| AAH Enterprise Pharmacy | Advocate Sherman Hospital | | |
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| ADVOCATE HEALTH | | | |
| Title: | Requirements for Residency Program Completion | | |
| | This form describes the requirements the resident must successfully | | |
| Scope: | complete to be considered for graduation and for receiving | | |
| | Certificate of Completion. | | |
| Reviewed/Approved by: Christopher Jones, Pharm.D., MHA, BCPS | | | |

The completion requirements will be carefully reviewed by the Residency Program Director (RPD) in collaboration with the Residency Advisory Committee to determine if the Resident has successfully fulfilled all program requirements and is eligible for graduation and to receive a Certificate of Completion.

| Resident: | |
|---|--------------------|
| Requirement: | Date of Completion |
| | |
| Obtain Illinois Pharmacist License within 90 days of start date. | |
| If extenuating circumstances exist, may be extended to 120 days if approved by | |
| Director of Pharmacy and RPD (see AAH Pharmacy Residency Programs Main Policy) | |
| AAH Inpatient Pharmacist Orientation Manual and assigned competencies | |
| Complete a minimum of twelve months (52 weeks) of training that is equal to a full- | |
| time equivalent | |
| Complete all required learning experiences and at least two direct patient care | |
| electives | |
| Complete staffing requirement: | |
| 1 weekend shift every fourth weekend | |
| Demonstrate a minimum of Achieved for the Residency on 2/3 of all required ASHP | |
| goals and objectives and none in a Needs Improvement status | |
| Complete and submit all PharmAcademic evaluations at the end of each learning | |
| experience and longitudinal rotations after scheduling a discussion with your | |
| preceptor to review submitted evaluation. | |
| Resident Self Evaluation | |
| Evaluation of the Preceptor | |
| Evaluation of the Learning Experience | |
| Submit resident self-evaluations and develop a process for personal performance | |
| improvement | |
| Initial and quarterly development plans: initial, 1st quarter, 2nd quarter, and | |
| 3 rd quarter | |
| Post Residency Self-Assessment | |
| Year Long Project (Longitudinal Rotation) | |
| Conduct and present formal presentation | |

| Final project write-up in manuscript-style format suitable for publication |
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| Medication Safety Longitudinal Rotation |
| Continuing Education accredited Presentation (Longitudinal Rotation) |
| Present a 50-minute seminar to a targeted audience of pharmacists in accordance |
| with the ACPE standards |
| Complete the Residency Teaching Certificate program and co-precept students |
| Drug Policy Center Longitudinal Rotation |
| Drug Class Review/Monograph or Policy Review/Update |
| Medication Use Evaluation (Presented to Pharmacy and stakeholders) |
| Provide in-services assigned by learning experience preceptors and present clinical |
| presentations |
| Completion of minimum required presentations: |
| Drug Class Review, Monograph or Policy Review/Update – 1 |
| Medication Use Evaluation (MUE) – 1 |
| Patient Case Presentation (2) |
| Journal Club (2) |
| Pharmacist/Technician In-service (2) |
| Physician/Nursing In-service (2) |
| Provide Advocate Sherman Hospital with an electronic portfolio of all work |
| completed during the PGY1 residency |
| Participate in recruitment of future residents |
| Recruiting showcases, ASHP Midyear Residency Showcase, Residency candidate |
| interviews |
| Participation in Year End Residency Evaluations and Reflections |
| Residency Year End Review |
| Exit Interview with Residency Program Director (RPD) |

| Resident Name: | Signature: | Date: | |
|----------------|------------|-------|--|
| RPD Name: | Signature: | Date: | |

If a resident is not demonstrating progress to obtain 100% completion of goals and objectives of SP or Achieved by the end of January, a documented corrective action process will be initiated that may involve remedial learning experiences with a formal warning per the AAH Pharmacy Residency Program Disciplinary Procedure. If, after an opportunity has been provided to improve to a level of SP in designated goals and objectives, the resident is not demonstrating progress as defined above, the resident will be terminated, and a certificate will not be awarded.

| Learning Experiences | Duration | Status |
|--|----------|----------|
| Orientation (Direct Patient Care) | 6 weeks | Required |
| Adult Inpatient Cardiology (Direct Patient Care) | 5 weeks | Required |
| General Medicine (Direct Patient Care) | 6 weeks | Required |
| Emergency Medicine (Direct Patient Care) | 5 weeks | Required |

| Adult Critical Care (Direct Patient Care) | 6 weeks | Required |
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| Adult Infectious Diseases (Direct Patient Care) | 5 weeks | Required |
| Administration | 4 weeks | Required |
| Virtual Pharmacy Services (VPS) | Longitudinal over 12 months (5 week long experiences) | Required |
| Drug Policy | Longitudinal over 6 months | Required |
| Medication Safety | 2 weeks scheduled and longitudinal over 6 months | Required |
| Service Commitment (Direct Patient Care) | Longitudinal over 12 months | Required |
| Year-long project | Longitudinal over 12 months | Required |
| CE-accredited presentation | Longitudinal over 6 months | Required |
| Teaching and Co-precepting students | Longitudinal over 12 months | Required |
| Adult Advanced Infectious Diseases (Direct Patient Care) | 4 weeks | Elective |
| General Medicine II | 4 weeks | Elective |
| Adult Inpatient Oncology (Direct Patient Care) | 4 weeks | Elective |
| Anticoagulation Clinic (Direct Patient Care) | 4 weeks | Elective |