1.1 Evaluation of Applicants to the Residency Program

5/2015

Residency applicant qualifications will be evaluated and ranked by the hospital’s residency interview team through an established, formal procedure.

1. Applicants will submit an on-line application on or before the last Friday of December. Application will include:
   - Letter of Intent
   - Curriculum Vitae
   - Three letters of recommendation (preferably one work related reference)
   - Transcripts from College of Pharmacy
   - Applicants must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)

2. The residency interview team will comprise of members from the Residency Advisory Committee, consisting, at a minimum, of preceptors from Internal Medicine, Critical Care, Emergency Medicine, and Oncology, members from the Administration team, the current residents and Residency Program Director (RPD).

3. Throughout the interview process, consideration will be taken to assure the qualifications and desires of the resident are consistent with the residency offered at this institution, i.e., to assure a good fit. Applicants’ background, qualifications, ambitions and aspirations will be considered.

4. Applicants for the residency program must be licensed or eligible for licensure in the state of Colorado.

5. Initial applications are randomly assigned to two members of the residency interview team for review. This team will review the incoming applicants’ packets on the on-line application program.

Original date: 08/2005
Revised date: 7/2010, 01/2012, 05/2012, 6/2014, 5/2015
Specific questions are reviewed for every resident. A scoring tool is provided for consistency between reviewers. Areas that are assessed are:

- Letter of Intent
- Academic performance
- Letters of recommendation
- Research, projects and presentations
- Extra-curricular activities
- Work experience
- Overall impression

6. The aggregate scores are reviewed by the residency interview team and top candidates are invited for an onsite interview. Minutes are maintained for this meeting.

7. Interview dates are recommended by the RPD to each applicant invited to interview. Applicants will be assigned interview dates on a first-come-first-served basis.

8. To understand the expectations as a resident, certain documents are included in the invitation to an interview. These include:
   - A link to the PGY1 Pharmacy Residency Policies and Procedures.
   - Conditions of Employment from HR
   - Requirements for successful completion and expectations of the residency program

9. Interviews may be designed as multiple interviews per day. The interview team will break into groups and each applicant will meet individually with all interview teams, the RPD and the current residents. Predetermined questions are given to each group to evaluate each applicant. All interview scores are submitted by the interviewers into the on-line program.

10. Each applicant will give a presentation that will be evaluated based on the candidate’s communication skills, critical thinking skills, and basic pharmacotherapy knowledge. Each candidate’s scores will be submitted by the interviewers into the on-line program.

11. The residency interview team will rank the candidates based on the application, interview, case analysis, and overall impression and compatibility. Minutes will be maintained of this meeting.

12. The RPD will retain the right to override the results of the hospital residency interview team if he/she feels it is in the best interest of the program.

13. The RPD will submit the rank order list to the National Matching Service.
1.2 Qualifications of the Resident

The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.

1. All residents will have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy degree program and have obtained basic pharmaceutical knowledge, skills, and abilities.

2. All residents shall adhere to the Rules for the ASHP Pharmacy Resident Matching Program (see http://www.ashp.org/DocLibrary/Accreditation/Starting-Residency/RTP-RulesRMPCOCapprovedJuly2007.aspx). These include:
   a. Sign the agreement to abide by the rules of the Residency Matching Process
   b. Abide by the schedule of dates for the Residency Matching Process
   c. Applicants must not make commitments to a program regarding rank intentions and must rank only those programs participating in the Residency Matching Process
   d. The Residency Matching Process results are a contract that the applicant and the program cannot withdraw without a written agreement.

3. All residents must obtain licensure to practice as a pharmacist by the first of September in order to accept full responsibility and accountability for patient care. If the primary license is not Colorado, then Colorado licensure is required by October 1st, or 90-days after the start of the residency, whichever comes last. Failure to obtain licensure by the first of September will result in possible dismissal from the residency. The Residency Advisory Committee, Residency Program Director and the Director of Pharmacy will evaluate any extenuating circumstances and may choose to offer an extended program.
1.3 Requirements for Completion of the Residency

5/2015

The resident is required to satisfactorily complete core objectives before the residency is considered completed and graduation obtained.

Core objectives required for graduation:

1. Licensure by September 1
2. Independent staffing by September 15
3. Successful completion of all learning experiences with ACHIEVED status
4. Completion of on-line evaluations
   a. All evaluations are complete and signed
   b. All files are attached
5. Individual binders are completed electronically
   a. Organized by rotations
   b. Includes annual schedule
   c. All presentations, journal clubs, drug information questions and projects are included in electronic binder
6. All data for the ADR database is completed
7. Critical Core goals completed (see “Grid Self-Assessment”)
8. Completion of all milestones
9. Completion of residency project
   a. Presentation of residency project at Residency Conference
   b. Presentation of residency project to the Pharmacy and Therapeutics committee, or other appropriate committee
   c. Presentation of residency project to the pharmacy staff
   d. Completion of residency project manuscript in an edited and near-final form for publication submission
10. Completion of teaching certificate
11. All other assignments completed

Original date: 08/2005
Revised date: 7/2014, 5/2015
12. Agreement from Residency Advisory Committee that the resident has successfully completed all of the above.
1.4 Resident Attendance and Absences

5/2015

The resident is committed to complete the goals and objectives outlined by the residency program. To complete this commitment regular attendance with a minimum of absenteeism is required.

1. Residents accumulate personal time off at the hospital exempt employee rate. However, the resident will be allowed to take a total of thirteen eight hour shifts off over the course of the twelve months. This includes vacation time, holidays and sick days not covered under short term disability. At the end of the twelve-month residency the resident will have the option to use the remaining time if they continue under the hospital’s employment or to request a pay out of the time accumulated upon leaving the organization.

2. It is the policy of Memorial Hospital to grant non-work related paid and/or unpaid leaves of absence and extended leave due to illness or non-work related accidents to eligible employees in accordance with the law and hospital policies. This includes absences falling under the guidelines of the Family and Medical Leave Act (FMLA) of 1993.

3. Any leave in excess of thirty days over the course of twelve months will need to be made up at the end of the residency. The extended time to complete the residency is equivalent to the time lost. If the time cannot be completed, the resident will be dismissed from the program.

4. If the preceptor and Residency Program Director (RPD) do not feel the resident has adequately completed the goals and objectives of the residency due to excessive absences, they may require the resident to complete additional training until the objectives are met.

5. Each resident is expected to staff independently as a pharmacist every other weekend by September 15th. An additional day during the pay period is taken off to compensate for the worked weekend.
6. If the resident works extra shifts in the hospital or outside the hospital, the hours must be approved by the RPD. The additional work will be assessed to assure these activities do not hinder the resident’s performance, responsibilities, or the requirements of the residency. These shifts are compensated hours beyond the resident’s salary and are not part of the scheduled work shifts.

7. The resident will be placed in the holiday rotation like other staff pharmacists. Expectations of holiday staffing include one major holiday (Thanksgiving, Christmas or July 4th) and one minor holiday (New Year’s Day, Memorial Day or Labor Day). As with any schedule, trades are permissible but must be approved by a supervisor.

8. A resident may participate in external activities such as educational programs as long as those activities do not hinder the resident’s performance, responsibilities, and the requirements of the residency and the hours are approved by the RPD.

9. The Residency Program operates in accordance with Accreditation Council for Graduate Medical Education (ACGME). Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods. Each resident will document their hours weekly. Hours worked are reviewed by the RPD and/or the Resident Advisor. Refer to the ASHP duty-hour standards for details: [http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx](http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx).
1.5 Resident Dismissal

5/2015

The dismissal of a resident from the residency program may occur for a variety of reasons. Employment may end as a result of resignation, failure to meet the program goals and objectives, failure of professional commitment or termination due to hospital policy violation.

1. Dismissal of a resident is a serious and somber event. All efforts are made to regain the conditions of success before a dismissal is considered. A dismissal is considered to be collapse of the commitment of the resident to complete the goals and objectives of the program without a hope of recovery.

2. If the resident shows a lack of progress through different rotations, the program director will meet with the preceptors to determine if an alternative method of instruction would benefit the resident. Assessment of behavior and attitudes is essential, along with an evaluation of academic performance. A documented trail of failure to meet the program goals must be in evidence to the program director before dismissal is considered.

3. If no resolution can be attained, the program director will meet with the pharmacy director, preceptors and a human resource representative to review the case. Decisions and/or options will be presented to the resident.

4. Dismissal of a resident will be in accordance with UC Health Human Resource Policy: Separation of Employment.
2.0 Responsibilities of the Program to the Resident

5/2015

The pharmacy practice residency program will provide an environment conducive to resident learning.

1. The PGY1 Pharmacy Residency program is a twelve month, full time program.

2. All residents who are accepted into the PGY1 Pharmacy Residency will receive a letter outlining the terms and conditions of their appointment as well as a letter from Human Resources. Included in these letters are:
   a. Dates of residency
   b. Stipend
   c. Licensure information
   d. Expectations of a residency project
   e. Hospital orientation
   f. Vacation Policy
   g. Conferences to attend
   h. Commitment expectations
   i. Important contact information
   j. Pre-employment requirements (drug testing, etc)
   k. Benefits

3. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program will be documented prior to the beginning of the residency.

4. The residency program will provide preceptorship from pharmacists with expertise, knowledge, skills, attitudes and abilities to guide residents in the field they are precepting. Details of preceptor qualifications are outlines in Policy 4.2.

5. Each resident will have an adequate place to work with electronic access to the pharmacy information system, hospital information network and the Internet. The resident also has access to
the medical and electronic library.

6. Each resident will be allowed to attend pharmacy association meeting and a regional residency conference with sufficient financial support. Supplies, statistical support and poster production will be provided.

7. Upon completion of the residency program, each resident will receive a certificate. The certificate will state the resident has successfully completed the residency objectives; the program is accredited by the American Society of Health-System Pharmacists, the dates of the residency, and signed by the Residency Program Director, Director of Pharmacy and the Chief Executive Officer of the organization.

8. All records of the residency will be maintained at least since the last site survey. These include the resident applications, acceptance letters, residents’ plans, evaluations, residency projects, and copies of certificates.
3.0 Obligations of the Resident

The resident will be committed to attaining the program’s educational goals and objectives and will support the organization’s mission and values.

1. The resident’s primary professional commitment must be to the residency program. A residency is a full-time obligation and each resident shall manage his/her activities accordingly.

2. The resident shall be committed to the mission, vision and values consistent with Memorial Hospital.

3. The resident shall be committed to completing the educational goals and objectives established for the residency program.

4. The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors both verbal and written, to direct and improve their learning.
3.1 Residency Purpose Statement

5/2015

Pharmacy Practice Residency Purpose Statement

Pharmacy practice residents at Memorial Hospital – University of Colorado Health will be competent and confident clinical staff pharmacists. The PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. These pharmacists will exercise skill in educating other health care professionals and patients on drug-related topics.
3.2 Outcomes of the Residency

5/2015

The PGY1 pharmacy residency program will have broad education outcomes that the resident will achieve during the program.

- Provide pharmaceutical care to diverse populations
- Engage in interdisciplinary team practice
- Educate other health care professionals and develop precepting skills
- Provide leadership for advancing health system practice and the profession
- Participate in medication safety and regulatory compliance efforts
- Develop marketable job skills
3.3 Design and Conduct of the Residency Program

5/2015

The residency program is designed and conducted in a manner that supports the residents in achieving the purpose of the program and the required educational competency areas, goals, and objectives.

1. To achieve the outcomes of the residency, the objectives described in REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES will be completed during the twelve-month residency. See http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/PGY1-Required-Competency-Areas.pdf.

2. Objectives will be assigned to different learning experiences by the Residency Advisory Committee. Objectives are ideally assigned to at least two learning experiences. The committee may also select elective objectives for individual residents or additional competency areas (Teaching and Learning, Medical Emergencies, Home Care, etc) for all residents.

3. Required rotations include Orientation, Internal Medicine, Critical Care, Emergency Medicine, Infectious Disease, Clean Room, Practice Management: Leadership, Practice Management: Pharmacy and Therapeutics Committee, and Practice Management: Quality. Rotations vary in length, with the minimum length of four weeks. No single area may exceed sixteen weeks in length and at least 36 weeks will be devoted to direct patient care. Each rotation will embrace diversity, variety and complexity of the subject matter.

4. The program strongly supports the resident pursuing elective rotations to develop or to enhance their interests. An elective may be a continuation of a required rotation, a current elective, or development of a new elective. A new elective is established only if a sufficient number of educational goals and objectives to ensure achievement of the competency area can be provided and a preceptor is available with the expertise for the rotation. Current electives include Pediatrics, Neonatal Care, Outpatient Oncology, Inpatient Oncology, Women’s Health, Pain Management, and Palliative Care. If a successfully completed learning experience is repeated, the preceptor will
outline new standards of expectation for the objectives or new objectives will be added.

5. Each rotation will have a Learning Experience Description (LED) that outlines the Description, presentation requirements, Goals, Objectives, Activities, Topic Discussions, Evaluation Strategy, Responsibilities of the Preceptor and Residents, What success Looks Like, and Graduating Requirements.

6. The Residency Program Director will assure that each resident is oriented to the program, the methods of instruction, and evaluation methods that will be used in the program. The orientation process includes not only the components of the PGY1 Pharmacy Residency Program, but also the Mission/Vision/Values of the healthcare system, departmental policies and procedures, the hospital information system, and the staff. Hospital Orientation is followed by residency and departmental orientation. Preceptors will orient residents to their learning experience using the LED.

7. During the learning experiences the preceptor roles may change based on the residents’ needs, the time of year and the residents’ progression. The basic instruction model is:
   a. Direct instruction (for foundation of skills and knowledge)
   b. Modeling of practice skills (for practical application)
   c. Coaching skills, providing regular, on-going feedback (for further practical application)
   d. Facilitating by allowing resident to assume increasing levels of responsibility (for culminating integration)
   e. Independent function in each competency area by the conclusion of the residency

8. Evaluations will be performed regularly is determine the extent of the residents’ progression toward achievement of the educational goals and objectives. All evaluations should be specific and actionable, criteria-based, objective, including progress on development and how to improve performance.
   a. An initial assessment of each resident will be reviewed by the RPD and Resident Advisor to determine the initial schedule.
   b. On-going feedback (formative) will be provided by preceptors either orally or written. Feedback needs to be frequent, immediate, specific, and constructive. These assessments will impact the learning activities. Residents who are not progressing according to expectation will receive more frequent feedback.
   c. Summative evaluations to evaluate the residents’ progress toward achievement of assigned goals and objectives will be provided by the preceptor at the end of each learning experience. Primary preceptors should seek consensus of other preceptors in the final ratings.
   d. At the completion of a learning experience the resident will evaluate the learning experience and the preceptor(s).
   e. A summative evaluation will be completed by the preceptor every three months for longitudinal learning experiences greater than or equal to 12 weeks.
f. All evaluations are due within one week of the completion of the learning experience. Timeliness is essential and excessive tardiness in completion of assignments will result in discipline.

9. The resident development (customized) plan will be developed in conjunction with the resident’s advisor who will review the resident’s broad plan and assist them in developing a customized training plan for the year. On a quarterly basis, the advisor will review the residents’ progress, and together with the resident, make modifications in the customized training plan. These may be modifications to the schedule, educational goals and objectives to be emphasized in other learning experiences, evaluation frequency, and modification of preceptor’s use of modeling, coaching, and facilitation. The RPD will review the advisor’s quarterly update and include it in the residents’ quarterly Customized Training Plan, in addition to providing the RPD’s own narrative. The advisor will discuss the plan and any adjustments at the Residency Advisory Committee.

Included in the plan are the following:
   a. Short- and long-term goals
   b. Incoming strengths
      i. Professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objective
      ii. Personal strengths related to being a professional
   c. Incoming areas of improvements
      i. Professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objective
      ii. Personal strengths related to being a professional
   d. Incoming learning interests related to required or elective learning opportunities

10. The Residency Advisory Committee (RAC) is comprised of all primary preceptors, the RPD and a pharmacy executive. All other preceptors are invited to attend the meetings.
   a. Meetings are scheduled every two weeks, with a minimum of eight meetings per year.
   b. Resident progress, Customized Plans, and preceptor development are discussed.
   c. The RAC will continuously evaluate the program and implement changes and improvements as needed.
   d. At the end of the year the strengths, opportunities for improvement and strategies to improve the residency program will be discussed.
The Resident Advisor is a key individual to assure the resident meets the overall objectives of the program. The Resident Advisor serves as a mentor for the individual resident and provides assistance to the resident in formulating individual achievable program goals. The purpose of this document is to define the structure, purpose, and responsibilities of the Resident Advisor system.

**Purpose and Responsibilities of the Advisor**

During Orientation and advisor will be selected for each resident, with the guidance of the RPD, Director of Pharmacy, and/or the Residency Advisory Committee, to be their advisor throughout the year. Consideration is given to the resident’s interests, professional goals, previous experiences, and personal characteristics to ensure that the resident and advisor have a comfortable rapport. Advisors will review the resident’s broad plan and assist them in developing a customized training plan for the year. The advisor should attend the rotation evaluations to provide consistency throughout the year, which should help to identify any problems at an early stage. On a quarterly basis, the advisor will review the residents’ progress, and together with the resident, make modifications in the customized training plan. The advisor will also assist the resident in selecting preceptors for their research project and Grand Rounds presentation. Further, the advisor will be a resource to the resident as they begin to evaluate career choices following residency.

**Selection of an Advisor**

- PGY1 pharmacy residents will be provided a Resident Advisor by the Residency Program Director (RPD) and Residency Council.
- A preceptor may serve as Resident Advisor to only one PGY1 resident each year.
- The Resident Advisor may be chosen from the clinical or administrative staff, is ideally PGY1 trained, and has practiced and precepted residents at Memorial Hospital for at least one year.
- The Resident Advisor should be different than the preceptor for the residency project or grand rounds.
- The Resident Advisor will be selected by the resident and approved by the RPD, in collaboration with the Residency Preceptor Committee, and be appointed annually for a one year assignment.
Advisor responsibility and expectations

- The advisor should attend the final evaluation (with the resident, preceptor, and advisor) for each rotation. Evaluations should be completed within one week of the end of the rotation.
- The advisor will closely monitor the progress of the resident and will act as the intermediary between residents and preceptors.
- The advisor will collaborate with the Residency Council and RPD to plan a 12-month schedule for the resident rotations, providing a framework for structured learning activities, within the first month of the program. The resident and their advisor will meet at the beginning of the year to form a customized training plan. This plan is presented to the Residency Council for suggestion, and to the RPD for approval.
- As the resident acquires additional knowledge and learning experiences, their goals could change. Residents will discuss changes with their advisor and forward the modifications to the RPD.
- The Residency Advisor assumes a role to mentor the resident and assist in the decision process for the resident. Within the framework of the ASHP residency standard and the administrative guidelines of the residency program, the resident is encouraged to assume ownership of their training experience and development plan.
- The RPD will review the Goal-Based Residency Evaluation and advisor’s comments prior to the July or August Residency Council and will add their own comments. The RPD will build a customized quarterly evaluation form in PharmAcademic and designate the advisor as the preceptor. This will enable the advisor to view all of the documents in PharmAcademic pertaining to that resident.
- Advisors will write a rich narrative on each Quarterly Assessment of Program Outcomes and Goals describing how changes to the resident’s initial plan will be accommodated. This may include rotation changes, attending a class or conference, or other activity to meet the change in plan.
- The RPD will review the advisor’s quarterly update and include it in the residents’ quarterly Customized Training Plan, in addition to providing the RPD’s own narrative. RPDs will also review the goals for each resident on a quarterly basis, and will indicate in PharmAcademic which goals have been achieved for the residency.
4.1 Requirements for the Residency Program Director

5/2015

The Residency Program Director (RPD) shall be a pharmacist from the practice site involved in the training program that is accountable for the residency and to the pharmacy service.

1. The RPD shall be a licensed pharmacist who has completed and ASHP-accredited residency with at least three years of pharmacy practice experience, or alternatively has at least five year practice experience with demonstrated mastery of the knowledge, skills, attitudes and abilities expected of one who has completed a residency. The RPD’s pharmacy practice experience is relevant to the practice setting of this program.

2. The RPD provides leadership within the pharmacy department through:
   a. Improvements and contributions to pharmacy practice
   b. Ongoing professionalism and contribution to the practice of pharmacy
   c. Representing pharmacy on appropriate drug policy

3. The RPD establishes a Residency Advisory Committee (RAC) that provides guidance for the residency program conduct and related issues, as outlined in 3.2 (10).

4. The RPD provides oversight of the progression of residents within the program and documentation of all completed requirements, although some responsibilities may be delegated to preceptors or the resident advisor.

5. The RPD will appoint and develop the pharmacy preceptors. The evaluation, appointment and reappointment of preceptors will occur annually.
   a. Preceptors will update their academic and professional records annually for RPD review. A minimum of one criterion in 3 different sections of the ASHP Academic and Professional Record is required. Only information in prior five years will be evaluated.
   b. Preceptor skills will be validated by residents’ evaluations and feedback
   c. Preceptor development needs are assessed and discussed with the RAC
   d. Only information in prior five years will be evaluated
6. If a preceptor does meet these criteria, they may be considered for preceptor-in-training.
4.2 Requirements for the Selection of Residency Program Preceptors

5/2015

Preceptors shall be professionally and educationally qualified pharmacists who are committed to providing effective training.

1. Preceptors will be appointed by the residency program director. Each preceptor will be allowed to develop their skills in accordance with the policy. Primary preceptors are those that are designated to complete evaluations.

2. Preceptors shall be licensed pharmacists who:
   a. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year practical experience, OR
   b. Have completed an ASHP-accredited PGY1 and PGY2 residency followed by a minimum of six months practical experience, OR
   c. Have three or more years of pharmacy practice experience, comparable to one who has completed a residency accompanied by practical experience.

3. The preceptor is responsible for serving as a role model for learning experience. This includes:
   a. Contributing to the success of the residents and the program
   b. Providing learning experiences in accordance to the Learning Experience Description
   c. Actively participate in the residency quality improvement process by attending the Residency Advisory Committee. Either physical or virtual attendance is acceptable.
   d. Demonstrate practice expertise, preceptor skills, and strive to continuously improve
   e. Demonstrate commitment to advancing the residency program and pharmacy services

4. Preceptors must demonstrate the ability to precept residents’ learning experiences, including:
a. Demonstrate the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents; as evidenced in evaluations

b. Have the ability to assess residents’ performance; as evidenced in the preparation of evaluations that contain both Objective documentation and Actionable items, or the participation in ACHR determination for the resident

c. Have received recognition (such as board certification or formal peer recognition) in the area of pharmacy practice for which they serve as preceptors

d. Have an established, active practice in the area for which they serve as preceptor

e. Maintain continuity of practice during the time of residents’ learning experiences, evidenced by being assigned a primary preceptor for a rotation and creating valuable communication between preceptors

f. Demonstrating ongoing professionalism, including a personal commitment to advancing the profession

5. Pharmacists that are new to the precepting who do not meet the qualifications for residency preceptors are also known as preceptors-in-training. These preceptors will be assigned an advisor or coach who is a qualified preceptor; and, will have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. Records of the qualifications and plan will be maintained by the RPD.

6. Non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) may be utilized as preceptors when there is not a pharmacist with the expertise the other provider can offer. However,

   a. The learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,

   b. A pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.