



SSM Health Pharmacy Residency Program Manual

Saint Louis University Hospital

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Definitions

System Manual purpose is to:

- Support systematic alignment of operational best practices for all SSM Health residency programs
- Directionally guide and support residency programs to meet accreditation requirements, the needs of the health system and the patients served, reduce variation, and bring value to residency training.

Program Manual purpose is to:

- Supplement the System Manual with site specific information and practices to satisfy ASHP accreditation standards.

Expanded Purpose Statement

Expanded Purpose Statement:

The PGY1 Pharmacy Residency Program gives residents the opportunity to develop skills, knowledge, and practice philosophy at an academic medical center. The program emphasizes excellent verbal and written communication skills with a focus on literature evaluation and critical thinking. Through the 52-week training program, residents are able to apply learned skills in a hospital setting which provides them with a variety of experiences.

The PGY2 Critical Care Residency program offers residents the opportunity to develop the skills, knowledge and philosophical practices expected of a critical care pharmacist at an academic medical center. It emphasizes advanced clinical and leadership skills and helps residents to develop excellent verbal and written communication skills. Residents who take part in the program develop practices that prepare them to provide expertise in intense and time-sensitive situations.

Standard 1: Recruitment and Selection of Residents

Interview Process and Candidate Evaluations

Interview Format: Virtual Platform Only

SSM Health Saint Louis University Hospital recruits pharmacy residents in accordance with the mission and values of SSM Health and the SSM Health System Residency Manual.

Individuals who will participate in the application review and/or applicant interview will undergo training on implicit bias as part of diversity, equity, and inclusion.

Residency candidates must submit the required documents listed in the SSM Health System Residency Manual by the application deadline.

Members from the RAC Orientation & Recruitment subcommittee as well as individuals involved in scoring application materials will meet to discuss application scores. Concerning characteristics or behaviors for candidates based on application materials or previous encounters will be discussed during this meeting. After the discussion, meeting attendees will vote whether those attributes warrant exclusion from interviews despite an otherwise eligible application score. The number of candidates invited to interview will be determined each year based on the quality of the candidate pool and interviewer availability. Generally, 4-5 candidates will be invited to interview for each available position (e.g., 20-25 candidates invited to interview for 5 available residency positions).

Candidates invited to interview will be evaluated using a specific pre-defined, objective scoring form. During the interview, PGY1 candidates may be asked to evaluate and answer target questions about a patient case to assess knowledge and application skills. PGY2 candidates may be asked to provide a clinical presentation to interviewers that includes primary literature. Further specific details will be shared to candidates in the interview offer.

Candidate Ranking

The following content expands upon the processes outlined in the Recruitment and Selection of Residents section of the SSM Health System Pharmacy Residency Manual.

The program follows an internal ranking process created by the Orientation and Recruitment subcommittee. A general outline of the process is as follows: Following completion of all candidate interviews, members of the Residency Advisory Committee participate in the ranking of candidates for each residency program based on the pre-defined, objective scoring forms completed by interviewers. These rankings and any interviewer comments are reviewed by the program director, who will determine the final rank order of candidates for each residency program based on objective scores composed of the interview, pre-interview materials review, and discussion from the RAC. The final rank list for each respective program is submitted to the ASHP Resident Matching Program. All discussions regarding resident selection must be kept strictly confidential amongst the preceptors.

PGY2 Early Commitment

See SSM Health System Pharmacy Residency Manual

In addition, the RPD of the PGY2 pharmacy residency program may reach out to the RPD and/or preceptors of the early commitment applicant for a reference prior to offering an abbreviated interview.

Post-Match Procedures and Phase II

See SSM Health System Pharmacy Residency Manual

In addition to methods described in the system manual, Phase II Interviews will follow the same format for application review, interviews, and ranking as Phase I processes.

Standard 2: Program Requirements and Policies

Conference Attendance and Reimbursement

In addition to the Major/National Conference outlined in the SSM Health System Pharmacy Residency Manual, the pharmacy resident(s) will attend the Midwest Pharmacy Resident Conference. Additional attendance at national conferences by the PGY2 may be supported with education days pending RPD approval. Costs incurred for these additional meetings are at the expense of the PGY2 resident.

Additional costs incurred by the resident as part of their role that are eligible for reimbursement (e.g., mileage) include: none

PTO and Time Away from Program

- See SSM Health System Pharmacy Residency Manual for general PTO/leave guidance
- Requests for time off must be submitted electronically to the rotation preceptor, the program director, and pharmacy manager at least 30 days in advance for approval. The resident will work with his/her/their preceptor and the program director to ensure that alternative arrangements to meet program requirements are made to accommodate the absence. Exceptions may be granted at the discretion of the rotation preceptor and the program director.
- Residents should trade amongst themselves when PTO conflicts with scheduled staffing shifts.
- No more than two vacation days are allowed on any one rotation. Residents are encouraged to block out single days during the week or around weekends to avoid compromising the quality of rotations. Exceptions may be granted at the discretion of the rotation preceptor and the program director.
- Missing scheduled rotation activities (e.g., patient care rounds, administrator activities, etc.) to finish work on longitudinal projects counts as time away from a learning experience.

- The maximum time away from a learning experience before make-up may be required is two days. The preceptor and RPD will determine what the resident will be required to do to make-up those days for the experience on a case-by-case basis.
- Should a resident be unable to work because of illness or need for medical care, he/she/they must notify his/her/their rotation preceptor, program director, and call central pharmacy to notify pharmacy management/staff prior to the regular starting time. If notification in writing is not possible, information regarding the nature of the absence, duration of time to be missed and any other pertinent dates, times and locations should be communicated verbally and documented at the first opportunity. These guidelines apply to all rotations, staffing shifts, and for illnesses occurring mid-workday.
- Missing time during a scheduled residency assignment or other professional deadline is discouraged, but if it is unavoidable, the deadline or assignment date will be moved to the resident’s first day back on rotation. Exceptions may be granted at the discretion of the program director. All hospital and pharmacy department policies regarding illness reporting apply and notification and documentation must be made pursuant to these policies.

Duty Hours

See SSM Health System Pharmacy Residency Manual

Residents will complete the monthly ASHP Duty Hours Form in PharmAcademic. The RPD will review the completed form on a monthly basis and follow the procedures listed in the SSM Health System Pharmacy Residency Manual.

Moonlighting

The following content expands upon the requirements and limitations identified in the Moonlighting section of the SSM Health System Pharmacy Residency Manual.

- Moonlighting Allowed: Yes
- Moonlighting Sources: PGY1: Internal at SSM Health Saint Louis University Hospital only; PGY2: Internal or External
- Additional Moonlighting Restrictions: No additional restrictions

Licensure Requirements

The following content expands upon the licensure requirements outlined in the SSM Health System Pharmacy Residency Manual.

Residents must obtain a Medication Therapy Services certification through the Missouri Board of Pharmacy within 120 days of starting the program.

Program Graduation Requirements

	PGY1 Graduation Requirements	PGY2 Graduation Requirements
Orientation	Complete orientation checklist	Complete orientation checklist

Objectives	ACHR all objectives within Competency Area R1 and Objective R3.2.3 ACHR at least 75% of all remaining objectives Satisfactory progress on any objectives not ACHR	ACHR all objectives within Competency Area R1 ACHR at least 75% of all remaining objectives Satisfactory progress on any objectives not ACHR
Presentations	Deliver a minimum of 10 presentations. Required presentations include: <ul style="list-style-type: none"> • 2 Journal clubs • 2 Formal cases • SSM Health pharmacy continuing education Lunch ‘n’ Learn • UHSP continuing education seminar <ul style="list-style-type: none"> ○ Practice run-through and live presentation • Poster presentation from a required project • Final research presentation at MPRC or regional conference • Resident Education Academy lecture (PGY2 only needs to complete if not completed during PGY1) • PGY1 only: <ul style="list-style-type: none"> ○ Statistics lecture ○ Student topic discussion <p>For case presentations and journal clubs, resident must attain satisfactory completion (overall passing score) as determined by the primary preceptor for the presentation and the RPD, otherwise remediation will be required.</p>	
Projects	1. Completion of a residency research project including: <ol style="list-style-type: none"> 1. Development of a project plan in the form of a protocol 2. Submission to IRB and RBR for approval 3. Presentation to an external audience at a regional or national professional meeting 4. Completion of a manuscript suitable for publication submission 2. Completion of a medication use evaluation including: <ol style="list-style-type: none"> 1. Development of a project plan in the form of a protocol 2. Poster presentation at a regional or national professional meeting 	1. Completion of a residency research project for critically ill patients including: <ol style="list-style-type: none"> 1. Development of a project plan in the form of a protocol 2. Submission to IRB and RBR for approval 3. Presentation to an external audience at a regional or national professional meeting 4. Completion of a manuscript suitable for publication submission 2. Completion of one of the following related to critically ill patients: <ol style="list-style-type: none"> 1. Preparation or revision of a drug class review 2. Preparation or revision of a drug monograph

	<ol style="list-style-type: none"> 3. Completion of a final report to be given to appropriate stakeholders 3. Completion of at least two of the following: <ol style="list-style-type: none"> 1. Formulary review 2. Investigational drug monograph 3. Guideline/protocol development or revision 4. Order set development or revision 5. Quality improvement project 	<ol style="list-style-type: none"> 3. Preparation or revision of a guideline or protocol 3. Completion of a medication use evaluation including: <ol style="list-style-type: none"> 1. Development of a project plan in the form of a protocol 2. Poster presentation at a regional or national professional meeting 3. Completion of a final report to be given to appropriate stakeholders 4. Proposal for system improvements based on resident's review of a medication safety event
Staffing	<ul style="list-style-type: none"> • Every 5th weekend (two 8-hour shifts) • One evening shift per week (4-hour shift from 1600-2000) • One major holiday (e.g., Thanksgiving, Christmas, or New Year's) which consists of two 8-hr shifts on and adjacent to the holiday (i.e., Thanksgiving and Black Friday, Christmas Eve and Day, or New Year's Eve and Day) 	<ul style="list-style-type: none"> • Most staffing shifts (including holiday staffing) are completed in the ICU Satellite Pharmacy • Every 5th weekend (two 8-hour shifts) • One evening shift per week (4-hour shift from 1600-2000) • One major holiday (e.g., Thanksgiving, Christmas, or New Year's) which consists of two 8-hr shifts on and adjacent to the holiday (i.e., Thanksgiving and Black Friday, Christmas Eve and Day, or New Year's Eve and Day)
Complete Tasks	<ul style="list-style-type: none"> • Attend a wellness educational session • Obtain BLS and ALS certification for code blue response • Maintain membership in a professional organization for the duration of the residency program • Community service activity • Resident Education Academy teaching certificate program (PGY2 only needs to complete if not completed during PGY1) <p>PGY1 only:</p> <ul style="list-style-type: none"> • Complete at least one written educational activity such as a medication safety or professional meeting clinical pearl or newsletter article <p>PGY2 only:</p> <ul style="list-style-type: none"> • Participation in at least 4 Critical Care Committee meetings 	

	<ul style="list-style-type: none"> Complete 100% of topics within the PGY2 Appendix Tracker excel sheet
Program Close Out	<ul style="list-style-type: none"> Exit interview <p>PGY1 only:</p> <ul style="list-style-type: none"> Upload all files required from PGY1 Program Deliverables
Evaluations	Complete all evaluations in PharmAcademic as assigned

PGY1 Program Deliverables

Instructions: Residents (or RPD/RPC, if indicated) should upload the following files to create a virtual binder of residency progress and achievements in alignment with the PGY1 residency graduation requirements as outlined in the SLUH Program Residency Manual. Please utilize naming conventions indicated in the table below. File uploads should be completed, at minimum, on a quarterly basis and will be tracked by residency leadership as part of development plans.

Resident Expectations

Document	Name	RPD/RPC Initials	Date
R1 Patient Care (at least two from list below)			
Formulary Review	1.4.2 Formulary review- <i>Topic</i>		
Investigational Drug Monograph	1.4.2 Investigational drug monograph- <i>Topic</i>		
Guideline/protocol development or revision	1.4.2 Guideline protocol development or revision- <i>Topic</i>		
Order set development or revision	1.4.2 Order set development or revision- <i>Topic</i>		
Quality improvement project	1.4.2 Formulary Review- <i>Topic</i>		
R2 Practice Advancement			
<i>Medication Use Evaluation</i>			
MUE project plan/protocol	2.1.2 MUE project plan- <i>Topic</i>		
MUE abstract submission	2.1.6 MUE abstract submission- <i>Topic</i>		
MUE poster presentation	2.1.6 MUE poster- <i>Topic</i>		
MUE stakeholder presentation	2.1.6 MUE stakeholder presentation- <i>Topic</i>		
<i>Resident Research</i>			
Research plan/protocol	2.1.2 Research project plan- <i>Topic</i>		
IRB approval	2.1.2 IRB approval- <i>Topic</i>		
RBR approval	2.1.2 RBR approval- <i>Topic</i>		
MPRC abstract	2.1.6 MPRC abstract- <i>Topic</i>		

MPRC final presentation slides	2.1.6 MPRC final presentation slides- <i>Topic</i>		
Manuscript initial draft	2.1.6 Manuscript initial draft- <i>Topic</i>		
Final manuscript	2.1.6 Final manuscript- <i>Topic</i>		
R3 Leadership			
BLS certification card	3.2.4 BLS Certification Card- <i>Last Name</i>		
ALS certification card	3.2.4 ALS Certification Card- <i>Last Name</i>		
ASHP membership card	3.2.4 ASHP Membership Card- <i>Last Name</i>		
Community Service Participation	3.2.4 Community Service Participation		
R4 Teaching and Education			
<i>Verbal Presentations</i>			
Journal club 1 article	4.1.1 Journal Club 1- <i>Topic</i>		
Journal club 2 article	4.1.1 Journal Club 2- <i>Topic</i>		
Formal case 1 presentation slides	4.1.3 Formal Case 1 Slides- <i>Topic</i>		
Formal case 1 handout	4.1.3 Formal Case 1 Handout- <i>Topic</i>		
Formal case 2 presentation slides	4.1.3 Formal Case 2 Slides- <i>Topic</i>		
Formal case 2 handout	4.1.3 Formal Case 2 Handout- <i>Topic</i>		
SSM System CE Lunch 'n' Learn presentation	4.1.3 System CE Slides- <i>Topic</i>		
UHSP seminar presentation	4.1.3 UHSP Seminar Slides- <i>Topic</i>		
UHSP seminar handout	4.1.3 UHSP Seminar Handout- <i>Topic</i>		
UHSP seminar evaluations	4.1.4 UHSP Seminar Evaluations- <i>Topic</i>		
Statistics lecture	4.1.3 Statistics Lecture		
Student topic discussion handout	4.1.3 Student topic discussion- <i>Topic</i>		
<i>Written Education</i>			
Medication safety clinical pearl	4.1.2 Medication safety clinical pearl- <i>Topic</i>		
ASHP Midyear clinical pearls presentation	4.1.2 ASHP Midyear clinical pearl- <i>Topic</i>		
Healthcare provider education (if applicable)	4.1.2 Healthcare provider education- <i>Topic</i>		
<i>Resident Education Academy</i>			
REA lecture materials (i.e., quizzes, active learning)	4.1.1 REA lecture materials- <i>Topic</i>		
REA lecture slides	4.1.3 REA lecture slides- <i>Topic</i>		
REA evaluations (if applicable)	4.1.4 REA evaluations- <i>Topic</i>		
Miscellaneous Files			
CV Initial	CV Initial- <i>Last Name</i>		
CV Final	CV Final- <i>Last Name</i>		
Orientation checklist	Final Signed Orientation Checklist- <i>Last Name</i>		
Any additional items	Item Name- <i>Last Name</i>		

RPD/RPC Expectations

Document	Name	RPD/RPC Initials	Date
R1 Patient Care			
Training Calendar Initial	Training Calendar Initial		

Training Calendar Final	Training Calendar Final		
R2 Practice Advancement			
Residency Project Assignments	Residency Project Assignments		
Seminar, Research, and MUE Deadlines	Seminar, Research, and MUE Deadlines		
R3 Leadership			
None			
R4 Teaching and Education			
REA final teaching certificate	REA final teaching certificate- <i>Last Name</i>		
Miscellaneous Files			
<i>Program Administration</i>			
Residency acceptance letter	Residency acceptance letter- <i>Last Name</i>		
SSM Health Residency Manual	SSM Health Residency Manual		
SLUH Program Specific Residency Manual	SLUH Program Specific Residency Manual		
<i>Objectives</i>			
Q1 Objective Tracker	<i>Last Name</i> Q1 Objective Tracker		
Q2 Objective Tracker	<i>Last Name</i> Q2 Objective Tracker		
Q3 Objective Tracker	<i>Last Name</i> Q3 Objective Tracker		
Final Objective Tracker	<i>Last Name</i> Final Objective Tracker		
<i>Development Plans</i>			
Initial Development Plan	<i>Last Name</i> Initial Development Plan		
Initial Development Plan Attestation	<i>Last Name</i> Initial Development Plan Attestation		
Q1 Development Plan	<i>Last Name</i> Q1 Development Plan		
Q1 Development Plan Attestation	<i>Last Name</i> Q1 Development Plan Attestation		
Q2 Development Plan	<i>Last Name</i> Q2 Development Plan		
Q2 Development Plan Attestation	<i>Last Name</i> Q2 Development Plan Attestation		
Q3 Development Plan	<i>Last Name</i> Q3 Development Plan		
Q3 Development Plan Attestation	<i>Last Name</i> Q3 Development Plan Attestation		
Final Development Plan	<i>Last Name</i> Final Development Plan		
Final Development Plan Attestation	<i>Last Name</i> Final Development Plan Attestation		
<i>Program Completion</i>			
PharmAcademic files	<i>Last Name</i> PharmAcademic files		
Final residency certificate copy	Signed PGY1 Certificate- <i>Last Name</i>		

Standard 3: Structure, Design, and Conduct of the Residency Program

PGY1 Pharmacy Residency Program Structure

Learning Experiences	
Required – Rotational	Duration and/or specific time scheduled

Ambulatory Care	4 weeks	
General Cardiology	4 weeks	
Infectious Disease/Antimicrobial Stewardship (AMS)	4 weeks	
Internal Medicine	4 weeks	
Integrated Practice	4 weeks	
Pharmacy Practice Management/Medication Safety/Investigational Drug Service	4 weeks	
Clinical Precepting	4 weeks (concomitantly completed with another rotation)	
Pulmonary/Medicine Critical Care	4 weeks	
Resident Orientation	4 weeks – 1 st rotation block	
Required Rotational Time – Subtotal	36 weeks (includes 4-week concentrated research block)	
Required – Selective (at least one must be completed)		
Bone Marrow Transplant	4 weeks	
Bone Marrow Transplant Clinic	4 weeks	
Hematology	4 weeks	
Required Selective Time – Subtotal	4 weeks	
Required – Longitudinal	Specify # of weeks Specify day(s) & time(s), if consistent	
Distributive Services	52 weeks	Every 5 th weekend – Sat/Sun 0700-1530 AND One weeknight per week 1600-2000 AND One major holiday (e.g., Thanksgiving, Christmas, or New Year’s) which consists of two 8-hr shifts on and adjacent to the holiday (i.e., Thanksgiving and Black Friday, Christmas Eve and Day, or New Year’s Eve and Day)
Longitudinal Resident Development	52 weeks	
Medication Use Evaluation	26 weeks	
Research	52 weeks	Concentrated 4-week block during longitudinal experience
Seminar	12 weeks	
Teaching	39 weeks	
Available Electives	Duration and/or specific time scheduled	
Advanced Cardiology	4 weeks	
Advanced Infectious Disease/Antimicrobial Stewardship (AMS)	4 weeks	

Advanced Internal Medicine	4 weeks
Cardiothoracic Surgery*	4 weeks
Emergency Medicine	4 weeks
Neurocritical Care*	4 weeks
Psychiatry	4 weeks
Solid Organ Transplant	4 weeks
Trauma Critical Care*	4 weeks
Additional Selective Rotation (see above)	4 weeks
Elective Time Available – Subtotal	12 weeks
TOTAL	52 WEEKS

*Only two of these critical care electives may be completed

PGY2 Critical Care Residency Program Structure

Required Learning Experiences		
Required – Rotational	Duration and/or specific time scheduled	
Advanced Pulmonary/Medicine Critical Care	4 weeks	
Cardiology Critical Care	4 weeks	
Cardiothoracic Surgery	4 weeks	
Critical Care Pharmacy Practice Management	4 weeks	
Emergency Medicine	4 weeks	
Neurocritical Care	4 weeks	
Pulmonary/Medicine Critical Care	4 weeks	
Resident Orientation	4 weeks – 1 st rotation block	
Surgical Critical Care	4 weeks	
Trauma Critical Care	4 weeks	
Required Time – Subtotal	44 weeks (includes 4-week concentrated research block)	
Longitudinal	Specify # of weeks Specify day(s) & time(s), if consistent	
Distributive Services (PGY2)	52 weeks	Every 5 th weekend – Sat/Sun 0600-1430 AND One weeknight per week 1600-2000 AND One major holiday (e.g., Thanksgiving, Christmas, or New Year’s) which consists of two 8-hr shifts on and adjacent to the holiday (i.e., Thanksgiving and Black Friday, Christmas Eve and Day, or New Year’s Eve and Day)
Longitudinal Resident Development	52 weeks	

Research	52 weeks	Concentrated 4-week block during longitudinal experience
Teaching	52 weeks	Longitudinal with concentrated 4-week block concomitantly during another rotation experience
Available Electives	Duration and/or specific time scheduled	
Advanced Trauma Critical Care	4 weeks	
Hematology	4 weeks	
Infectious Disease	4 weeks	
Solid Organ Transplant	4 weeks	
Elective Time Available – Subtotal	8 weeks	
TOTAL	52 WEEKS	

PGY2 Appendix Completion

- The PGY2 CAGOs provide an appendix with 110 topics that the resident must demonstrate competency in by the end of the residency
- Completion of the PGY2 Appendix topics is a shared responsibility between the resident, preceptors, and RPD
 - General responsibilities
 - Resident:
 - Document completion of Appendix items via excel tracking form on a weekly basis
 - Review list with preceptor at beginning of rotation
 - Create plan to complete topics within confines of rotation and overarching residency schedule
 - Track progress towards completion of direct patient care competency if more than one patient care plan required
 - Incorporate non-direct patient care required topics over the course of the year (the resident should provide sufficient notice to preceptors when wanting to have a non-direct patient care topic verified, i.e. 1-2 weeks)
 - Demonstrate defined competency at instruction of preceptor
 - Review items completed with preceptor at end of rotation
 - Complete attestations quarterly in PharmAcademic
 - Preceptor:
 - Review list with resident at beginning of rotation
 - Help resident identify patients and/or opportunities to demonstrate competence in an appendix item
 - Meet with resident to evaluate competency in specific topic
 - Review completed items at end of rotation
 - Complete attestations in PharmAcademic
 - RPD:
 - Provide overview to resident on expectations and process at beginning of residency year
 - Review resident progress on completion
 - Serving as a resource if resident is unable to complete topics as expected

Process:

- General:
 - An excel spreadsheet with each topic to be covered, along with methods for demonstrating competency in an Appendix item, will be available on the Shared Drive for access by the resident (PGY2 Appendix Folder)
 - The PGY2 Appendix Curriculum, a spreadsheet in same excel file, provides guidance to the resident on which topics can be completed during that rotation
- Rotations:
 - At the beginning of each rotation, the resident and preceptor will meet to review the spreadsheet to identify topics that need to be completed during that rotation (primary)
 - The resident is responsible for filling in the excel sheet with the Appendix item covered, the date, and the method (columns C, D, E)
 - The preceptor is responsible for filling out the excel sheet with notes on the methods used, and the verification of competency for that Appendix item (columns F&G)
 - At the end of the rotation, the preceptor will also fill out a PharmAcademic attestation confirming that the resident met expectations for completion of the topic(s)
 - If a direct patient care topic for which a preceptor/rotation is listed as primary is not completed, the preceptor will reach out to a secondary preceptor/rotation and RPD to make them aware of the need to complete on the subsequent rotation
 - Preceptors should expect to complete at least 85% of primary topics assigned
- Quarterly:
 - The resident will fill out an attestation that each quarter confirming completion of the items and that they have reviewed each topic with a preceptor
 - The RPD or designee will review the excel sheet to assure resident is on track with completing appendix items (column H) and review the attestations of preceptors to assure documentation of resident competence for a topic
 - Expected progression by resident is approximately 25% of topics each quarter
 - For topics listed by an elective preceptor for which the resident is not scheduled, or completed by the resident after a rotation has already occurred, the resident should schedule time with the designated preceptor to review and document completion of the specified topic (non-direct patient care)
 - The preceptor is expected to document via attestation in PharmAcademic
 - Select resident in PharmAcademic, select evaluations tab, select “Generate on-demand evaluation” then select “PGY2 Appendix Attestation (Preceptor)” and finally choose themselves in list of evaluators – After going through and submitting, an attestation will populate for the preceptor to complete in PharmAcademic
 - If the preceptor has issues with this attestation, they should reach out to the RPD who will help in scheduling the attestation
 - At the quarterly development plan session, the RPD or designee will document percentage of Appendix items completed and evaluate if changes are needed to help the resident complete the items on time

PGY2 Appendix Curriculum

Purpose:

- To provide structure for the PGY2 Appendix in terms of which rotations and/or preceptors the resident can expect to complete topic items

Definitions:

Primary:

- Main rotation/preceptor responsible for completion/verification of direct patient care item; all attempts should be made to complete during this experience
- Main rotation/preceptor responsible for defining competency for specified Appendix topic (if direct patient care)

Secondary:

- Backup rotation/preceptor to aid in completion/verification of direct patient care item if not completed for unforeseen circumstance by primary method

Non-patient care:

- Any non-direct patient care Appendix items will have suggested preceptors identified through the Curriculum for the resident to contact to verify completion of these items
 - The preceptors identified are merely suggestions; any preceptor who is comfortable with the topic can verify competency if needed
 - These can be completed at any time throughout the year but are highly recommended to be scheduled in advance (not left to end of year)
 - Topic discussions may meet this requirement and do not need to be formal, large scale discussion – the resident should discuss with the preceptors the depth of needed if using a topic discussion to complete this item

Topic/Rotation/Preceptor Assignments:

See Curriculum tab on PGY2 Appendix Completion Tracker excel sheet

Evaluation of the Resident

The following content expands upon the evaluation expectations outlined in the SSM Health System Pharmacy Residency Manual.

The resident must be evaluated at the end of each learning experience by his/her/their preceptor by both verbal and written assessments. In addition, the resident will receive an evaluation on each assignment that incorporates feedback from preceptors. Residents will be evaluated based on the standardized scale available in the SSM Health System Residency Manual for all learning experiences.

Residents are evaluated by each preceptor considering 1) how the resident compares to an individual with the same level of training or experience and 2) the level of improvement in the skill since the last performance. Preceptor written comments should be specific and actionable as related to the educational goals and objectives with the focus being on how the resident may improve their performance. A score of “SP” indicates that the resident has met the minimum expectations for the criterion being evaluated and denotes satisfactory progress of the resident.

The categories of required documented evaluations are listed below.

1. Rotation Evaluation of the Resident (by the Preceptor)

The preceptor must evaluate the resident on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. This evaluation will determine when a

resident has achieved an objective and describe the behaviors, attributes, and skills of the resident during and on completion of the rotation. Criteria assigned a score less than SP should become a focused objective for the next quarterly development plan, with the expectation that noticeable improvement will have taken place. A score of NI on greater than 50% of the assigned objectives for the experience indicates that the resident failed to provide a satisfactory performance, and the rotation must be remediated. The type of remediation will be determined by RPD and preceptor. If remediation mandates an entire rotation being repeated, a rotation may not be repeated more than once; if this circumstance presents, then consideration for the resident's inability to complete the residency based on achievement of all goals and objectives will be discussed by RPD and RAC members, with the resident not being awarded a certificate and/or a corrective plan with human resources with termination a possible outcome. Written evaluation of the resident must be completed at the end of every rotation. However, continuous informal feedback during the rotation is strongly encouraged. All rotation evaluations must be signed (or equivalent in PharmAcademic) and dated by the resident and preceptor then reviewed by the program director or coordinator.

2. Preceptor/Rotation Evaluation (by the Resident)

The resident must evaluate the quality of each learning experience/rotation, including the preceptor's performance as a teacher and mentor. This should be completed at the end of the rotation and discussed with the preceptor. The resident's evaluation provides useful information to the program director regarding the resident's evaluation of the strengths and weaknesses of the rotations, the preceptors, and the residency program to improve the quality of future practice experiences.

3. Self-Evaluations

The ability to self-evaluate is considered an important skill. Individual preceptors may decide to assign a resident to complete a self-evaluation based on preceptor discretion and/or direction from the RPD. Preceptors will evaluate the quality and accuracy of the resident's self-evaluation of his or her rotation performance at the final evaluation by providing comments specific to the resident's self-evaluation in the "Preceptor Comments" area of the resident's self-evaluation. All rotation self-evaluations must be reviewed, signed, and dated by the resident and preceptor before review by the program director.

PGY1 residents will complete quarterly self-evaluations as part of the longitudinal resident development experience to evaluate their progress. In addition, PGY1 residents will be required to complete final self-evaluations on three of their required clinical rotations.

PGY2 residents must evaluate their own performance at the end of each required learning experience and at the end of each quarter (for longitudinal learning experiences).

Both PGY1 and PGY2 residents will also be required to complete self-evaluations on their case and journal club presentations to be discussed with the primary preceptor for the assignment.

4. Quarterly Evaluations

After reviewing all rotation evaluations and completion of all quarterly evaluations (distributive services, research, teaching, and medication use evaluation, as applicable), a plan for the following quarter is devised by the program director and resident. The Resident Development Plan is updated based on resident and program director assessment of the resident's strengths, weaknesses, interests, needs and career plans as well as rotation,

project, and presentation performance. Criteria assigned a score less than SP should be regarded as areas of emphasis for the next quarterly development plan, with the expectation that noticeable improvement will have taken place; the RPD should review these identified areas for improvement at RAC meetings, so all preceptors are aware. Evaluation of the resident's progress in achieving the program's goals and objectives will be completed in conjunction with the customized development plan. The RPD will determine if the specific program's goals and objectives have been achieved per criteria noted in the SSM Health System Residency Manual. The RPD will review the quarterly evaluation with the resident at the end of each quarter to track the percentage of objectives achieved for residency. All quarterly evaluations must be reviewed, signed (or equivalent in PharmAcademic), and dated by the resident and program director/coordinator. At the end of the year, there is a final evaluation of the resident that is documented as part of the Resident Development Plan.

5. Evaluation of Resident Assignments and Presentations

For exercises such as journal clubs or presentations, a needs improvement score on the "Overall Performance" criterion from the primary preceptor indicates that the overall performance was unsatisfactory and may need to be repeated/remediated. The overall score assigned is not a mathematical average since there is no objective formula to define what combination of criteria constitutes a satisfactory performance; it is up to the evaluator to make that determination. After collaboration, the rotation preceptor and the program director will make the final decision on repeating or remediating the exercise. Examples of remediation include assignment of relevant readings, topic discussion with preceptor, or revision of the written handout.

All evaluations must be completed in a face-to-face discussion held between the resident and preceptor/program director within five business days of the completion of each rotation or assignment. It is important to complete the evaluations in a timely fashion to ensure that the information contained within the evaluation is timely and accurate. Evaluations must be completed within PharmAcademic. If the completion of an evaluation must be delayed to allow completion of requirements or due to schedule problems, please communicate this to the program director.

Preceptor and Learning Experience Evaluations

See SSM Health System Residency Manual and appropriate section above.

Standard 4: Requirements of the Residency Program Director and Preceptors

Preceptor Appointment and Reappointment Criteria

See SSM Health System Pharmacy Residency Manual

Preceptor Development

The following content expands upon the preceptor development and preceptor expectations outlined in the SSM Health System Pharmacy Residency Manual.

Preceptor Assessment and Development Strategy for SSM Health Saint Louis University Hospital PGY1 Pharmacy Residency and PGY2 Critical Care Residency Programs

PURPOSE:

To outline how the SSM Health Saint Louis University Hospital residency program director (RPD) will determine if prospective and current residency preceptors meet the standards set forth by this residency program and/or the ASHP Residency Accreditation Standard.

To establish a policy and procedure for preceptor development and improvement in accordance with the ASHP accreditation standards.

To define strategies for ongoing program improvement and to define a plan of action to ensure a high level of competency for all pharmacists involved as residency preceptors.

RESPONSIBILITY:

The RPD is responsible for selecting residency preceptors based on standards set forth and reassess preceptors for continued adherence to these standards.

The preceptor, along with support from pharmacy management and RPD, is responsible for the development of knowledge and skills related to serving as an effective preceptor. The RPD and/or pharmacy management may provide suggestions and examples of opportunities for preceptors to further develop these skills.

Overall responsibility for residency program quality improvement is with the RPD and the Residency Advisory Committee (RAC).

PROCEDURES:

1. The ASHP Accreditation Standards for Postgraduate Pharmacy Residency Programs establish that a residency program should undergo continual program evaluation and improvement.
 - a. The RPD evaluates potential preceptors based on their desire to teach and their aptitude for teaching (as differentiated from formal didactic instruction). The RPD shall evaluate the current preceptor list annually to determine if listed preceptors maintain the desire and aptitude to precept residents. Desire will be determined based on subjective information and evaluations from current residents involved with each preceptor. Aptitude is based on each preceptor's current privileging status with the hospital (active license, etc.), meeting of eligibility and qualification criteria set forth in the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs, along with participation in preceptor development activities and evaluation of preceptors from current and previous residents. The RPD has the authority to add or remove preceptors from the preceptor list at any time at his/her/their discretion.
 - b. The RPD provides preceptors with opportunities to enhance their teaching skills. For presentations, or other group educational activities, preceptors will be required to sign into the program, remain for the entire program, and complete all the necessary activities for credit. For independent activities (articles, online seminars, etc.), preceptors will be required to submit documentation of completion to the RPD. The RPD should oversee a variety of preceptor development activities during the residency year. The activities may include, but are not limited to:
 - An overview by the RPD (or preceptor, if applicable) of the highlights of the National Pharmacy Preceptors Conference
 - A preceptor development activity hosted by the University of Health Sciences and Pharmacy in St. Louis or SSM Health
 - A formal presentation on a preceptor development topic chosen by the Preceptor of the Year or RAC
 - A preceptor development activity sponsored by the System RAC of SSM Health
 - c. The RPD utilizes a plan for improving the quality of preceptor instruction based on an assessment of residents' written evaluation of preceptor performance and other sources. The RPD will use a format supported by ASHP to evaluate preceptor performance and overall rotation experience. Any issues identified by the RPD in any of these evaluations will be addressed by the RPD and/or pharmacy management with the included parties. Any issues brought to the RPD's attention in addition to official evaluations will be handled in the same manner.
 - d. At least annually, the RPD will consider overall program changes based on evaluations, observations, and other information obtained in resident exit interview.

Per section 1a:

The RPD will review the current preceptor list at least annually. The RPD will conduct an exit interview with each resident upon separation from the program. Any information received from this interview, along with information received from evaluations, observations, and other sources will be considered by the RPD for potential program changes. Issues regarding preceptor performance, rotation dissatisfaction, etc. will be discussed with the involved parties by the RPD. The RPD may add or remove preceptors or rotations from the program at any time at his/her/their discretion.

- e. At the end of the residency year, the past recipient of Preceptor of the Year will solicit the input of the residents using an evaluation tool to determine a new Preceptor of the Year. A preceptor cannot receive this distinction two consecutive years.
- f. After the end of the residency year, the RAC will hold an annual retreat/meeting to discuss feedback from previous residents and preceptors and make recommendations to the RPD on potential changes to the program for the upcoming residency year. All RAC members are invited to attend and/or provide feedback.

ACTION:

The SLU Hospital residency program will provide activities, opportunities, and resources for preceptor orientation, development, and improvement.

1. Required activities:

- a. Initial preceptor assessment (ability to meet preceptor eligibility) will be done during pharmacist position interviews and during orientation.
- b. New preceptor orientation will be completed prior to taking a resident on rotation (new preceptor orientation will occur when a new clinical pharmacist is ready to take residents on rotation or when new clinical pharmacy specialists are hired). Specifically, new preceptors have an individualized preceptor development plan created by the RPD that includes:
 - i. Appointment of a “preceptor mentor” (will be the most recent Preceptor of the Year unless circumstances prevent this individual from serving in this capacity).
 - ii. An overview of the residency program (i.e., goals, structure, policies, resident responsibilities, preceptor responsibilities) by the RPD
 - iii. Checklist completion prior to taking a resident on rotation

	New Preceptor Checklist	
Precepting experience	Yes	No
Requirements	<ul style="list-style-type: none"> • Attend/complete at least one preceptor development session/activity • Submit the ASHP Preceptor Academic and Professional Record within PharmAcademic • Develop/modify a learning experience description (with input from preceptor mentor) that is reviewed and approved by the RAC 	<ul style="list-style-type: none"> • Attend/complete at least one preceptor development session/activity • Submit the ASHP Preceptor Academic and Professional Record within PharmAcademic • Develop/modify a learning experience description (with input from preceptor mentor) that is reviewed and approved by the RAC

		<ul style="list-style-type: none"> • Develop a rotation calendar (with input from preceptor mentor) • Observe at least one resident feedback session led by preceptor mentor
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- c. Attendance at 50% of Residency Advisory Committee meetings and resident presentations
- d. Update the ASHP Preceptor Academic and Professional Record within PharmAcademic by June 1 of each year
- e. Completion and submission to the RPD a Preceptor Self-Assessment Form by June 1 of each year (or deadline set by the RPD)
- f. Submission to RPD of at least one residency research project idea and seminar topic by June 1 of each year (or deadline set by the RPD)
- g. Completion of at least two sessions of preceptor development per residency year (see SSM Health System Pharmacy Residency Manual for more information)

2. Encouraged activities:

- a. Participating in and facilitating informal preceptor development discussions at scheduled residency advisory committee meetings (e.g., generational gap presentation, leadership presentation, pharmacy topic video, presentation of clinical pearls, preceptor development articles)
- b. Attending local, state, and national programs and bringing information back to share with other preceptors
- c. Participating in training offered by affiliated colleges of pharmacy on preceptor development issues
- d. Actively pursuing scholarship activities in a variety of areas, such as formal presentations; participating as a journal reviewer; writing and submitting publications; performing research, etc.
- e. Acquire board certification, fellow status, etc. for formal recognition by peers as a model practitioner
- f. Actively seeking out training for self-improvement in the development of skills as a preceptor

3. Preceptor resources:

- a. ASHP Preceptor Toolkit
<https://www.ashp.org/pharmacy-practice/resource-centers/preceptor-toolkit>
- b. American College of Clinical Pharmacy (ACCP): www.accp.com
- c. ACCP Teaching and Learning Certificate Program
<http://www.accp.com/academy/teachingandlearning.aspx>
- d. ACCP Teaching and Learning resources
<http://www.accp.com/bookstore/teachingandlearning.aspx>

Residency Advisory Committee

The following expands upon the roles/expectations of the program Residency Advisory Committee (RAC) outlined in the SSM Health System Residency Manual.

The program RAC, composed of residency program directors, preceptors, and pharmacy administrators, meets regularly and as needed. The Committee is responsible for:

1. Approving residency program and rotation goals and objectives
2. Assuring residents and the program meet stated goals and objectives
3. Assuring that the program meets ASHP standards
4. Developing new residency practice opportunities
5. Approving preceptors and rotations

6. Reviewing individual resident plans, goals, rotation objectives, and performance
7. Reviewing and approving resident research projects
8. Recruiting new residents
9. Reviewing and maintaining the quality of the residency program
10. Other duties deemed necessary by the committee

RAC Subcommittees

In an effort to meet the goals/objectives of the residency program and department, subcommittees have been developed to undertake specific areas for continuous improvement. Each subcommittee is responsible for developing charges in that area for the upcoming year and reporting progress to the RAC. Each subcommittee is chaired by an existing RAC member for two years. RAC members are required to participate in one subcommittee with membership being two years in length. The subcommittees are Resiliency & Preceptor Development, Education & Resident Development, Research & Quality Improvement, and Orientation & Recruitment. Individual charters can be viewed for current charges, responsibilities, and members.

Program Leadership & Preceptor Roster

Leadership

Brooke Gengler, PharmD, BCCP	PGY1 Residency Program Director
Bobby Sbertoli, PharmD, BCCCP	PGY2 Critical Care Residency Program Director
James Braun, PharmD, BCCCP	PGY1 and PGY2 Residency Program Coordinator
Kacey Knapp, PharmD, BCOP	PGY1 and PGY2 Residency Program Coordinator

Preceptor Roster

Preceptor	Role/Title	PGY1 Learning Experience(s)	PGY2 Learning Experience(s)
Julia Alexander, PharmD, BCPS	Trauma Critical Care Pharmacy Clinical Specialist	Trauma Critical Care	Trauma Critical Care Advanced Trauma Critical Care Longitudinal Resident Development Teaching
James Braun, PharmD, BCCCP	Neurosciences Pharmacy Clinical Specialist	Neurocritical Care	Neurocritical Care Surgical Critical Care Longitudinal Resident Development Teaching
Yvonne Burnett, PharmD, BCIDP	Antimicrobial Stewardship Coordinator	Infectious Disease/Antimicrobial Stewardship (AMS) Advanced Infectious Disease/Antimicrobial Stewardship	Infectious Disease
Matt Daniels, PharmD, BCOP	BMT/Hematology/Oncology Pharmacy Clinical Specialist	Bone Marrow Transplant Bone Marrow Transplant Clinic Hematology	Hematology
Brooke Gengler, PharmD, BCCP	Cardiology Pharmacy Clinical Specialist	General Cardiology Advanced Cardiology Longitudinal Resident Development Medication Use Evaluation Precepting Resident Orientation Seminar	Cardiology Critical Care Longitudinal Resident Development
Ara Gharabagi, PharmD, BCTXP	Solid Organ Transplant Pharmacy Clinical Specialist	Solid Organ Transplant	Solid Organ Transplant

Cole Greenwald, PharmD, BCEMP	Emergency Medicine Clinical Pharmacist	Emergency Medicine	Emergency Medicine
Erin Hennessey, PharmD, BCPS	Internal Medicine Pharmacy Clinical Specialist	Internal Medicine Advanced Internal Medicine Teaching	
Lauren Jacobsmeyer, PharmD, BCCCP	Pulmonary/Critical Care Pharmacy Clinical Specialist	Pulmonary/Medicine Critical Care	Pulmonary/Medicine Critical Care Advanced Pulmonary/Medicine Critical Care Longitudinal Resident Development Teaching
Aubrey Jones, PharmD, BCPS	System Pharmacy Clinical Manager		Critical Care Pharmacy Practice Management
Kacey Knapp, PharmD, BCOP	BMT/Hematology/Oncology Pharmacy Clinical Specialist	Bone Marrow Transplant Bone Marrow Transplant Clinic Hematology	Hematology
Janet Laquet, PharmD, BCPS, BCOP	BMT/Hematology/Oncology Pharmacy Clinical Specialist	Bone Marrow Transplant Bone Marrow Transplant Clinic Hematology	Hematology
Danielle Lewis, PharmD, BCPP	Psychiatry Clinical Pharmacist	Psychiatry	
Mary Mabery, PharmD, BCPS	Clinical Pharmacist	Integrated Practice	
Laura MacCall, PharmD, BCPS, BCEMP	Emergency Medicine Pharmacy Clinical Specialist	Emergency Medicine	Emergency Medicine
Tom Majka, PharmD, BCPS	Clinical Pharmacist	Integrated Practice	
Heather Malcom, PharmD, MBA, BCPS	Pharmacy Clinical Manager	Distributive Services (PGY1) Pharmacy Practice Management/Medication Safety/Investigational Drug Service	Distributive Services (PGY2)
Valerie Mansfield, PharmD, BCPS	Clinical Pharmacist	Integrated Practice	
Melissa Mays, PharmD, MHA	Director of Pharmacy Services	Pharmacy Practice Management/Medication Safety/Investigational Drug Service	
Ryan Moran, PharmD, BCIDP, BCPS	Infectious Diseases Clinical Pharmacy Specialist	Infectious Disease/Antimicrobial Stewardship (AMS) Advanced Infectious Disease/Antimicrobial Stewardship	Infectious Disease Teaching
Kelly Morlen, PharmD	Ambulatory Care Pharmacy Clinical Specialist	Ambulatory Care	
Bobby Sbertoli, PharmD, BCCCP	Pulmonary/Critical Care Pharmacy Clinical Specialist	Pulmonary/Medicine Critical Care	Pulmonary/Medicine Critical Care Advanced Pulmonary/Medicine Critical Care Critical Care Pharmacy Practice Management Longitudinal Resident Development Teaching
Anna Schmidt, PharmD, BCPS	Investigational Drug Service Coordinator	Pharmacy Practice Management/Medication Safety/Investigational Drug Service Research	Research
Lindsay Simpson, PharmD, BCCCP	Cardiothoracic Surgery/Critical Care Pharmacy Clinical Specialist	Cardiothoracic Surgery	Cardiothoracic Surgery Longitudinal Resident Development Teaching

Carmen Smith, PharmD, BCPS	Internal Medicine Pharmacy Clinical Specialist	Internal Medicine Advanced Internal Medicine Teaching	
Roxane Took, PharmD, BCACP	Ambulatory Care Pharmacy Clinical Specialist	Ambulatory Care	
Joseph Van Tuyl, PharmD, BCCP	Cardiology Pharmacy Clinical Specialist	General Cardiology Advanced Cardiology	Cardiology Critical Care Longitudinal Resident Development Teaching
Jamie Voigtmann, PharmD, BCPS	Emergency Medicine Clinical Pharmacist	Emergency Medicine	
Allison Wadlow, PharmD, BCPP	Psychiatry Clinical Pharmacist		

Documentation

See SSM Health System Residency Manual.

References

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Version History

Date	Description
6/2025	Version 1