Creating an Effective Resident Development Plan

Julie K. Dagam, Pharm.D., BCPS
PGY1 Pharmacy Residency Director, Aurora Health Care, Milwaukee WI
Darryl S. Rich, Pharm.D, M.B.A, FASHP
ASHP Contractor Lead Surveyor, Brooklyn NY

Disclosure

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• In this session:
  All planners, presenters, reviewers, and ASHP staff report no financial relationships relevant to this activity.

Learning Objectives

• Define the purpose of a resident development plan (RDP) and how it differs from a quarterly summary of resident progress.
• Demonstrate the major components of an ideal RDP, including three processes for RDP development, communication and use.
• Given a case scenario, develop and discuss a RDP based on a case scenario.
Session Outline

- Key Principles and Components of an Ideal Residency Development Plan
  - Darryl Rich
- Creating and Using Residency Development Plans
  - Julie Dagam
- Group Practice Exercise

Key Principles and Components of an Ideal Resident Development Plan

Darryl S. Rich, Pharm.D, M.B.A, FASHP
ASHP Contractor Lead Surveyor, Brooklyn NY

The Issue

- Frequent findings of partial compliance on ASHP Residency Accreditation Surveys.
  - 3.4d(2) On a quarterly basis, the RPD or designee must assess residents’ progress and determine if the development plan needs to be adjusted
  - 71% of surveys scored PC (#3 standard cited)
A Story with an Analogy

- Patient Care Plans vs. Resident Development Plans (RDPs)
  - Home infusion vs. Hospitals

Standards

- 3.4.a. Initial assessment
  - 3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident’s entering knowledge and skills related to the educational goals and objectives.
  - 3.4.a.(2) The results of residents’ initial assessments must be documented by the program director or designee in each resident’s development plan by the end of the orientation period and taken into consideration when determining residents’ learning experiences, learning activities, evaluations, and other changes to the program’s overall plan.

- 3.4.d Resident Development Plans
  - 3.4d(1) Each resident must have a resident development plan documented by the RPD or designee.
  - 3.4d(2) On a quarterly basis, the RPD or designee must assess residents’ progress and determine if the development plan needs to be adjusted.
  - 3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

See Guidance Document for 3.4d(1)
### Purpose of RDPs

- Operative word is **PLAN** – it is a forward-looking document.
- Primary purpose is to modify the design and conduct of the program on an ongoing basis to address each resident’s unique learning needs & interests.
- Discusses changes in focus & structure of the program for that resident.
- Communication tool for upcoming preceptors to tailor their rotation.
- A tracking and monitoring tool about the resident’s progress over the course of the residency.

### Key Features of RDPs

**Dynamic, based on changing assessment of the resident**
- Lists actions/activities to maximize identified strengths and to improve identified weaknesses.
  - Professional knowledge, skills, and abilities related to the educational goals and objectives.
  - Personal strengths/issues related to being a professional.
- Tailors the training schedule to the short- and long-term career goals, and learning interests of the resident (optional).

**Documents all of the following:**
- Modifications of residents’ schedules (including electives selected).
- Goals and objectives to be emphasized in required and elective learning experiences.
- Addition of goals and objectives to required or elective learning experiences.
- Modify preceptors’ use of modeling, coaching, and facilitation.
- Changing and/or increasing number of summative self-evaluations, formative self-evaluations, and preceptors’ feedback related to areas for improvement.
So what if...

- Problem Child vs. Superstar
  - Tailoring to the resident's learning interests/career goals
  - Modifications to the schedule
  - Goals and objectives to be emphasized
  - Additional goals and objectives required
  - Modify preceptors use of the modeling, coaching and facilitation.
  - Changing/increasing evaluations

Typical Outline of RDPs

- Identified Strengths
- Identified Weaknesses
- Career Goals
- Learning Desires
- Residency Completion Requirements

- A word about format: Multicolumn vs. Transcript

Sources of Information

- Summative Evaluations and Feedback—preceptor, non-preceptors, and resident
- Feedback from day-to-day observations, interactions and assessments, including other healthcare practitioners (e.g., MD, RN)
- RPD discussion with the resident and preceptors
Common Pitfalls

- Retrospective summarization of resident past activities
- Focus on changes in strengths/weaknesses/needs rather than actions to be taken in response to them
- Stating how unchanged structure (already scheduled rotations) will meet resident needs
- Focus on overall improvements to the program rather than the specific resident’s training

Common Pitfalls

- No discussion of:
  - schedule changes
  - goals and objectives to focus in upcoming rotations
  - additional evaluations needed
  - stretch goals for superstars

Other Common Pitfalls

- Thinking like it is an overall summative evaluation and not a forward-thinking PLAN
- Not involving all preceptors in development of the plan
- Plan is developed but preceptors and RPD are not using it to customize the residency training
Let’s Look at Some Examples

From ASHP Website

RESIDENT DEVELOPMENT PLAN EXAMPLE
SANDY RESIDENT, PIRAMID

<table>
<thead>
<tr>
<th>Existing Characteristics</th>
<th>Initial Phase Changes in Program</th>
<th>1st Quarter Update</th>
<th>2nd Quarter Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Short-staffed in drug distribution (due to a lack of experience in the pharmacy) role.</td>
<td>• Reduce number of drug distribution errors in the pharmacy</td>
<td>• Monitor new residents as they transition into the program</td>
<td>• Provide ongoing feedback and support to new residents</td>
</tr>
<tr>
<td>• Drug distribution duties often fall on you.</td>
<td>• Improve communication skills by attending more training sessions</td>
<td>• Encourage new residents to take initiative and seek additional guidance.</td>
<td>• Provide opportunities for new residents to participate in pharmacy rounds and educational initiatives.</td>
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<td>• Writing skills</td>
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Areas for Improvement

• Decrease the number of drug distribution errors by 50%.
• Enhance communication and collaboration among the pharmacy staff.
• Increase the resident’s involvement in the development of their own learning plans.

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<thead>
<tr>
<th>2nd Quarter Update</th>
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What's Missing?

Real Example-PGY2

BACKGROUND INFORMATION:
Interests:
• Emergency medicine, critical care, ambulatory care, medication safety, administration

Career Goals:
• Short term: ED pharmacist, critical care/ambulatory care
  • Build a strong clinical knowledge base/foundation and hands on understanding of hospital pharmacy workflow prior to serving in pharmacy administration in order to accurately represent pharmacy and make relevant decisions.
  • Long term: Medication Safety, Administration, improving the healthcare system on a large scale

Updated Interests (Q2):
• Public health/education/awareness, patient education in general (ex. via career, collaboration, and other means/social media)

Updated Career Goals (Q2):
• Long term goal of improving patient knowledge of healthcare and medications
### Not So Good Example

<table>
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<td>Charismatic, enthusiastic</td>
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<td><strong>Areas for Improvement:</strong></td>
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<td></td>
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<tr>
<td>Strong knowledge of language, knowledge of medical terminology, understanding of pharmacy practice</td>
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<td>Continue developing communication skills</td>
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<td>Develop a mentor relationship with preceptors</td>
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<td>Meet with preceptors to discuss progress</td>
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<tr>
<td>Update resume and LinkedIn profile</td>
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Key Takeaways

- It is a **PLAN** on how the residency will be customized to meet the changing goals/needs/strengths and weakness of the resident
- Comments should be action-focused
Creating and Using Development Plans

- Describe approaches that can be used to develop, communicate, and use development plans
- Discuss strategies that can be incorporated into the RDP process

Presentation and Speaker Expectations

- Can do:
  - Share perspective
  - Generate ideas
  - “Pro-tips” from personal experience
    - RPD of 18 residents (33 total)
    - Serving as a guest surveyor

- Can’t do:
  - Guarantee full compliance on these elements of the standard!
  - 😊

Audience Response Question

Which role best describes you?

- Residency Program Director (RPD)
- Program Coordinator
- Preceptor (not RPD or coordinator)
- Preceptor-in-training
- Student or Resident
Audience Response Question
How many residents are in your program?
- 1 resident
- 2-5 residents
- 5-10 residents
- More than 10 residents

Does Size Matter?
- Smaller programs may be challenged by not as much "expertise" from other residents
- Larger programs may be challenged by applying the RDP process to multiple residents in a customized manner
- Programs of all sizes can share similar challenges!

Setting the Stage
- Set expectations early (orientation)
- Define difference between RDP and summative evaluations
### Summative Evaluations vs RDP

- ** Evaluations
  - Skills shown during a learning experience (LE)
  - Components of the RDP

- ** RDP: Big Picture
  - Skills shown as a practitioner
  - Ties together several LE + strategic checkpoints

### Setting the Stage: Pro-Tip

- Involve PGY2 residents (or recent residency graduates)
- Discuss how their RDP helped them
  - Develop as a professional
  - Realize their progress quarterly
  - Reflect on their progress
  - Change/adjust focus
  - Celebrate how far they came by the end of their residency vs. at the start
  - Carry those skills into post-residency

### Developing the Initial Plan

- Use the entering interests and self-assessments
  - Pre-built in PharmAcademic™
  - Collect custom elements (e.g., learning style assessment, experience in certain areas) if relevant to your program’s design
- Collect observations from preceptors to verify resident-reported strengths/areas for improvement
- Customize RDP to correspond with SWIG (strengths, weaknesses, interests, goals)
Developing the Initial Plan: Pro-Tip

- When customizing each resident's RDP, consider:
  - Learning experience choices/sequencing/repetition
  - Projects
  - Staffing areas
- Consider including activities that help with department needs/program execution
  - Example: education/inservices, wellness fairs, point person for initiating time studies
  - Align with a particular strength or area for improvement

Quarterly Updates: What is your biggest challenge?

- Finding the time!
- It's hard to write an action plan instead of a summary of activities!
- The resident already gets great feedback on each LE!
- All of the above 😊

Quarterly Updates: Finding the time

- Pro-tip: Pair the resident with a “preceptor mentor”
  - Preceptor who knows the resident beyond a single LE
  - Additional perspective
  - Opportunity for mentor relationship
  - May be particularly useful in large programs
Quarterly Updates: Meaningful Action Plans

- **Pro-tip:** Pool information from multiple sources
  - PharmAcademic™, preceptor meetings, preceptor handoffs
  - Identify patterns over several repetitions/LE's vs. isolated event
- **Pro-tip:** Discuss with preceptors
  - May see strengths/weaknesses not observed elsewhere
  - Have ideas for what worked/didn’t work on a particular LE
  - Generate ideas for strategies
  - Helps newer preceptors (when they encounter similar situation)

Quarterly Updates: Pro-Tip

**PharmAcademic™ - Resident’s tab**

<table>
<thead>
<tr>
<th>PharmAcademic™</th>
<th>Resident's tab</th>
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<tr>
<td>POY - Pharmacy (45560)</td>
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<td>Preceptor’s tab</td>
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<td>Identify patterns</td>
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<td>Over several repetitions/LE’s vs. isolated event</td>
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</tbody>
</table>

*Screenshots courtesy of PharmAcademic™, a McCreadie Group Inc. Software Solution | mccreadiegroup.com | Confidential*
## Quarterly Updates: Pro-Tip

### PharmAcademic™ - Resident's tab

#### POY - Pharmacy (4550N)
- Accreditation Status: Accredited
- POY: Pharmacy
- POY: POY 1 - 2018

#### Goal and Objective Summary for Resident

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<thead>
<tr>
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</tbody>
</table>

*Screenshots courtesy of PharmAcademic™, a McCreadie Group Inc.
Software Solution | mccreadiegroup.com | Confidential
Quarterly Updates: Pro-Tip

- **Curriculum Exit:**
  - PGY1 Pharmacy (2018)

  *Screenshots courtesy of PharmAcademic™, a McCreadie Group Inc.
  Software Solution | mccreadiegroup.com | Confidential

Quarterly Updates: Already Receive Feedback

- **Remember the difference between summative evaluations and RDP**
- **Pro-tip:** Involve the resident
  - May be a future preceptor or RPD!
  - Help the resident develop effective self-reflection skills
    - Prepare them to use self-reflection in post-residency roles (when feedback is not as frequent)
    - Apply concept to Continuing Professional Development (CPD)

Continuing Professional Development

“...a self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. It involves the process of active participation in formal and informal learning activities that assist individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.”

Retrieved July 10, 2018 from
https://www.acpe-accredit.org/continuing-professional-development/
# The CPD Cycle

- Reflect, Plan, Learn and Apply, Evaluate

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## RDP and CPD: Pro-tip

- Use RDP as an opportunity to teach the concept of CPD
- Resident involvement in their RDP during their program can help them develop and understand skills needed for CPD
- Characteristics: career plan, dynamic, requires revision, up to the individual to maintain

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## Initial and Quarterly Updates: Other Tips

- Prevent RDP from being just a resident’s self-assessment by including preceptor/RPD validation of resident’s self-assessment
- Include a short term goal for each quarter
- Reflect on the success (or lack thereof) of the short term goal
  - At the next update
  - Adjust as needed
- Initial plan may take longer, but quarterly updates can become more efficient if well-constructed (build on each of the previous updates)
Initial and Quarterly Updates: Other Tips

- Talk about the RDP during preceptor meetings, handoffs
- Preceptors:
  - Use the RDP as a way to customize your LE to the resident
  - Review the RDP along with the LE description at the start of the LE, and refer back to both during the LE
- Use to track skill development and progress toward graduation requirements

Key Takeaways

- Introduce the concept of RDP early so residents understand the intent and how it differs from other assessment/feedback methods
- Utilize strategies to make the RDP process more meaningful and efficient, such as including preceptor mentors, using multiple sources to pool information, and involving the resident
- Use the RDP process to teach and develop valuable post-residency skills

Scenario for Case Discussion

Break up into groups of 4-6. For 5 minutes, discuss what you would include in the Resident Development Plan for the following resident.
Case Scenario

- One of your residents entered your program with a strong interest in Critical Care and is very motivated to pursue a PGY2 in this area.
- Incoming strengths listed on the initial self-assessment include motivation and effective patient counseling skills.
- She has worked as a pharmacy technician in the retail setting, but her experience in an acute care setting is limited to APPE rotations.
- She says that she gets nervous when presenting in front of a larger audience, but is very comfortable speaking with patients and their families.

Case Scenario

- Thus far in her program, she has demonstrated an above average clinical knowledge base, and is hard-working, personable, and empathetic.
- She makes patient care a priority, and other care team members enjoy interacting with her. However, she lacks confidence when applying her clinical knowledge to individual patients.
- She spends a lot of time working up each patient to make sure she doesn’t miss any details, often focusing on details that do not impact the care plan.
- She also relies on her preceptor to validate even very straightforward care plans.
Case Scenario

- She is aware she is not as efficient in patient care activities as other residents, but feels she is more detail-oriented than they are.
- From a project standpoint, she knows what she must do, but struggles to meet deadlines, often asking for an additional day or an additional week. She actively seeks out feedback and incorporates it effectively, and her finished work products are of high quality.
### Background Information:

**Interests:**
- Emergency medicine, critical care, ambulatory care, medication safety, administration

**Career Goals:**
- Short term: ED pharmacist, critical care/ambulatory care
- Build a strong clinical knowledge base/foundation and hands on understanding of hospital pharmacy workflow prior to serving in pharmacy administration in order to accurately represent pharmacy and make relevant decisions

**Long term:** Medication Safety, Administration, improving the healthcare system on a large scale

### Personal Residency Goals

- Gain exposure to medication safety and administration for a future long term career in medication safety and administration
- Observe the pharmacy structure, relationships, functioning from a medication safety/administrative perspective
- Increase experience in emergency medicine
- Refine skillset and proficiency in emergency medicine and critical care
- Serve as a knowledgeable and independent emergency department pharmacist

### Changes to Program Based on Personal Residency Goals

**RLS Goals for Q1:** (planned)
- R4.3.1

**RLS Goals for Q2:** (planned)
- R8.1.5

**RLS Goals for Q3:** (planned)
- To incorporate applying medication safety and clinical knowledge abilities, complete R7.2.2 and 7.2.3 and improve patient safety in the emergency department (and elsewhere if applicable on a larger scale)
- She will be able to fulfill goal R8.1.4 when her house wide research project goes live into the Epic EHR system
- Based on her realized interest of increasing people's knowledge and awareness of healthcare and safety, having her focus on fulfilling goals R2.4.1, 2.4.2, 2.4.3, 2.4.4, 4.1.1, 4.4.3, 4.5.1, and 2.1.1 by independently running a didactic lecture regarding medication errors for the Medication Safety class at the XXX School of Pharmacy.

### Effectiveness of Changes to Program Based on Personal Residency Goals

**Resident's Initial Strengths:**
- Initial plan: due to her passion for patient safety and detail-oriented nature, assign her hands-on real world assignments that can directly improve patient safety including creating medication policies and guidelines to improve the current medication process
- Based on her prior experience with student organizations (APhA-ASP president, APhA-ASP Faculty Advisor), give her more opportunities to work in conjunction with and precept students

**Resident's Progress:**
- As a result of modifying her schedule to incorporate more time in the emergency department, She was able to fulfill goal R4.3.1

**Updated Strengths:**
- Thorough and comprehensive review of literature, including primary literature, relating to medication safety guidelines

**Resident's Interests:**
- Public health/education awareness, patient education in general (ex. via career, collaboration, and other means/social media)

**Updated Career Goals:**
- Long term goal of improving patient knowledge of healthcare and medications

<table>
<thead>
<tr>
<th>Entering Characteristics</th>
<th>Initial Plan: Changes to Program Based on Personal Residency Goals</th>
<th>Effectiveness of Changes to Program Based on Personal Residency Goals: RLS Goals Achieved End Q1:</th>
<th>Effectiveness of Changes to Program Based on Personal Residency Goals: RLS Goals Achieved End Q2:</th>
<th>Effectiveness of Changes to Program Based on Personal Residency Goals: RLS Goals Achieved End Q3:</th>
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<tbody>
<tr>
<td><strong>Strengths:</strong></td>
<td><strong>Updated Interests:</strong></td>
<td><strong>Updated Career Goals:</strong></td>
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<td>Interest and passion for</td>
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<td>Long term goal of improving patient knowledge of healthcare and medications</td>
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### Initial Plan and Changes to Program Based on Resident's Initial Strengths

**Resident's Initial Strengths:**
- Initial plan: due to her passion for patient safety and detail-oriented nature, assign her hands-on real world assignments that can directly improve patient safety including creating medication policies and guidelines to improve the current medication process
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### Effectiveness of Initial Plan and Changes to Program Based on Resident's Initial Strengths

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### Areas for Growth/Improvement:
- Clinical database, expand
- Prioritization/management of tasks

### Initial Plan and Changes to Program
To Incorporate Resident's Initial Areas for Improvement:
- Focus on goal R4.3.1 during the ED Day learning experience to maximize the efficiency of completing a task in a patient-care area that incorporates time-sensitive tasks

### Effectiveness of Initial Plan and Changes to Program
To Incorporate Resident's Initial Areas for Improvement:
- RLS Goals Achieved End Q1:
  - By maximizing her exposure to emergency medicine by first following the emergency department pharmacists during the day shift, she was able to refine her knowledge of relevant critical care clinical pearls and receive feedback in real-time and fulfill goal R4.3.1

### Updated Plan To Incorporate Resident's Areas for Improvement:
- In order to improve her knowledge base, since the MICU is a time-consuming learning experience, allow her to focus on her MICU learning experience. By not assigning her any new additional medication safety projects to start during this rotation.
- Due to her involvement in both the medication safety and the clinical fields of pharmacy, create a feasible timeline for the resident allowing enough time for multiple projects to be completed in addition to longitudinal and teaching responsibilities

### Effectiveness of Plan and Changes to Program
To Incorporate Resident's Areas for Improvement:
- Resident Progress:
  - The timeline created to manage multiple projects at the same time facilitated: Participating in 3 medication safety-related research projects with plans to present two of them at national meetings, mentoring a student organization and serving as the primary supervisor and contact for multiple events and competitions including a presentation for the NPCC, creating order set requests in requested format to be implemented by informatics based on house-wide guidelines, being involved with compiling the background information and appropriate personnel resources for multiple service requests to improve the electronic health record system at XXXMC to optimize medication safety based on reported medication errors, presenting medication safety projects and events at Medication Safety, MERP, and P&T meetings, researching potential processes and solutions for various medication safety-related projects at XXXMC, serving as a student-mentor for the local ASHP chapter (ISHP), and composing and editing an interdisciplinary quarterly newsletter for the medical center.
- Updated Areas for Growth:
  - Ability to be concise

### Updated Plan Based on Updated Areas for Growth:
- Challenge her with the task of including only the most pertinent information in her platform presentation of one of her research projects at the Epic XGM national conference.
- In order to practice her ability to prioritize tasks from an administrative/medication safety perspective, one of the goals for the upcoming quarter is for her to single-handedly run a MERP Core meeting in place of the RPD.

### Updated Plan Based on Updated Strengths:
- Creating her ability to independently create evidence-based guidelines based on primary literature and prior examples of protocols and guidelines, give Leilani the independence to communicate and work directly with the physicians and pharmacists to update and refine new and existing medication-related policies.

### Updated Plan Based on Updated Strengths:
- As a result of her clinical progress in the emergency department and her interest in expanding her overall clinical database, give Leilani a week to rotate with pharmacists in other fields such as oncology and transplant.
## RESIDENT DEVELOPMENT PLAN EXAMPLE

**SANDY RESIDENT, PHARM.D.**

<table>
<thead>
<tr>
<th>Entering Characteristics</th>
<th>Initial Plan: Changes to Program</th>
<th>1st Quarter Update/Effectiveness of Changes</th>
<th>2nd Quarter Update</th>
<th>3rd Quarter Update</th>
</tr>
</thead>
</table>
| **Strengths**            | • Shorten orientation to drug distribution from 4 weeks to 3 weeks with a focus on the pharmacist’s role.  
• Monitor resident strengths and determine if additional modifications are needed during 1st quarter update. | • 3 week orientation period/drug distribution successful  
• Concur that getting along well with others is a strength  
• Writing skills — concur that this is a strength |                    |                   |
| **Areas for Improvement**| • The program provides ample opportunity to improve data base and patient monitoring skills. The desire to work on these will be conveyed to preceptors. Ask preceptor to give additional feedback on patient care skills.  
• Since oncology is an elective area, will not schedule anything to address oncology at this time. She will have some exposure to cancer patients in her required rotations.  
• Review performance related to data base collection and monitoring of patients and determine if any modifications are needed during 1st quarter update. | • Schedule additional time in Family Medicine to help resident achieve patient care objectives (R1.1.2 & R1.1.4 rated NI during Family Medicine rotation).  
• Continue to request preceptors provide more feedback on R1.1.2 and R1.1.4.  
• No change in other areas. | 10/31 Update: To address nervousness impacting presentations and other communications:  
• Add Objective E6.2.3: *Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.*  
• Add Objective E8.1.1: *Design and deliver programs for health care consumers that center on disease prevention and wellness promotion.*  
• Additional objectives added to current rotations and evaluations.  
• Monitor with | |

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evaluations/preceptor and resident feedback. Will update the plan again at the end of this quarter or sooner if need.

- Discussed with Residency Advisory Committee and all of Sandy’s preceptors so they can assist with monitoring progress of her continued development.
- Will meet with preceptors and resident at the end of November to be sure progress is occurring.

**Resident Progress**

Most goals and objectives marked SP. R1.1.2 and R1.1.4 rated NI for patient care skills. Preceptors plan to give additional coaching and feedback in these areas.

- **10/31 Update:** Resident has improved on R1.1.2 and R1.1.4. However, she is having difficulty giving presentations and communicating needed information to the healthcare team due to nervousness. Therefore, Objective E6.2.3 and E8.1.1 have been added to give her more experience and build her confidence.