Residency Learning System

RLS is a systems-based decision process that assists in designing, executing and evaluating a residency program. The RLS consists of a decision process and multiple tools to help programs to design and deliver training.

A. RLS helps you to identify goals/outcomes of the residency experience
   a. Describes all of the activities of a well-rounded pharmacist in goal format.

B. RLS works toward continual learning and improvement for both preceptors and residents
   a. Residents learn self-assessment skills
   b. Preceptor and learning experience evaluations help to improve the residency

C. Teaching, modeling, coaching and facilitating instruction techniques are clarified.

D. Residency Program Directors are required to take the RLS training. Recommend taking the training as soon as possible, especially before accreditation survey preparation.

The RLS approach to starting a new residency program

1) Identify the residency programs’ purpose and desired outcomes
   a. Establish the purpose of the residency program (e.g. “Prepare pharmacist clinicians for any of the following: patient care positions, adjunct faculty positions, PGY2 training.)
   b. Review educational outcomes.
   c. Write program description for inclusion in residency manual.

2) Establish Program structure
   a. Are there adequate pharmacist role models who practice routinely in the area for which they precept (See preceptor and Program Director requirements of ASHP)
   b. Preceptors have committed themselves to teaching/precepting learning experiences
   c. Adequate practice model
      i. What rotations are available (what services have pharmacist coverage at your institution?)
      ii. Identify possible required and elective learning experiences for your residency program that fully meet the requirements

3) Select and assign educational goals and objectives to specific learning experience (LE)
   a. There are six required outcomes
      R1 Manage and improve the medication –use process.
      R2 Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
      R3 Exercise leadership and practice management skills
      R4 Demonstrate project management skills
      R5 Provide medication and practice related education/training.
      R6 Utilize medical informatics
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b. *Consider* adding any of the elective outcomes, as they fit your program, or create the program’s specialized elective outcome. (Keep elective outcomes but not learning experiences to a minimum.)
   
   **E1**: Conduct pharmacy practice research.
   **E2**: Exercise added leadership and practice management skills.
   **E3**: Demonstrate knowledge and skills particular to generalist practice in the home care practice environment.
   **E4**: Demonstrate knowledge and skills particular to generalist practice in the managed care practice environment.
   **E5**: Participate in the management of medical emergencies.
   **E6**: Provide drug information to health care professionals and/or the public.
   **E7**: Demonstrate additional competencies that contribute to working successfully in the health care environment.

c. Each outcome must be taught and evaluated at least once during the year. Preceptors can choose to teach (T) OR teach and evaluate (TE) outcomes.

4) Designate learning activities for each learning experience and write learning experience descriptors (syllabus).
   a. Consider creating a LE template
   b. Each preceptor should write the LE descriptors, including:
      i. General description of rotation
      ii. Goals selected
      iii. Activities
      iv. Preceptor interaction
      v. Evaluation strategy

5) Establish program assessment strategy, design assessment strategy for each learning experience and design evaluation tools
   a. Establish an overall strategy for the program. Examples include:
      i. Identify definitions for “Achieved”, “Satisfactory Progress” and “Needs Improvement” among all preceptors
      ii. Choose who will decide if a resident has achieved a goal for residency (e.g. only the Residency Advisory Committee can decide “Achieved for Residency”)
      iii. Preceptors will provide ongoing, criteria-based feedback.
      iv. Summative evaluations will be forwarded to the Residency Program Director (RPD) for review and signature.
      v. Summative evaluations may be shared with other preceptors to provide continuity between learning experiences
      vi. Customized training plans will be revised throughout the year to better provide opportunity for the resident to meet the residency and their personal outcomes.
   b. Assessment strategies for LE include: (Formative and snapshot evaluations provide feedback to help the resident meet goals and objectives. The Summative evaluation is a final grade for a learning experience.)
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i. Formative evaluations
ii. Summative evaluations
iii. Snapshot evaluations
iv. Other self-assessment activities

6) Design a customized plan for each resident
   a. A resident initial self-assessment form can be used to establish a baseline of practice, interests, strengths and weaknesses
   b. The customized training plan helps to monitor progress and re-direct the preceptors and learning experiences so the resident can accomplish residency and personal goals and outcomes.

7) Precept learning experience

8) Monitor resident progress

9) Conduct quality improvement activities on the program

Resitrack™

Resitrack™ is a web-based software tool used to assist with the RLS system. This tool is used to manage the RLS evaluations and record-keeping associate with residency programs accredited by ASHP. Resitrack™ is specifically based on the RLS and helps residency programs meet the standard for accreditation. Online Resitrack™ training is available for residency program directors and other site users.

Residency program directors can use this tool to manage evaluations for the program. Setting up Resitrack™ for your program includes:
   a. Site set-up
   b. Residency program setup
   c. Learning experience setup
   d. Enrollment of the residents
   e. Resident schedule setup

Other capabilities of Resitrack™ include:
   a. Customized training plans can be established and maintained within Resitrack™
   b. Tasks can be managed for the entire residency program (e.g. identify preceptors or residents who have not completed evaluations)
   c. Resident projects, files, etc. can be uploaded via the file manager for storage
   d. Reports can be generated
      a. Resident-specific reports
      b. Preceptor / learning experience reports
      c. Site reports
   e. Resident close-out and user manager capabilities are available
References:


How to Start a Residency Program (What you really need to know). Available at: http://www.ashp.org/s_ashp/cat1c.asp?CID=2025&DID=2076 [accessed 8/08].
