

## PGY1 RESIDENCY - ACTIVITY TRACKING GRID 2022-2023; MINIMUM REQUIREMENTS FOR PROGRAM COMPLETION RESIDENT NAME: INSTRUCTIONS: Please complete this document on an ongoing basis throughout the residency year. It is used to keep track of all residency-related activities and projects completed during the year. It is the resident's responsibility to ensure this is completed and sent to the program director and coordinator at the time of each quarterly scheduled summative evaluation. Please edit the document as required in order to document all appropriate activities. The requirements listed here and indicated in the residency policies must be fully met in order to obtain a residency certificate of completion. At minimum, 80% of all objectives must be achieved for the residency per the current ASHP PGY1 Residency Accreditation Standards. The remaining 20% that are not achieved for the residency must all at the very least be in satisfactory progress, with no needs improvement. The resident must successfully complete all required and scheduled learning experiences. All assignments and activities of the learning experience as required by the primary preceptor of the rotation must be completed. PharmAcademic: All assigned evaluations must be completed prior to the last day of residency. Any evaluations requiring resident co-signature must be completed prior to the last day of residency. Sections highlighted in green below are considered mandatory to meet the requirements for PGY1 residency completion. Please also track activities highlighted in the yellow sections. THE REQUIREMENTS LISTED BELOW WILL NEED TO MEET MINIMUM EXPECTATIONS SET FORTH BY THE RESIDENCY PROGRAM. PERFORMANCE ON OF ANY OF THESE TASKS DEEMED 'NOT ACCEPTABLE' OR OF 'BELOW AVERAGE' QUALITY WILL UNDERGO FURTHER REVIEW BY THE PROGRAM DIRECTOR, COORDINATOR, AND/OR PRECEPTORS AS APPROPRIATE AND THE RESIDENT MAY BE REQUIRED TO COMPLETE MAKE UP ASSIGNMENTS AND/OR REPEAT THE TASK UNTIL PROFICIENCY IN THE RESPECTIVE AREA HAS BEEN ESTABLISHED AS DEEMED BY director.

St John Fisher Teaching Course-Related Activities				
Dates of				

Attendance

General

Session / Activity

Dates	Rotation	Trainees	College		
			partment (e.g. nursing or physician in-servic		
separate table	; for Journal Glub). This incl	ades presenting at resident conferences,	, research presentations (UB day, Eastern sta	ates) presentations while on an (	, w).85 i. <b>.;</b> res) <b>(</b> n m)o i i (c)
No	Date	Learning Experience	Title of Presentation	Duration of Lecture	Type of Audience
NI-	Date	Detation			Decembed on Attended?
No	Date	Rotation			Presented or Attended?

No	Date	Learning Experience / Rotation	Title	Duration	Format (case, guideline, EM conf.)
Dates					

Research - Note: At minimum, #1 Minor Project Presentation (Midyear Poster) and #1 Major Project Presentation (Platform) is required. For the Major Research project, data analysis must be completed and findings presented at UB day and Eastern States Residency Conference. A manuscript in a form suitable for publication must be completed prior to the last day of the residency program to obtain a residence D 4.3 (h)9.1t2 h401s3.1 (j)-1.2 (o)- 57 (n)93 (n)90s

Resuscitation: Required Meetings/Certifications/Assignments: ACLS certification, Pharmcy Code response SOP ("Blue 100" for inpatient or "Medical 500" in the ED) and Stroke response SOP and complete the competency on MyPath. The following are required if completing an ICU or EM rotation: PERT response – review PERT SOP and complete the competency on MyPath, Sepsis response – review the Pharmacy Code Sepsis SOP, and review Trauma Team Video: https://vimeo.com/69986802

## **Completion Date / Comments**

		Mock Code Attendance: MII	NIMUM REQUIRED: 0 (Includes Peds a	and Adults)	
No	Date	Rotation	·	,	
		Blue-100 C	odes: MINIMUM REQUIRED: 2		
No	Date	Rotation	Preceptor	Involvement During Code	
	_				
No	Date	Committee (Therapeutics, Clinical Council etc.)	Involvement (Guideline prepara	tion, Minutes, Presentation etc.)	Preceptor

Departmental Staff & Pat MINIMUM REQUIRED: 2.		ental Staff Meetings: MINIMUM REQUIRED: 4 and	d Attendance to Departmental Pat	ient Safety Meetings:
No	Date	Meeting (Staff o	r Safety?)	
Continuing Education / E	ducational Opportunities - Please list any CE pr	ograms or other educational sessions (In-services	, CE sessions at national meetings	etc.) attended during the year
Date	Program Title	Credits provided (if CE)	Program Number	Organization Sponsoring Training (if applicable)

Learning Experience

No

Professional W listed above	/riting / Other Projects - Please I	ist any formal drug information, newsletter write-ups completed, manuscript reviews, or a	any other projects completed during the year not
No	Activity	Title / Project	Preceptor
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