; the Resident and Preceptor will meet to review the two summative evaluations of the resident’s performance, prior to the end of the rotation. In addition, a 15-minute Resident Progress and Handoff meeting will be scheduled by the RPD with handoff preceptor, new preceptor, RPD and Resident in the first week of the succeeding rotation in order to list and encapsulate resident’s success and improvement goals for the following preceptor’s learning experience rotation.
- Overall Program Score for the Goals and Objectives:
  - The score Achieved for the Residency Program (ACH-R) is determined by the RPD and based on the evaluations submitted to the RPD upon completion of each rotation.
  - ACH-R indicates resident’s performance is ideal and meet’s what’s expected of a PGY1 graduate of the residency program.
  - A resident may be scored ACH-R for specific evaluated goals and objectives any anytime during the course residency based on criteria-based evaluations submitted.
  - Standards and criteria to complete the residency and receive a graduation certificate are listed and available. Please refer to Policy and Procedure Title: Successful Program Completion and Residency Certificate. [LINK](#)
  - The RPD will review and co-sign evaluation documents. The RPD will review and discuss evaluations quarterly with the RAC. The RPD and/or RAC will meet with the preceptor’s and resident’s in order to develop teaching methods or make changes to his/her training plan when appropriate. Over the course of the program, the RPD will update the RAC each month on resident scores and progress toward attainment of goals and objectives. The RPD will obtain from and provide feedback to the resident’s, preceptors, RAC and RPC when resident’s performance is scored suboptimal.

#### Resident’s Self-evaluation of Their Attainment of Goals and Objectives

Self-assessment and evaluation is an important component of the learning experience for the resident. Flexibility has been built into the program to allow the resident to adapt the program to meet their interests and focus on identified areas for improvement. Initially a customized residency plan will be designed for each resident based upon these criteria. After notification of the ASHP match and prior to beginning the Residency on July 1, each prospective Resident completes an Entering Resident Interests and Self-evaluation to critically evaluate his/her self both professionally and personally to determine career direction and purpose. This self-assessment identifies areas of strength and weakness for the Resident and helps the Resident, Resident Advisor and Preceptors develop action plans for learning experiences throughout the Residency year.

#### Tools:

1. Entering Resident Interests and Self-evaluation: is completed by the resident at program entry point is used to develop a customized training plan that provides the Resident with a tool for continual self-assessment and benchmarks to measure personal and professional success.
2. Customized Training Plan: is created by the RPD in conjunction with the preceptors and/or RAC and the resident. The Customized Training Plan is then updated in conjunction with preceptors and/or RAC and then discussed with the resident by RPD or RPC at least quarterly.

3. Residency Portfolio: is completed by the resident and shall be a complete record and inventory of the resident's program activities. Each Resident is required, on a monthly basis to submit a Resident Portfolio and Progress Tracking Record document (Appendix). The resident will maintain shared, linked files associated with the portfolio document. Resident's must complete the portfolio document update by the last day of each month. Email notification to the RPD and RPC that the document is prepared and ready is required. The RPD and RPC will review and sign the document monthly. The Resident Portfolio and Progress Tracking Record document shall be made available to preceptors throughout the residency year. The document lists or summarizes and/or links to shared drive the resident's completed, planned and in-progress activities include:
  - i. Documentation of learning experiences completed
  - ii. Documentation of all other activities, Research and QI projects  
Lectures, drug information questions, Adverse drug reaction reports, Professional meetings attended, Duty hour documentation and days off
  - iii. Major project - proposal, abstract and written manuscript
  - iv. Curriculum vitae
  - v. Autobiography

For each rotation, at the beginning of each learning experience, the resident will complete the written pre-rotation assessment form, identify pre-rotation goals and submit these to the preceptor prior to the start of the learning experience. It is the expectation that these goals will provide a focus for self-directed learning for the resident and will assist the preceptor in preparing an individualized plan for the resident. It is expected that each resident complete the required learning activities in an effort to achieve the rotation's goals and objectives.

- Formative: During the early stages of rotation the resident will complete formative self-evaluations when directed by the preceptor or when desired by the resident using ResiTrak™ system where indicated.
  - On-going written formative evaluation is encouraged. Informal or formal interaction is employed.
  - During the learning experience, the residency assessment procedure incorporates the use of ResiTrak™ system and encourages the formative RLS-snapshots and/or mid-point summative assessments. Snapshots are important in assessing ongoing improvements in a particular area of a resident's training.
  - Narrative comments and scores are criteria-based and shape the resident's performance to come closer to the ideal (E.G. what's expected as a PGY1 graduate of the residency program) and are provided prior to the final summative evaluation.
  - Program snapshot evaluation scale is ASHP Snapshot scale (adequate/ not adequate/ not applicable).
    - Definitions:
      - A: Adequate- resident's performance is expected to result in achievement of objective by the end of the rotation
      - NA: Not Adequate- resident's performance is expected to result in not achieving objectives and needs to corrected and improved during the current rotation.
      - Criteria scored "NA- Not Adequate" must include narrative comment specifically addressing concern and a goal attainment strategy going forward
  - Formal Criteria-Based Evaluations: The Resident will present a number of formal clinical and case presentations throughout the Residency year. These presentations are evaluated by the Preceptors attending the presentation and/or self-evaluation by the resident. This formative evaluation tool and process is designed to provide the Resident with input on presentation content, style, and improvement. Narrative comments and scores are criteria-based and shape the resident's performance to come closer to the ideal (E.G. what's expected as a PGY1 graduate of the residency program) and are provided prior to summative evaluation. These will include but are not limited to:

- Case Discussion (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
  - Intervention Documentation (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
  - Researched DI Questions (primary preceptor during that experience/ assigned preceptor /RPD/RPC)
  - Journal Club (RPD/RPC)
  - Other project assignments (evaluation preceptor will be assigned)
- Summative: At the end of the rotation, the resident will complete a self-evaluation summative evaluation using ResiTrak™ system for achievement of all learning experience goals and objectives.
  - Written summative evaluation forms for the learning experience in ResiTrak™ will be utilized.
  - Narrative comments are to be criteria-based and comments aimed at what the resident can do to improve performance of the task.
  - Summative evaluation scale utilized by the program is ASHP Summative Scale ASHP (NI/SP/ACH).  
Definitions:
    - NI= Needs Improvement- resident’s progress won’t result in achievement of objectives
    - SP= Satisfactory Progress- resident’s progress is expected to result in achievement of objectives
    - ACH = Achieved - resident’s performance is ideal and meet’s what’s expected as a PGY1 graduate of the residency program
    - NA = Not Applicable
  - Criteria scored “NI- Needs Improvement” must include narrative comment specifically addressing concern and a goal attainment strategy going forward.
  - Criteria scored “SP= Satisfactory Progress” must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria.
  - Criteria scored “ACH = Achieved” must include narrative comment specifically addressing goal attainment criteria.
  - Evaluations are to be completed before the last day of the learning experience. At the completion of each learning experience and quarterly for longitudinal experiences, the Resident and Preceptor will meet to review, sign and date the Resident’s summative evaluation. Again, the resident also self-evaluates his/her performance during the rotation. Prior to rotation completion, the resident will complete a self-evaluation of the learning experience. This information will be submitted to the preceptor for that rotation within last week of the conclusion of the rotation/learning experience. The self-evaluation form is compared to the completed evaluation of the preceptor. Quarterly self-evaluations should be submitted to the RPD one week prior to the scheduled review date with the RPD.
  - The RPD will review and co-sign evaluation documents. The RPD will review and discuss evaluations quarterly with the RAC. The RPD and/or RAC will meet with the preceptor’s and resident’s in order to develop teaching methods or make changes to his/her training plan when appropriate.

Resident’s Evaluation of the Learning Experience and the Preceptor

- Residents will complete the program’s evaluation form no later than the last day of each learning experience or quarterly for longitudinal learning experiences using the standard ResiTrak™ Learning Experience and Preceptor evaluation tools.
- Completed evaluations will be discussed with preceptors, signed, and dated by each. Preceptors and will consider making appropriate changes to his/her learning experience and teaching methods as necessary based on this critique.
- Completed evaluations will be forwarded to the RPD for review on the day of their completion.

- The RPD will review and co-sign evaluation documents. The RPD will review and discuss evaluations by the resident's quarterly with the RAC. The RPD and/or RAC will meet with the preceptor's to discuss their LE and Preceptor evaluations by the resident in order to develop teaching methods or make changes to his/her learning experience and when appropriate.

Summary:

Summative - Preceptor Evaluation of Resident AND Self-evaluation by the Resident:

- Written summative evaluation forms for the learning experience in ResiTrak™ will be utilized.
- Summative evaluation scale utilized by the program is ASHP Summative Scale ASHP (NI/SP/ACH).  
Definitions:
  - NI= Needs Improvement- resident's progress won't result in achievement of objectives
  - SP= Satisfactory Progress- resident's progress is expected to result in achievement of objectives
  - ACH = Achieved - resident's performance is ideal and meet's what's expected as a PGY1 graduate of the residency program
  - NA = Not Applicable
- **Narrative comments are to be criteria-based aimed at what the resident can do to improve performance. This applies to objectives scored with either NI/SP/ACH.**
  - **Criteria scored "NI- Needs Improvement" must include narrative comment specifically addressing concern and a goal attainment strategy going forward.**
  - **Criteria scored "SP= Satisfactory Progress" must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria.**
  - **Criteria scored "ACH = Achieved" must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved.**
- The resident self-evaluates his/her performance during the rotation. Self –Summative Evaluations are to be completed by the resident before the last day of the learning experience. And like wise a Resident's Summative Evaluation by Preceptor is to be completed by the Preceptor before the last day of the learning experience. This information will ideally be submitted to the preceptor at the completion of each learning experience and quarterly for longitudinal experiences. A meeting time and place should be predetermined by this point. This process sets up the discussion meeting where the resident self-evaluation form is compared to the completed preceptor summative evaluation form; the Resident and Preceptor will meet to review the two summative evaluations of the resident's performance, prior to the end of the rotation. In addition, a 15-minute Resident Progress and Handoff meeting will be scheduled by the RPD with handoff preceptor, new preceptor, RPD and Resident in the first week of the succeeding rotation in order to list and encapsulate resident's success and improvement goals for the following preceptor's learning experience rotation.