مستشفى الملك فيصل
التخصصي ومركز الأبحاث
King Faisal Specialist
Hospital & Research Centre

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

ashp Accredited

Postgraduate Year One (PGY1) Pharmacy Residency Program

Pharmaceutical Care Division
King Faisal Specialist Hospital & Research Centre (KFSH&RC)-Jeddah

2021

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Section I:

About King Faisal Specialist Hospital & Research Centre

King Faisal Specialist Hospital & Research Center in Jeddah (KFSHRC-J) is a 385-bed tertiary care hospital where specialty services are provided to adults as well as pediatric patients. It is accredited by the Joint Commission on International Accreditation (JCIA) and recognized as a Magnet hospital from the American Nurses Credentialing Center. It is considered one of the top hospitals in the Arabian Gulf Region as far as quality and patient care standards. Specialized care is provided to patients in an integrated education and research setting. The organization aims to be the specialized healthcare provider of choice for every patient.

About the Pharmaceutical Care Division

The Pharmaceutical Care Division at KFSHRC-J is committed to providing comprehensive pharmaceutical care according to best practices. The division's mission is to optimize patient outcomes, ensure safe, efficacious and cost-effective use of medications in the hospital, Support training, education and research.

Pharmacists are an integral part of the medical team and work closely with healthcare providers to ensure safe, efficacious and cost-effective use of medications. Our standard of care is based on international standards such as but not limited to: American Society of Health-System Pharmacists, United States Pharmacopeia and Joint Commission on International Accreditation.

Achievements

- Clinical Pharmacists support the medical team in optimizing medication therapies. Clinical pharmacists documented more than 22,000 interventions per year thereby preventing medication errors and saving costs of several million Saudi Riyals.
- Exemplary multidisciplinary medication safety program through which strategies were implemented to assure excellence in medication safety and to ensure compliance with all applicable accreditation and regulatory standards.
- Patients are provided with specialized counseling upon discharge from hospital and during outpatient visits in the Ambulatory Care Clinics.
- The Pharmaceutical Care Division employs some of the best technology and automation in the industry to prevent dispensing medication errors and allow the pharmacists to focus on patient care and physician support.
- Pharmacy sections continue to grow in size and output, whereby around 600,000 outpatient prescriptions and 2.5 million inpatient doses are dispensed every year while achieving around 90% patient satisfaction scores
- An average of 40 Pharmacy students and residents are trained annually in collaboration with seven universities.

Section II.

Residency Program Overview:

ASHP Program Code**:**	02011
Accreditation Status:	Candidate
Director of Pharmacy:	Abdulmuhsin Marghalani, RPH, B.Pharm, MSc Director of Pharmaceutical Care Division Tel: 966-2-667-7777 Ext. 67439 MCD. 43499
Program Director:	Doua'a Sindi, Pharm.D. Solid Organ Transplant Clinical Pharmacist PO Box 40047, Jeddah 21499 J-11. Ext. 67339 MCD. 41693
Program Deputy Director:	Zekra AlJehani, Pharm.D. Clinical Pharmacist PO Box 40047, Jeddah 21499 J-11. Ext. 67556 MCD:46741
Residency Program Coordinator:	Hanan Saleh, PharmD , CPHQ Pharmacy Education Coordinator PO Box 40047, Jeddah 21499 J-11. Ext. 67679 MCD: 41150
Residency Program: Duration/type Starting date Interview	24 months PGY1 Pharmacy Residency October, 1st Yes
Special Requirements for Acceptance:	• For graduates from the Ministry of Education and National Commission for Academic Accreditation and Assessment: Refer to the Saudi Commission for health Spatiality (SCFHS) website for more details in the application process. • Completion of all required material by the deadline
Salary and Benefits:	Negotiable. Please refer to the Employee Relation Manual (ERM) in the link below
Fringe Benefits:	• Medical insurance • Free housing or a housing allowance • Professional meetings: The resident will receive educational leave and partial travel reimbursement in order to attend professional meetings and other national meetings in Saudi Arabia as deemed necessary by the RPD. Attendance of the ASHP Midyear Clinical Meeting and other National Meetings in Saudi Arabia.
Licensure:	• The resident should be licensed for pharmacy professional licensure within a 3-month period of starting the program.
Duty Hours:	Regular work hours from 7:30-17:00; some rotations might require different working hours. No moonlighting allowed in the program.
Activities and Meeting Attendance:	• The Residents should attend all activities required by the preceptors, RPD, and the Residency Advisory Committee.

Application Process:

Application shall be submitted to Saudi Commission for Health Specialties (SCFHS).

Interview and Ranking Process:

1. All candidates must complete an interview for program acceptance
2. Questions are standardized and assess overall fit with the specific residency program
3. The interview process consists 15-20 minute panel interview and a question and answer session where the applicant can ask questions that they have to the interview panel
4. Each person involved in the interview process shall complete the "Residency Program Candidate Evaluation Checklist.
5. Each person shall submit the completed form to the RPD/training coordinator for spreadsheet composition.
6. The RPD and the training coordinator will calculate the average score for each applicant and candidates will be ranked according to their aggregate scores.
7. A proposed ranking list will be generated from this process. This list will then be reviewed by the interview panel. Changes in the ranking may be made if the majority agree.

Section III.

Residency Program Purpose:

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) or Bachelor in Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions and eligible for postgraduate (PGY2) pharmacy residency training and board certification.

Vision:

King Faisal Specialist Hospital & Research Centre pharmacy residency program vision is to graduate highly skilled and knowledgeable advanced pharmacy practitioners to assume direct patient care positions in certain pharmacotherapy specialties according to the best practice and international standards.

Mission

- To support the overall pharmacy mission to provide patient care, educate, and conduct research.
- To produce capable and adaptable practitioners through focused intensive clinical post-graduate training in a variety of patient-care environments.
- To develop expertise in optimal medication use and safety, foster professional integrity, and promote effective teamwork to provide optimal pharmaceutical care.
- To create effective practice leaders and educators that are capable of proactively identifying, analyzing, and initiating process improvements.

Program Administration:

Consistent with the commitment of the hospital and the pharmacy services division; a number of individuals play key roles in the administration of the pharmacy residency program. The individuals and their respective roles are as the following:

Residency Program Director:

The Residency Program Director (RPD) has the primary responsibility for running and administering the residency program. This includes responsibility for ensuring that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives. The RPD has the authority to appoint and develop pharmacy staff to become preceptors for the program. The RPD will ensure that preceptor criteria consistent with those required by the ASHP and SCFHS accreditation standards are met. The RPD reports directly to head, Medication Safety and Clinical Support Pharmacy services who over sees all pharmacy training programs according to the hospital's training bylaws.

Training Coordinator/Residency Program Deputy Director (RPDD):

The Training Coordinator works with the RPD to assure that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives. The RPD will have complete oversight of the activities of the RPDD as it relates to the integrity of the residency program.

Residency Advisory Committee:

The Residency Advisory Committee (RAC) is a standing committee of the Pharmaceutical Care Division. It is composed of selected residency preceptors, invited to serve by the Director of Pharmacy and RPD. The Committee aims to maintain the quality and consistency of the residency program. The committee provides a forum for preceptors to discuss common concerns, to develop additional learning experiences, and to promote new and innovative areas of practice. The RPD serves as the Chairperson of the Committee
The committee meets on a quarterly basis.

The specific responsibilities of the committee include:

1. Continuous evaluation of the curriculum, goals and objectives.
2. Quarterly evaluation of residents' progress.
3. The evaluation and support of residency projects.
4. Recruitment and selection of residents.
5. Conflict resolution.
6. Evaluation of preceptor and preceptor growth.
7. Monitor the overall residency's program and services.

Plan for Quality Improvement Activities:

Overall responsibility for quality improvement is with the RPD, the RAC, and pharmacy director. There will be an annual retreat to assess the program. All preceptors and residents will be invited and encouraged to attend to determine if the program outcomes were achieved and if changes should be made in rotation requirements, preceptors, and general program requirements. Then, during the last month of the program, the RPD and residents will meet individually and together to review the information collected from the retreat to discuss individual input and implementation feasibility. Also, the program director and residents will discuss future professional goals.

Preceptors:

Each rotation has a pharmacist preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives, and with consideration of the resident's goals, interests and skills. The preceptor periodically reviews the resident's performance, with a final written evaluation at the conclusion of the learning experience.
Residency Program Director (RPD) refer to preceptor selection criteria & development strategy (CIPP-11646) to determine if prospective residency preceptors meet the standards set forth by the American Society of Health-Systems Pharmacists (ASHP) & to outline a plan for ongoing preceptor program development improvement.

Research Project mentor/preceptor:

During the first month of the residency year, the research project mentors (not the primary research preceptor) will meet with the resident to discuss a general project timeline and brainstorm for possible project ideas after completing research orientation requirements. The resident is encouraged to choose a project topic that is of interest to him/her. A list of project ideas provided by the residency preceptors will also be shared. The primary research preceptor will be determined based upon the selected project related specialty. The research project preceptor will assume primary responsibility to guide the resident in completing the required research project throughout the residency period.

Plan for preceptor Development

The RPD and RAC are responsible to put preceptor development plans including an assessment of needs, a schedule of activities to address identified needs, a review of effectiveness of development plan, and creating a preceptor in training plan for the program so that new preceptors are given adequate training and time to become a qualified residency program preceptor.

Section IV.

Program Description:

The program is a 24-month, postgraduate training experience composed of five major elements:

1. Pharmacy Practice Management.
2. Drug Information and Medication safety and automation.
3. Clinical Services.
4. Research Project.
5. Presentation.

Our residents will have the opportunity to provide pharmaceutical care to patients in multiple settings, develop independent learning skills, maintain a professional ethic, provide effective drug education to others, understand research methods and opportunities, and assume personal responsibility for effecting change. However, all residents are required to complete rotations in core subject areas considered to be essential to the pharmacy practitioner. A wide range of elective rotations are available, allowing residents to purse individual goals as well as complete core rotations.

Additional learning experiences aimed at producing an advanced practitioner pharmacist include the development and completion of a major research project of publishable quality related to pharmacy practice. Development of excellent oral and written communication skills, patient education, participation in various departmental administrative committees, and practice in various pharmacy areas throughout the institution are fundamental components of each learning experience. Upon successful completion of the program, residents are awarded a residency certificate.

Program Structure:

First year: 12-month (Oct-Sep)

- The first year of the residency program is a systematic approach that will provide the resident with opportunity and stimulus to develop skills, competencies, and professional expertise in all aspects of hospital pharmacy practice. It incorporates all practice areas into different modules.
- The first year of the program consists of the following 9 rotations.

Learning Experiences		Duration
Orientation		1 Week
Ambulatory Care	Core rotations	5 Weeks Rotation
Inpatient Care I		
Inpatient Care II		
Sterile Preparations		
Introduction to Clinical Practice		
Clinical rotation (Total Parenteral Nutrition)		
Medication Safety/Automation		
Administration Rotation		
Drug Information Rotation		
Medication Use Evaluation	24 months Longitudinal	
Research Project		
Teaching and Education		
Staffing (In-patient & Ambulatory care pharmacy)		
Vacation		4 Weeks
Holidays and Emergency Leave		2 Weeks
Total		**52 Weeks**

Second year: 12-month (Oct-Sep)

The second year of the residency program will be conducted in such a manner that will provide the resident with the opportunity to develop skills, competencies, and professional expertise in hospital pharmacy practice, with special emphasis on clinical services and practice management.

Learning Experiences		Type
Adult Critical Care	Core rotations	5 Weeks Rotation
Cardiology		
Infectious Diseases		
Internal medicine		
Research Project	24 months Longitudinal	
Teaching and Education		
Staffing (Pharmacokinetics/Antimicrobial stewardship/Anticoagulation Clinic)		
Adult hematology/Medical Oncology	Elective rotations	5 Weeks Rotation
Anticoagulation Clinic		
Solid Organ Transplant		
Internal medicine - II		
Adult Critical Care - II		
Cardiology - II		
Infectious Diseases - II		
Vacation		4 Weeks
Holidays and Emergency Leave		2 Weeks
Total		**52 Weeks**

- **Teaching and Education**
  Each resident will deliver formal presentations and/or journal clubs. Residents will have the opportunity to

teach various allied health care professionals including pharmacy student-trainees, nurses, medical students and residents.

- First year: 5
- Second year: 6

- **Research project**

  First year**:**

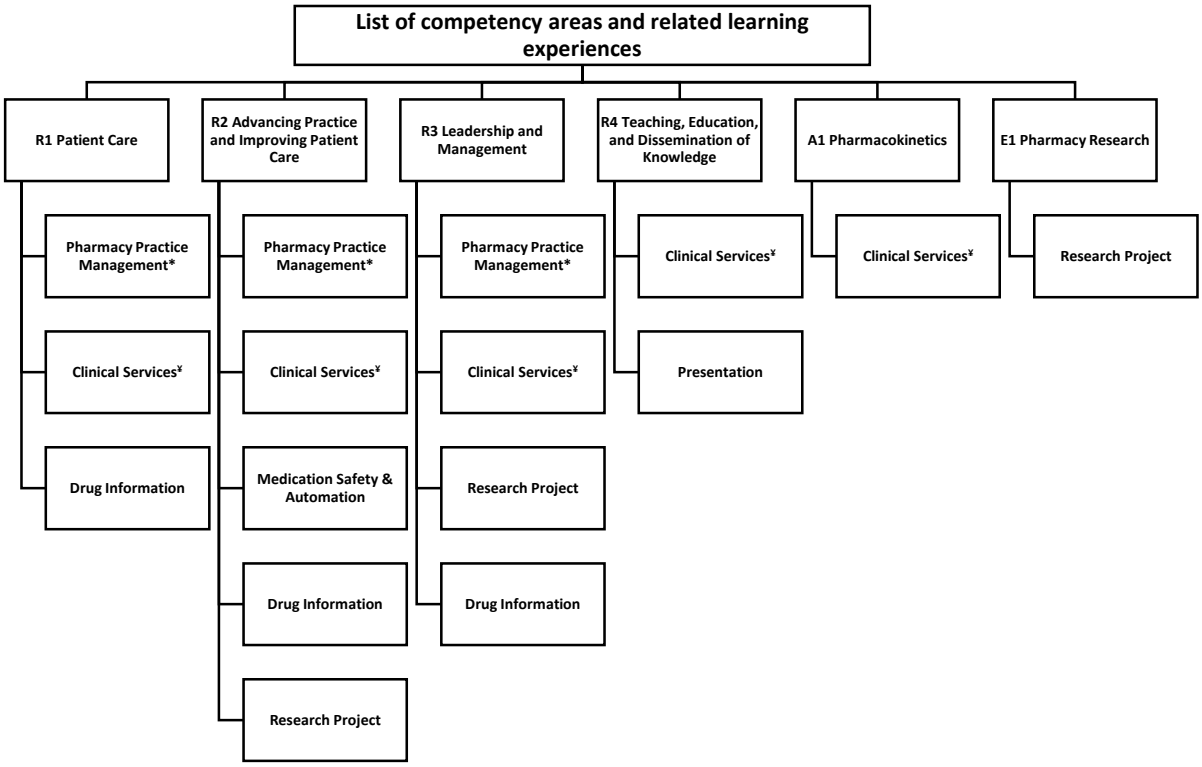
  - Research project is to be initiated during the first year:
  - Research orientation requirements (1st month):
    - □ Obtain completion certification for the followings and save a copy of the certificates under your personal folder>Research> orientation course.
    - □ Complete the Good Clinical Practice (GCP) Web-based training course "Protecting Human Research Participants. "And obtain completion certification.
      - https://gcp.nidatraining.org/
      - http://www.onlinegcp.us/
      - https://www.gcptraining.cvbf.net/
      - http://www.pdexternal-roche.com/
      - https://acrpnet.org/courses/ethics-human-subject-protection/
    - □ ASHP Essentials of Practice-Based Research for Pharmacists online course (10 hours).
    - □ KFSHRC-iLearn: Module I Evidence Based Practice Introduction (Rev. 2) - (1 hour).
    - □ KFSHRC-iLearn: Module II Evidence Based Practice Study Design (Rev. 6) - (1 hour).
    - □ The residents are encouraged to utilize the research resources available on:
      - ASHP foundation website (www.ashpfoundation.org). These topics include: establishing timelines, developing the research question, write a proposal, complete IRB submission, study design, and biostatistics as well as evaluate and present results.
  - Pharmacy shared folder: pharmacy\STAFF_DEVELOPMENT\Research.
  - The residents will have a research day in the second month of the second quarter in the presence of the research preceptor to present their research to the RAC members.
  - The research slides presented should be reviewed by the research advisor.
  - The resident will present the research in 10-15 minutes and then it will be open for discussion.

  Second year:

  - The residents will have a research day in the last month of the first quarter in the presence of the research advisors to present their research to the RAC members as per follows:
  - The research presented in Power Point slides that is reviewed by the research advisor.
  - The resident will present the research in 10-15 minutes and then it will be open for discussion.
  - All residents must submit the final manuscript by the last month of the 3rd quarter.

Competency Areas:

Pharmacists completing this residency shall be competent and confident practitioners as evidenced by their ability to meet the educational competency areas required by ASHP as well as elective and additional competency areas:



*: In patient (I, II), Outpatient, Sterile Preparations, Administration, Staffing I
¥: Adult Critical Care, Cardiology, Infectious Diseases, Internal Medicine, Adult Hematology/Medical Oncology, Ambulatory Care (anticoagulant clinic), Total Parenteral Nutrition (TPN), Solid Organ Transplant, Staffing II

Goals: all goals and related objectives will be taught and evaluated

Pharmacy Practice Management:

R.1: Patient Care	Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
	Goal R1.2: Ensure continuity of care during patient transitions between care settings.
	Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
R.2: Advancing Practice and Improving Patient Care	Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
	Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.
R.3: Leadership and Management	Goal R3.1: Demonstrate leadership skills.
	Goal R3.2: Demonstrate management skills.

Clinical Services

R.1: Patient Care	Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
	Goal R1.2: Ensure continuity of care during patient transitions between care settings.
R.2: Advancing Practice and Improving Patient Care	Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
R.3: Leadership and Management	Goal R3.2: Demonstrate management skills.
R.4: Teaching, Education, and Dissemination of Knowledge	Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
A1: Pharmacokinetics	Goal A1.1: Demonstrate ability to use drug concentrations to manage a patient's medication regimen and optimize outcome.

Drug Information

R.1: Patient Care	Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
R.2: Advancing Practice and Improving Patient Care	Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
R.3: Leadership and Management	Goal R3.2: Demonstrate management skills.

Medication safety and automation

R.2: Advancing Practice and Improving Patient Care	Goal R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
	Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.
R.3: Leadership and Management	Goal R3.2: Demonstrate management skills.

Teaching and Education

R.4: Teaching, Education, and	Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Dissemination of Knowledge	Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Research project

E.1: Pharmacy Research (Elective)	Goal E1.1: Conduct and analyze results of pharmacy research.
R.2: Advancing Practice and Improving Patient Care	Goal R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
R.3: Leadership and Management	Goal R3.2: Demonstrate management skills.

Section V.

Resident's Orientation to the Program:

Residents will complete the 7-day health-system orientation and then general pharmacist orientation. During that time, the following will be covered. The first three learning experiences should be practices in the inpatient and outpatient pharmacies operational areas.

- The residency's purpose and practice environment.
- The appropriate accreditation standards, competencies, goals and objectives.
- Design of the residency program including all program requirements.
- Description of required and elective learning experiences.
- Evaluation strategy.
- Residency manual.
- Residency policies, terms and conditions, e.g., requirements for completion, duty hours, dismissal.
- Each resident will be given the RLS Guide for Residents to review and it will be discussed with the RPD before the end of the orientation.
- Pharmacy system training.
- The resident, preceptors, and the RPD will work to identify resident projects and work will begin during orientation.

- All scheduled meetings and specific responsibilities will be outlined.

Date	Time	Orientation topic	Provider
4-Oct-20	8:00-9:00	Welcoming new residents/ Description of residency program	Dr Marghalani, Doua'a Sindi, Hanan Saleh and R2
	9:00-10:00	Questions/ completing residents papers	Ms. Ghadeer Al Farran
	10:00-11:00	RAC and advisory committee/ disucssing Developmental plans	Doua'a Sindi and Hanan Saleh
	11:00-12:00	Preparing Residents files/ Schedule	Asmaa Alzubaidi and Lama Fetiani R2
	12:00-01:00	Complete paperwork	Ronald, Waleed and Mohammed
	01:00-02:00	Infection Control measures	Infection control
	2:00-2:30	Orientation Pharmaceutical division/ IPP	Dr Marghalani
	2:30-3:00	Duty Hours	Mohammed Alotaibi R2
	3:00-4:00	PharmAcademic / One45 Endnote	Waleed and Morooj
	4:00-5:00	ASHP accreditation / SCHS and ASHP Manual	Doua'a Sindi
5-Oct-20	8:00-9:00	Pharmacokinetics/ Stewardship orientation	Majda Alattas
	9;00-10:00	IT orientation	Sahar Alshareef
	10:00-11:00	System Training	Sahar Alshareef
	11:00-11:30	Telework Teams, planner and oneDrive	Tarek Elkadi
	11:30-12:00	Quality Improvement/floor stock inspection	Murooj Shukry
6-Oct-20	8:30-9:00	Oracle Training	Shah Syed
	9:00-9:30	Orientation outpatient/ discharge coverage	Zainab Rashed and Bader Alzahrani
	9:30-10:00	Inpatient Pharmacy Orientation / IV	Manal Sallam
	10:00-10:30	Orientation Inpatient Pharmacy - Onc/Hem	Manal Sallam
	11-12:00	Pyxis Training	Mohammad bader
	12:00-1:00	Complete paperwork	Ronald, Waleed and Mohammed
	1:00-1:30	Discharge counseling (Pediatrics)	Manal Bajammal
	1:30-2:00	Clinical Pharmacy orientation	Doua'a Sindi
	2:00-3:00	Narcotic Orientation	Maha Bahmdin
	3:00-4:00	IV TO PO conversion	Shorog Alharbi
7-Oct-20	9:00-10:00	Drug information Orientation	Nabila Ben Slimane
	10:00-10:30	Pharmacy Supplies	Bayan Rambo
	12:00-1:00	Medication Safety orientation	Maryland Abdeljawad
	1:00-1:30	Research	Ghalia Alaquil and Manal Bajammal
	2:00-2;30	TPN Orientation	Dania
	2:30-3:30	Discharge counseling transplant (Adult)	Doua'a Sindi
8-Oct-20	8:00-9:00	iLearn competenies on Tranining / Medication Use Evaluation	Ronald, Waleed and Mohammed
	9:30-10:30	Medication Reconciliation hands on Tranining	Maryland Abdeljawad
	10:30-11:30	Journal Club / case Presentation / Clinical Intervention Documentation traning	Asmaa Alzubaidi and Zekra
	12:00-5:00	Staff Development/ Residents Schedule and leaves	Hanan Saleh

Sample of Resident Orientation Schedule

Section VI.

Resident Evaluations by Preceptor:

During the year, residents will be evaluated by rotation preceptors, their respective Program Director.
Prior to the start of each new rotation, the resident is required to meet with the rotation preceptor, primarily to discuss and customize the rotation's goals and objectives in order to meet the specific needs of the resident. During the rotation, residents meet with preceptors on a regular basis, as determined by the preceptor and resident. Within one week after completion of the rotation, residents meet with their preceptors for evaluation purposes: preceptors evaluate the residents; residents evaluate preceptors and the rotation; and they

may conduct a self-assessment. Any modifications to the rotation or its goals and objectives also can be discussed. All resident and rotation evaluations must be completed using PharmAcademic™.

Assessment Strategy for the Learning Experience:

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

- *Formative (on-going, regular) Assessment***:** Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

- *Summative evaluation***:** The preceptor will utilize the summative evaluation form used for the residency program for all learning experiences. The form will be completed no later than the seven days after the completion learning experience. The preceptor will discuss the summative evaluation with the resident at that time.

  Interpretation of the ratings:

  - *Achieved*: The resident has fully accomplished the ability to perform the goal or the objective. No further instruction or evaluation is required.
  - *Satisfactory Progress*: This applies to a goal or objective whose achievement requires skill development during more than one quarter.
  - *Needs Improvement*: The resident's level of skill on the goal or objective does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress," whichever applies.

Resident Evaluation of the Preceptor and Learning Experience:

- For rotational learning experience, resident will complete the residency program form for this purpose no later than the seven days after the completion of the learning experience.
- For the staffing and research longitudinal learning experience, the resident should fill the evaluation quarterly.
- Discussion of this form will be part of the summative evaluation debriefing session. Residents are responsible for forwarding the form to the preceptor on the day it is discussed.

Residents Development Plan by RPD:

- During the first week of the residency, each resident is required to complete an initial self-assessment form (Experience, Skills, and Interest).
- The Residency Program Director (RPD) and resident will review the form together and create a customized residency plan based on the needs and interests of the resident. The plan will be completed by the end of orientation.
- The RPD, RAC and/or preceptors analyze overall resident performance (formative and summative evaluations, projects, presentations, etc.) for areas needing improvement or that have been achieved.
- The RPD, RAC and/or preceptors determine the effectiveness of first quarter customized plan.
- The RPD and/or preceptors, with input from the resident, determine second quarter plan and document the follow-up plan for the second quarter.
- May include alterations in the goals and objectives, activities, learning experiences, structure, and/or assessment strategy.

Section VII.

Requirements for Successful Completion of PGY1 Residency Program

- Residents shall successfully complete all rotations assigned for their first and second year.
- Complete four presentations on their first year and six topic review/case presentations on their second year, two of which can be a drug monograph to be presented to the Formulary & Therapeutics Committee (FTC) and journal club to be presented to the pharmacy staff.
- Residents shall obtain "achieved" on a minimum of 80% of the program's objectives and have no more than 1 objective rated as "needs improvement" by the end of the second year.
- Residents shall successfully complete a research project. Successful completion will be indicated by:
    - A final evaluation by the research project advisor.
    - As instructed by the Program Director, a written manuscript of the residency project that meets the guidelines for submission to a journal and a poster with a written summary need to be submitted to the Program Director by November of the second year.
- Active participation and successful completion of a Medication Use Evaluation (MUE).
- Residents under the auspice of Saudi Commission for Health Specialties (SCFHS) shall comply with the examination policy as outlined in the SCFHS manual.
- For residents under the auspice SCFHS and ASHP granting the ASHP accredited residency program certificate is contingent with completion of SCFHS requirements and passing their exams.
- Complete the exit interview.
- Completion check lists (*Appendix A&B*).

Expectations from the Residents:

- Residents' primary professional commitment must be to the residency program.
- Interpretation of Requirement 1: A residency is a full-time obligation. Residents must manage their activities, external to the residency, so as not to interfere with the program defined in this Standard.
- Residents must be committed to the values and mission of the organization conducting the residency program.
- Residents must be committed to completing the educational goals and objectives established for the program.
- Residents must seek constructive verbal and documented feedback that directs their learning.
- Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.

Licensure:

- The resident should be licensed or eligible for pharmacy professional licensure within a 3-month period of starting the program.
- If the resident fails to get licensed within the allotted time, he/she will receive a warning for dismissal and a one-month extension period for licensure. If the resident fails to achieve licensure after the extension period; then he/she will be expelled from the program.

Training Postponement, Withdrawal, and Pausing:

- If the training interruption period that does not exceed 3 months (including trainee's annual leave), the training will be considered completed only if the training was compensated from annual leave; or after completing the last year of training and before the trainee is granted a training completion certificate)
- If the training interruption period exceeding 3 months but does not exceed 12 months, the training year in which the interruption occurred does not count and he/she must have resumed for the remaining months of the interrupted year even if it was not count it. Other training laws and regulations are applied against him/her. Training must be repeated for the interrupted year in the following year.

- if the training interruption period exceeds 12 consecutive months, the training will be suspended. Training cannot be resumed unless case is evaluated by a regional local supervisory committee, approved by the relevant scientific council or the scientific sub-specialty committee or training committee. Then, it should be further approved by the academic and training affairs to assess the trainee level before resuming the training program.

Duty Hours:

- Regular work hours from 7:30-17:00; some rotations might require different working hours.
- Includes all scheduled clinical and academic activities related to the pharmacy residency program but do not include: reading, studying, and academic preparation time for presentations and journal clubs.
- The preceptors will set specific hours of attendance required at the beginning of each learning experience.
- The attendance is monitored by RPD on monthly basis through accessing My Attendance application on hospital website (controlled by human resource department).

Staffing:

This is a required longitudinal learning experience for the duration of the residency. Staffing component is an opportunity for the resident to develop foundational practice skills in hospital pharmacy practice.

The resident will be assigned one day every other weekend. They will be assigned to work in different areas based on the need of the areas including TPN coverage, Pharmacokinetics consultation and inpatient or outpatient pharmacy. The program will abide by the duty hour standards set by ASHP Accreditation Standards for Pharmacy Residencies. Residents schedule will satisfy having one free day out of seven. Duty hours must be limited to 80 hours per week, averaged over a four-week period. ASHP Duty-Hour Requirements for Pharmacy Residencies.

- Residents in the first year: 2-4 shifts/month (Min. 12 shifts – Max. 24 shifts per training year)
- Residents in the second year: 2-4 shifts/month (Min. 16 shifts – Max. 32 shifts per training year)

Documentation:

The resident will be responsible for documenting his/her activities as per current practice.

Leaves:

The resident is eligible for the following vacations:

- Annual and study leave: four weeks, unutilized vacation during the year cannot be shifted to the following year. Refer to CIPP-11646, in addition to SCFHS regulation available at: https://www.scfhs.org.sa/en/MESPS/Documents/General%20Bylows%20of%20Traing%20in%20Postgraduate%20Programs.pdf

- One official Eid holiday.

- Sick leave, maternity leave and emergency leave: this is subject to each site's policy and regulations in addition to SCFHS regulation available at: https://www.scfhs.org.sa/en/MESPS/Documents/General%20Bylows%20of%20Traing%20in%20Postgraduate%20Programs.pdf

- Scientific leave: The resident can be granted a scientific leave up to ten days per year to attend scientific conferences or seminars, this is subject to each site's policy and regulations in addition to SCFHS regulation available at: https://www.scfhs.org.sa/en/MESPS/Documents/General%20Bylows%20of%20Traing%20in%20Postgraduate%20Programs.pdf

SCFHS Program Policy and Regulation:
For details regarding transfer, withdrawal, interruption of training, violations and termination, refer to training general regulation booklet available on:
https://www.scfhs.org.sa/MESPS/AcceptanceRegister/Pages/default.aspx
https://www.scfhs.org.sa/en/MESPS/Documents/General%20Bylows%20of%20Traing%20in%20Postgraduate%20Programs.pdf

Residents Rights and Obligations:
For details, refer to trainee's rights and obligation booklet available at:
https://www.scfhs.org.sa/en/MESPS/Documents/General%20Bylows%20of%20Traing%20in%20Postgraduate%20Programs.pdf

Appendix A: Checklist for First Year of the Program

Resident name: **Date:**

Required Documents	Yes	No	Comments
SCFHS Acceptance Letter			
KFSHRC Offer Letter			
Orientation Checklist			
Resident schedule			
Progress reports:			
Progress report for first quarter			
Progress report for second quarter			
Progress report for third quarter			
Progress report for fourth quarter			
Advisory committee reports:			
Advisory committee report for first quarter			
Advisory committee report for second quarter			
Advisory committee report for third quarter			
Advisory committee report for fourth quarter			
Resident in-training evaluation forms:			
Resident in-training evaluation for first quarter			
Resident in-training evaluation for second quarter			
Resident in-training evaluation for third quarter			
Resident in-training evaluation for fourth quarter			
Evaluation forms:			
Evaluation form for ambulatory care rotation			
Preceptor /learning experience evaluation form for ambulatory care rotation			
Evaluation form for inpatient care I rotation			
Preceptor /learning experience evaluation form for inpatient care I rotation			
Evaluation form for inpatient care II rotation			
Preceptor /learning experience evaluation form for inpatient care II rotation			
Evaluation form for sterile preparation rotation			
Preceptor /learning experience evaluation form for sterile preparation rotation			
Evaluation form for administration rotation			
Preceptor /learning experience evaluation form for administration rotation			
Evaluation form for drug information rotation			
Preceptor /learning experience evaluation form for drug information rotation			
Evaluation form for medication Safety/automation rotation			
Preceptor /learning experience evaluation form for medication Safety/automation rotation			
Evaluation form for introduction to clinical pharmacy rotation			
Preceptor /learning experience evaluation form for introduction to clinical pharmacy rotation			
Evaluation form for Total Parental Nutrition rotation			
Preceptor /learning experience evaluation for Total Parental Nutrition rotation			
Presentations:			

Copy of first presentation			
Copy of second presentation			
Copy of third presentation			
Copy of first journal clubs			
Research project documents: Research project file (proposal and ORA approval)			

Appendix B: Checklist for Second Year of the Program

Resident name: **Date:**

Required Documents	Yes	No	Comments
Progress reports:			
Progress report for first quarter			
Progress report for second quarter			
Progress report for third quarter			
Progress report for fourth quarter			
Advisory committee reports:			
Advisory committee report for first quarter			
Advisory committee report for second quarter			
Advisory committee report for third quarter			
Advisory committee report for fourth quarter			
Resident in-training evaluation forms:			
Resident in-training evaluation for first quarter			
Resident in-training evaluation for second quarter			
Resident in-training evaluation for third quarter			
Resident in-training evaluation for fourth quarter			
Evaluation forms:			
Evaluation form for clinical rotation 1			
Preceptor /learning experience evaluation form for clinical rotation 1			
Evaluation form for clinical rotation 2			
Preceptor /learning experience evaluation form for clinical rotation 2			
Evaluation form for clinical rotation 3			
Preceptor /learning experience evaluation form for clinical rotation 3			
Evaluation form for clinical rotation 4			
Preceptor /learning experience evaluation form for clinical rotation 4			
Evaluation form for clinical rotation 5			
Preceptor /learning experience evaluation form for clinical rotation 5			
Evaluation form for clinical rotation 6			
Preceptor /learning experience evaluation form for clinical rotation 6			
Evaluation form for clinical rotation 7			
Preceptor /learning experience evaluation form for clinical rotation 7			
Evaluation form for clinical rotation 8			
Preceptor /learning experience evaluation form for clinical rotation 8			
Evaluation form for clinical rotation 9			

Preceptor /learning experience evaluation form for clinical rotation 9			
Presentations:			
Copy of first presentation			
Copy of second presentation			
Copy of third presentation			
Copy of fourth presentation			
Journal Clubs:			
Copy of first journal clubs			
Copy of second journal clubs			
Copy of third journal clubs			
Copy of fourth journal clubs			
Research Project Manuscript Submission by November			
MUE documents: (memos, data collection, and final report)			
In-service (s) slides			
Non-formulary drug requests (review only no identifiers)			
FTC Monograph requests			
Awareness days activity			
Newsletter articles			
Developed guideline and protocols			
Performance Improvement Project			
Exit interview form			
Percentage of objectives to be achieved during at the end of second year.		%	