

ACCP GUIDELINE

A Self-Assessment Guide for Resident Teaching Experiences

Janet P. Engle, Amy M. Franks, Emily Ashjian, Angela L. Bingham, John M. Burke, Brian L. Erstad, Seena L. Haines, Michelle L. Hilaire, Michelle L. Rager, and Rebecca Wienbar
American College of Clinical Pharmacy, Lenexa, Kansas

The 2015 American College of Clinical Pharmacy (ACCP) Educational Affairs Committee was charged with developing a self-assessment guide for residency programs to quantitatively and qualitatively evaluate the outcomes of resident teaching curricula. After extensively reviewing the literature, the committee developed assessment rubrics modeled after the 2013 ACCP white paper titled “Guidelines for Resident Teaching Experiences” and the revised American Society of Health-System Pharmacists (ASHP) 2014 accreditation standards for PGY1 residencies, which place greater emphasis on the teaching and learning curriculum (TLC) than the previous accreditation standards. The self-assessment guide developed by the present committee can serve as an assessment tool for both basic and expanded TLCs. It provides the criteria for program goals, mentoring, directed readings with topic discussions, teaching experiences, and assessment methodology. For an expanded TLC, the committee has provided additional guidance on developing a teaching philosophy, becoming involved in interactive seminars, expanding teaching experiences, developing courses, and serving on academic committees. All the guidelines listed in the present paper use the measures “not present,” “developing,” and “well developed” so that residency program directors can self-assess along the continuum and identify areas of excellence and areas for improvement. Residency program directors should consider using this new assessment tool to measure program quality and outcomes of residency teaching experiences. Results of the assessment will help residency programs focus on areas within the TLC that will potentially benefit from additional attention and possible modification.

KEY WORDS pharmacy residency, resident teaching, teaching certificate, self-assessment guide, teaching and learning curriculum.

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This document was prepared by the 2015 Educational Affairs Committee: Janet P. Engle, Pharm.D., Ph.D. (Hon), FAPhA, FNAP (Chair); Amy M. Franks, Pharm.D. (Vice Chair); Emily Ashjian, Pharm.D., BCPS, BCACP; Angela L. Bingham, Pharm.D., BCPS, BCNSP; John M. Burke, Pharm.D., FCCP, BCPS; Brian L. Erstad, Pharm.D., FCCP, BCPS; Seena L. Haines, Pharm.D., BCACP, FASHP, FAPhA; Michelle L. Hilaire, Pharm.D., FCCP, BCPS; Michelle L. Rager, Pharm.D., BCPS, CDE; and Rebecca Wienbar

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Address reprint requests to the American College of Clinical Pharmacy, 13000 W. 87th St. Parkway, Suite 100, Lenexa, KS 66215; e-mail: accp@accp.com; or download from <http://www.accp.com>.

Address for correspondence: uicpharm@uic.edu, jengle@uic.edu

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Introduction

The American College of Clinical Pharmacy (ACCP) has charged the 2015 Educational Affairs Committee with developing a self-assessment guide for residency programs to quantitatively and qualitatively evaluate the outcomes of resident teaching experiences. In this mission, the committee has looked to the ACCP white paper published in 2013 by the ACCP Task Force on Residencies, which outlines recommendations for teaching experiences within residency programs. These recommendations are for residency programs that offer basic teaching experiences as well as for programs that offer an expanded teaching and learning curriculum

(TLC) or teaching certificate program.¹ Residency programs that offer an expanded TLC should be affiliated with an academic institution. A basic TLC should meet the competencies defined by the new American Society of Health-System Pharmacists (ASHP) Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs.² An expanded TLC may be incorporated into a PGY2 residency program. However, it is also possible that a PGY1 residency affiliated with an academic institution could offer a broad-enough experience to meet the requirements for an expanded experience. At any rate, outcome measures for the residency program teaching experiences are needed to complement the ACCP white paper. A 2014 article by Wright et al.³ outlining recommendations for postgraduate pharmacy experiences in education suggests that residency TLCs incorporate an assessment system to enhance programmatic improvement. Accordingly, the 2015 Educational Affairs Committee has developed this self-assessment guide to be used in tandem with the aforementioned white paper and accreditation standards.

This self-assessment guide has two guidelines. Guideline 1 is relevant to residency programs that offer a basic TLC. Guideline 2 is relevant to residency programs that offer an expanded TLC or formal teaching certificate program. See **Table 1** for a comparison of the two guidelines. For more detail regarding the guidelines listed in this paper, the reader is referred to the 2013 ACCP white paper.¹

Before developing these assessment tools, the committee completed an extensive literature review. Of note, since the ACCP white paper was published, ASHP has adopted a revised accreditation standard for PGY1 residencies² with greater emphasis on including a TLC for PGY1 residencies that went into effect on July 1, 2016. The new ASHP standard does not apply to PGY1 community pharmacy residencies or PGY1 managed care residencies.⁴ Thus, although the assessment tools provided herein have been organized according to the ACCP white paper, this self-assessment guide also includes relevant information from an extensive literature search, the new ASHP standards,² and the elective competency areas for PGY1 residencies approved by ASHP in 2014.⁵

The ACCP Educational Affairs Committee recommends that all residency programs consider using this assessment tool to measure program quality and outcomes of residency teaching

Table 1. Guideline 1 vs Guideline 2

Guideline 1: Goals and Outcomes for Basic Teaching Experiences are Defined	Guideline 2: Goals and Outcomes for an Expanded TLC Affiliated with an Academic Institution are Defined
1.1. A self-reflective statement is required and periodically revised	2.1. A teaching philosophy is developed and periodically revised as part of a teaching portfolio
1.2. Teaching mentor is assigned	2.2. Teaching mentor with both didactic and experiential experience is assigned
1.3. Pedagogical readings and topic discussions are provided	2.3. Pedagogical interactive seminars are developed and required before teaching experiences take place
1.4. Residents participate in a variety of teaching experiences	2.4. Residents participate in a broader variety of teaching experiences
1.4a. Teaching experiences: Formal lecture	2.4a. Teaching experiences: Formal lecture
1.4b. Teaching experiences: Precepting	2.4b. Teaching experiences: Precepting
1.4c. Teaching experiences: At least one small-group discussion	2.4c. Teaching experiences: At least two small-group discussions
1.4d. Teaching experiences: Patient case presentation	2.4d. Teaching experiences: Patient case development for several learning situations
1.5. Assessment methodology for satisfactory completion of basic teaching experiences is developed	2.4e. Teaching experiences: Course development including instructional design
	2.4f. Teaching experiences: Academic committee work
	2.4g. Teaching experiences: Facilitation of vignette-based instruction, role-play, or patient simulation
	2.4h. Teaching experiences: Delivery of presentation at local, regional, or national meeting
	2.5. Assessment methodology for satisfactory completion of expanded TLC is developed and includes a teaching portfolio

experiences. For both the guidelines listed herein and their subparts, the measures “not present,” “developing,” and “well developed” are used so that residency program directors (RPDs) can self-assess along the continuum and identify areas of excellence and areas for improvement. Results of the assessment will help RPDs focus on areas within the TLC that will benefit from additional attention and possible modification.

Guideline 1: Goals and Outcomes for Basic Teaching Experiences			
	Not Present	Developing	Well Developed
Residency program has explicit goals and outcomes for basic teaching experiences			
Program goals address the following areas and provide opportunities for residents to: <ul style="list-style-type: none"> • Develop a teaching self-reflection statement; • Develop a teaching portfolio; • Be assigned and interact with a teaching mentor; • Complete pedagogical readings and discussions; and • Be involved in various teaching experiences, including giving a formal lecture, precepting, leading a small-group discussion, and presenting a patient case 			
Program goals are tailored to residents' training level (PGY1 vs. PGY2) or residents' past experiences			
Notes:			

not present = program does not have the required element(s); developing = program is partly compliant with the required element(s) and/or element(s) is in need of further development; well developed = program fulfills all the required elements.

Guideline 1

“Residency programs should develop specific goals and outcomes for teaching experiences.”¹ (applicable to basic TLCs)

Although each residency program will differ in its approach to providing basic teaching experiences to residents, all goals and outcomes for the program’s teaching component should be documented.

Guideline 1.1

“A self-reflective statement of the resident’s values and goals of educating others will be developed and periodically revised as part of a teaching portfolio that captures the resident’s teaching experiences and scholarship of teaching.”¹

All basic teaching experiences should require residents to develop a self-reflective statement that describes their concept of teaching, in part, on the basis of past educational experiences. This document should be included in the resident’s teaching portfolio, completed within 3 months of starting the residency, and reviewed at least semiannually.

Guideline 1.2

“Residents should be assigned a teaching mentor to offer guidance in and evaluation of all teaching experiences.”¹

A program may have many preceptors, but they may not all be interested in becoming a teaching mentor. Before assigning a resident to a mentor, the RPD should evaluate who is qualified and wants to serve as a mentor for a resident. Ideally, the RPD will not serve as the mentor, allowing residents the opportunity to develop a relationship with an additional mentor or adviser. It is important to find mentors who can help residents prepare for and evaluate various types of teaching opportunities.

Mentor role

- The mentor will contact the resident during program orientation to explain the purpose of the mentor-mentee relationship and set up a time for the first meeting. Ideally, this meeting will be done in person, but it can also be done by telephone or video technology.
- The mentor and mentee will set minimum quarterly meetings during the residency

Guideline 1.1: Self-Reflection			
	Not Present	Developing	Well Developed
Residents have the opportunity to develop, evaluate, and revise self-reflective teaching statements, with the final version included in a teaching portfolio.			
Programs develop and use a rubric to assess the quality of residents' reflective statements. Assessment includes: <ul style="list-style-type: none"> • Style, grammar, professional approach; • Teaching-specific content; • Inclusion of critical components: personal values and goals for teaching, reflections on past experiences, methods for achieving goals; and • Adequate depth/quality of reflection (evidence of understanding, applying theory to practical situation, evidence of change in perspective or behavior [critical reflection]) 			
Teaching mentors are in place to evaluate reflection statements at creation and after each revision (at least semiannually, but preferably quarterly)			
Program annually assesses its support and development of residents' reflective ability through: <ul style="list-style-type: none"> • Review of program curriculum and structure (i.e., mentoring) and • Survey of residents to obtain feedback on the value of self-reflection within the curriculum 			
Program conducts qualitative thematic evaluation of content of resident reflective statements every 2–3 years to further examine and gain insight on: <ul style="list-style-type: none"> • Breadth and depth of program content and structure, • Successful areas of resident growth and development, and • Opportunities not afforded by the program 			
Notes:			

year. Meetings can be added by the mentor or mentee, and informal meetings are highly encouraged as well.

- The mentor will provide support and guidance to the resident throughout the residency year.
- The mentor will maintain open communication with the resident.
- The mentor will try to attend as many teaching opportunities as possible to provide guidance, support, and feedback for the resident.

- The mentor should ideally be a faculty member who has been in a faculty role for a minimum of 1 year, or a preceptor with experience in many different teaching experiences such as formal presentations and experiential education.

Mentee role

- Residents will discuss their past teaching experiences with their mentor to evaluate their comfort level and set realistic goals as the result of this discussion.

Guideline 1.2: Teaching Mentors			
	Not Present	Developing	Well Developed
Program explicitly states goals/objectives for mentoring residents in teaching			
A qualified teaching mentor is selected for each resident (at least 1 year of experience in teaching, which should include experiential and didactic education)			
Program provides mentor development activities for preceptors/program faculty			
Program requires mentors to provide guidance in selecting and scheduling teaching activities			
Program requires mentors to provide written and verbal evaluation of residents' teaching experiences, at least quarterly			
Program requires residents to communicate with mentors semiannually regarding reflective writing on teaching experiences and the mentoring relationship (months 6 and 12)			
Program affords opportunities for residents to apply mentoring principles during the last quarter of their residency when precepting students			
Program affords residents the opportunity to evaluate the effectiveness of the mentor/mentoring relationship at year-end			
Notes:			

- Residents will maintain the mentor-mentee relationship by communicating regularly, attending scheduled meetings, and making their mentor aware of current and upcoming teaching opportunities.
- Residents will share all formal teaching evaluations with their mentor and allow the mentor access to their reflective writings on the teaching process.

Role of the RPD

- The RPD will solicit interest in becoming a teaching mentor from staff and preceptors before the residency year begins. Mentors should volunteer and not be forced into the position.
- The RPD will match residents to a mentor. Efforts will be made to provide residents with a mentor who, through the mentor's

location or role, will improve the diversity in their residency experience.

- The RPD can provide advice, guidance, and support throughout the mentorship process.
- The RPD can also evaluate the resident if the mentor is unavailable.

Guideline 1.3

“Reading assignments and topic discussions to provide a foundation in teaching and learning should be provided before teaching experiences.”¹

Basic TLCs in residency programs must provide basic instruction in pedagogy. Because not all residency programs are associated with an academic institution, this instruction does not

Guideline 1.3: Pedagogical Readings and Topic Discussions^a			
	Not Present	Developing	Well Developed
Pedagogical readings and topic discussions include: <ul style="list-style-type: none"> • Writing learning objectives, goals, and an assessment strategy; • Formulating effective teaching methods and strategies; • Developing a professional presentation (e.g., lecture handouts, audiovisuals, outline/script, technology, delivery style); • Tailoring a presentation to the audience (students, peers, other health professionals); • Precepting pharmacy students; • Evaluating teaching experiences (by reviewing evaluations completed by students, peers, and self); • Evaluating student performance and providing feedback; and • Developing and using a patient case for teaching 			
Program structure requires: <ul style="list-style-type: none"> • Residents to be assessed for completing all assignments and participating in topic discussions before beginning teaching experiences and • Residents to assess the effectiveness of the pedagogical readings and topic discussions 			
Notes:			

^aThis dimension should be assessed annually by the residency program director.

Adapted from: Havrda DE, Engle JP, Anderson KC, et al. Guidelines for resident teaching experiences. *Pharmacotherapy* 2013;33:e147-61.

have to be provided through a formal lecture series. Assigned pedagogical readings and topic discussions may be used to meet this guideline.

Guideline 1.4

“Residents should participate in a variety of adequate teaching experiences to ensure their comfort and confidence in preparing, delivering, and assessing teaching activities in various settings.”¹

Residency programs with a basic TLC must provide residents with opportunities to participate in teaching experiences including a formal lecture, a co-precepting/precepting experience, a small-group discussion, and development of a patient case (see guideline 1.4a–d). The teaching

mentor is essential to arrange these experiences and guide residents through them. These opportunities need not be at the level of an expanded TLC that is associated with a college of pharmacy.

Guideline 1.5

“Clear criteria for the satisfactory performance and achievement of basic teaching experiences should be developed.”¹

Assessment criteria for the satisfactory completion of required teaching experiences should be developed. The teaching mentor should review and assess the teaching portfolio and written evaluations of the resident’s teaching experiences.

Guideline 1.4a: Teaching Experiences: Formal Lecture			
	Not Present	Developing	Well Developed
Program ensures that residents have opportunities to deliver at least one formal lecture lasting at least 30 minutes (large-group instruction). Audience may include health care professionals, pharmacy students, students in another health-related field, patients, and members of the community			
Teaching mentors are in place to ensure that residents have completed the following appropriate preparations for the lecture: <ul style="list-style-type: none"> • Learning objectives, • Lesson plan or outline for the lecture, • Required/recommended readings, • Most appropriate classroom delivery method for the intended audience (e.g., slides/handout, active learning strategies), and • Assessment strategy to evaluate the learning objectives 			
Teaching mentors are in place to review residents' presentations before delivery, providing verbal and written guidance as well as feedback regarding: <ul style="list-style-type: none"> • Objectives, • Presentation content, • Appropriateness of literature resources used, • Delivery method, • Appropriateness of audiovisual materials (if applicable), and • Audience assessment questions 			
Program encourages individuals who are knowledgeable about the content (content experts) to observe and provide feedback on the presentation.			
Program requires residents' performance to be assessed by written self-evaluation of: <ul style="list-style-type: none"> • Strengths and weaknesses of the experience, • Audience's evaluation of the lecture, • Teaching mentor's evaluation, and • Content expert's evaluation 			
If possible, lecture is recorded and reviewed by residents			
Teaching mentors are in place to meet with residents within 1 week of the lecture to discuss the resident's overall performance			
Notes:			

Guideline 2

Residency programs should develop specific goals and outcomes for residents completing an expanded TLC affiliated with an academic institution. (Applicable to residency programs offering an expanded TLC or teaching certificate program)

Although each residency program is different and may approach providing an expanded TLC to residents in a variety of ways, the program should

have documented goals and outcomes for the program's teaching component. In addition, to offer an expanded TLC, the residency program should be affiliated with a college of pharmacy or academic institution. Residents should be given the opportunity to participate in teaching opportunities generally not offered in basic teaching and learning experiences such as involvement in course development, facilitation of vignette-based instruction, and delivery of a presentation at a local, regional, or national meeting.

Guideline 1.4b: Teaching Experiences: Precepting			
	Not Present	Developing	Well Developed
Residents are assigned teaching mentors with experience in experiential education. Mentors should have at least 1 year of precepting experience with student or resident learners (IPPE, APPE, and/or residents)			
Teaching mentors are in place to discuss the role and responsibilities of residents as preceptor/co-preceptor before the precepting experience (directing, modeling, coaching, facilitation)			
Program offers residents the opportunity to: <ul style="list-style-type: none"> • Co-precept at least one IPPE or APPE student before residents can serve as the primary preceptor, • Serve as co-preceptor (PGY1) or preceptor (PGY2) for at least one IPPE or APPE student in the last half of their residency year, and • Work with the precepting mentor in all activities and assessments 			
A process is established to provide formative feedback to residents on co-precepting experiences before residents can serve as the primary preceptor			
Teaching mentors are in place to review residents' presentations before delivery, providing verbal and written guidance as well as feedback regarding: <ul style="list-style-type: none"> • Objectives, • Presentation content, • Appropriateness of literature resources used, • Delivery method, • Appropriateness of audiovisual materials (if applicable), and • Audience assessment questions 			
Program design includes resident facilitation of learning activities and topic discussions during the rotation			
Teaching mentors are in place to: <ul style="list-style-type: none"> • Regularly observe residents in interactions with students throughout the rotation, • Provide oral and written feedback to residents on precepting skills throughout and at the end of the rotation, and • Meet with residents within 1 week of completing the rotation to discuss the resident's (self, mentor, and student) evaluations 			
Notes:			

APPE = advanced pharmacy practice experience; IPPE = introductory pharmacy practice experience.

Guideline 2.1

“A teaching philosophy reflective of residents' values and goals of educating others will be developed and periodically revised as part of a teaching portfolio.”¹

All expanded TLCs affiliated with an academic institution should require residents to develop a teaching philosophy that summarizes each resident's values and purpose of teaching.

This document builds on the teaching self-reflection described in guideline 1.1. If a self-reflection has been developed in the past, residents should review it when writing their teaching philosophy. This document should be included in the resident's teaching portfolio and should be completed by the midpoint of the residency as well as reviewed at the end of the program.

Guideline 1.4c: Teaching Experiences: Small-Group Discussion			
	Not Present	Developing	Well Developed
<p>Program design offers the opportunity for residents to:</p> <ul style="list-style-type: none"> • Facilitate at least one small-group discussion lasting at least 30 minutes for at least five participants (e.g., students, pharmacists, pharmacy technicians, other health care professionals, patients, and members of community) and • Self-evaluate their performance as a small-group discussion facilitator 			
<p>Program design requires residents to create all components necessary for the discussion with the assistance of the teaching mentor to include:</p> <ul style="list-style-type: none"> • Learning objectives, • Required readings, • Outline/handout or lesson plan, • Questions to encourage discussion, and • Assessment method for learning objectives 			
<p>Teaching mentors are in place to:</p> <ul style="list-style-type: none"> • Review all components of the discussion and provide written and verbal feedback before the small-group discussion • Attend group facilitation to observe resident performance • Provide oral and written feedback of facilitation skills after the end of the discussion. Teaching mentors should also discuss the success or failure of student learning based on the assessment methods used • Meet with residents within 1 week of completing the small-group discussion to discuss the resident's (self, mentor, and student) evaluations 			
Notes:			

Guideline 2.2

“[Participants in an expanded TLC] should be assigned a teaching mentor to offer guidance for and evaluation of all teaching experiences.”

To facilitate resident learning, a teaching mentor should be assigned to assist residents in preparing for and executing the various teaching experiences within the expanded TLC. Teaching mentors should have experience in both academic and experiential settings. More than one person can serve as a mentor. See guideline 1.2 for additional information about teaching mentors.

Guideline 2.3

“Participants should actively participate in a series of interactive seminars that offer education on core pedagogy topics before the teaching experiences take place.”¹

Formal instruction on pedagogy with assigned readings and interactive sessions with the program faculty should be provided, ideally with the assistance of a college of pharmacy or academic institution. Active learning techniques should be used throughout the seminar series.

Guideline 1.4d: Teaching Experiences: Patient Case Presentation			
	Not Present	Developing	Well Developed
Program design includes a formal case presentation as a required learning experience for all residents			
Program requires that at least one case presentation be delivered to learners. Learners can be students, residents, health care professionals, or a combination of different levels			
Program designates a specific number of case presentations to introduce residents to the role of cases in teaching and education			
Teaching mentors are in place to provide verbal and written feedback to residents before the case presentation to assess whether the case is: <ul style="list-style-type: none"> • Constructed for the specific learning situation; • Achieving a clear, specific learning outcome(s); • Appropriately complex for both the level of the learner and the learning outcome(s); • Complete with all the information the learner needs to achieve the learning outcome(s); • Clearly formatted; and • Appropriate in scope to be completed within the specified time frame 			
Teaching mentors are in place to provide verbal and written feedback to residents within 1 week of the patient case presentation to assess: <ul style="list-style-type: none"> • Appropriate construction of the case, • Effectiveness in achieving learning outcomes and assessing student performance, and • Areas for improvement in delivery of material 			
Notes:			

Guideline 2.4

“[TLC participants] should participate in a variety of adequate teaching experiences to ensure their comfort and confidence in preparing, delivering, and assessing teaching activities in various settings.”¹

Residency programs providing an expanded TLC must provide residents with opportunities to participate in teaching experiences including a formal lecture, a precepting experience, a small-group discussion, and development of a patient case (see assessments 2.4a–d). In addition, other

teaching opportunities such as involvement in course development, facilitation of vignette-based instruction, and delivery of a presentation at a local, regional, or national meeting should be offered to the resident (see assessments 2.4e–h). Residents should enlist the help of a teaching mentor to guide them through these experiences.

Guideline 2.5

“Clear criteria for the satisfactory performance and achievement of the TLC goals should be developed.”¹

<i>Guideline 1.5: Assessment Methodology for Basic Teaching Experiences</i>			
	Not Present	Developing	Well Developed
A teaching portfolio is used as a system for documentation and evidence of residents' teaching experiences that includes: <ul style="list-style-type: none"> • Self-reflective statement on teaching; • Teaching artifacts (handouts, slides, objectives, assessment methods); • Teaching evaluations (preceptor, student, peer, self); • Supplemental instruction/courses completed; and • Other (committee service, scholarship, awards and recognition, advisee communication) 			
Program has an assessment system in place for ongoing development			
Notes:			

<i>Guideline 2: Goals and Outcomes for Expanded TLCs</i>			
	Not Present	Developing	Well Developed
TLC has explicit goals and objectives			
Residency program is affiliated with a college of pharmacy or academic institution			
TLC goals address the following areas and provide opportunities for residents to: <ul style="list-style-type: none"> • Develop a teaching philosophy; • Develop a teaching portfolio; • Interact with a teaching mentor who has academic and experiential teaching experience; • Participate in a pedagogy curriculum that prepares residents for teaching experiences; • Discuss academia and the roles and responsibilities of faculty and preceptors; and • Be involved in various teaching experiences including small-group facilitation, experiential education, didactic presentations, and case-based teaching 			
TLC goals are tailored to residents' training level (PGY1 vs. PGY2) or their past experiences			
Notes:			

Guideline 2.1: Teaching Philosophy			
	Not Present	Developing	Well Developed
Residents develop, evaluate, and revise teaching philosophies, with final version included in a teaching portfolio			
Program develops and uses a rubric to assess the quality of residents' teaching philosophies. Assessment includes: <ul style="list-style-type: none"> • Style, grammar, professional approach; • Resident's values and purpose of teaching to desired audience (goals and objectives); • Inclusion of required content: <ul style="list-style-type: none"> ◦ Goals and values as a teacher and for learners (personal values and goals for teaching), ◦ Description of teaching approaches and methods (methods for achieving goals), ◦ Assumptions about teaching and learning to justify teaching style (considerations of effectiveness of past experiences), and ◦ Assessment measures to determine teaching effectiveness • Depth/quality of reflection (evidence of understanding, applying theory to practical situation, evidence of change in perspective or behavior [critical reflection]) 			
TLC goals address the following areas and provide opportunities for residents to: <ul style="list-style-type: none"> • Develop a teaching philosophy; • Develop a teaching portfolio; • Interact with a teaching mentor who has academic and experiential teaching experience; • Participate in a pedagogy curriculum that prepares residents for teaching experiences; • Discuss academia and the roles and responsibilities of faculty and preceptors; and • Be involved in various teaching experiences including small-group facilitation, experiential education, didactic presentations, and case-based teaching 			
TLC goals are tailored to residents' training level (PGY1 vs. PGY2) or their past experiences			
Notes:			

Assessment criteria for the satisfactory completion of the required teaching experiences should be developed. Assessment criteria should include a review and assessment of the teaching portfolio and participation in pedagogy seminars as well as the teaching mentor's evaluations of residents' teaching experiences. The teaching portfolio should be the sole record of the resident's teaching experiences throughout the TLC.

References

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2. ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. Available from www.ashp.org/DocLibrary/Residents/Newly-Approved-PGY1-Standard.pdf. Accessed July 7, 2015.
3. Wright EA, Brown B, Gettig J, et al. Teaching and learning curriculum programs: recommendations for postgraduate pharmacy experiences in education. *Am J Health Syst Pharm* 2014;71:1292–302.

Guideline 2.2: Teaching Mentors			
	Not Present	Developing	Well Developed
Program explicitly states goals/objectives for mentoring residents in teaching			
Program selects qualified teaching mentors for residents who are: <ul style="list-style-type: none"> • Academic faculty: A faculty member with at least 3 years of teaching experience in an ACPE-accredited institution or a minimum of 1 year of teaching experience with completion of an expanded TLC • Experiential faculty: A faculty member or preceptor with at least 3 years of experiential teaching experience (can be the same as academic mentor) 			
Program requires that reading assignments and assigned topic discussion be completed for mentor and mentee development (e.g., continuing education activities, preceptor/mentor development, surveys, focus groups)			
Program requires mentors to provide guidance in selecting and scheduling teaching activities			
Program incorporates opportunities for residents to: <ul style="list-style-type: none"> • Evaluate the effectiveness of the mentoring relationship at year-end; • Communicate with mentor regarding reflective writing about teaching experiences and mentoring relationship at 6 and 12 months; • Apply mentoring principles during the last quarter of residency; • Use active learning in a teaching environment; • Develop a formal teaching philosophy that is shared and discussed with the mentor; • Discuss the teaching mentor's teaching philosophy; • Explore the teaching philosophies of several preceptors during the year and journal about the differences; • Journal about articles or books focused on active learning and leadership development, as assigned by the mentor; and • Evaluate the TLC's effectiveness at year-end 			
Notes:			

ACPE = Accreditation Council for Pharmacy Education.

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5. Elective Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies. Available from

www.ashp.org/DocLibrary/Accreditation/Newly-Approved-Elective-Competency-Areas-Goals-and-Objectives-October-2014.pdf. Accessed August 28, 2015.

Guideline 2.3: Interactive Seminars			
	Not Present	Developing	Well Developed
<p>Program offers appropriate seminars incorporating active learning on core pedagogy topics including:</p> <ul style="list-style-type: none"> • Creating a teaching philosophy; • Maintaining a teaching portfolio; • Engaging in interprofessional education; • Developing and administering courses (e.g., designing a course, creating a syllabus, developing grading criteria, maintaining grades and records); • Using and developing an assessment strategy (e.g., writing and analyzing assessment questions, using grading rubrics and OSCEs [objective structured clinical examinations]); • Creating an experiential rotation and precepting pharmacy students; • Dealing with difficult students and situations (e.g., professionalism, academic dishonesty); and • Learning the academic roles and responsibilities of a faculty member and/or preceptor (e.g., tenure- vs. nontenure-track positions; practice/science departments; administration; credentialing; three domains: teaching, scholarship, and service) 			
Program structure requires residents to assess the effectiveness of the pedagogical readings and seminars at least twice yearly			
Notes:			

Adapted from: Havrda DE, Engle JP, Anderson KC, et al. Guidelines for resident teaching experiences. *Pharmacotherapy* 2013;33:e147-61.

Guideline 2.4a: Teaching Experiences: Formal Lecture			
	Not Present	Developing	Well Developed
Program requires residents to deliver at least two formal didactic lectures lasting at least 30 minutes each (large-group instruction)			
Program has an established process to allow residents to compare performance between the two lectures and evaluate for growth through self-assessments and formal feedback from the teaching mentor			
Program requires that at least one formal lecture be delivered to a student audience within an academic institution (pharmacy students or other health care students) and that at least one presentation be delivered to another audience (pharmacists, pharmacy technicians, nurses, medical interns/residents, other health care professionals, or the community)			
Program requires PYG2 residents to deliver at least one lecture within the resident's specialty area			
Teaching mentors are in place to ensure that residents have completed appropriate preparations for the lectures: <ul style="list-style-type: none"> • Learning objectives; • Lesson plan or outline for the lecture; • Required/recommended readings; • Most appropriate delivery method for the intended audience (e.g., slides/handout, active learning strategies, classroom methodologies); and • Assessment strategy to evaluate the learning objectives 			
Teaching mentors are in place to review residents' presentations before delivery, providing verbal and written guidance as well as feedback regarding: <ul style="list-style-type: none"> • Objectives, • Presentation content, • Appropriateness of literature resources used, • Delivery method, • Appropriateness of audiovisual materials (if applicable), and • Audience assessment questions 			
Program requires that an evaluator who is knowledgeable about the content (content expert) observe and provide feedback on the presentations			
Resident performance is assessed by a written self-evaluation of: <ul style="list-style-type: none"> • Strengths and weaknesses of the experience, • Audience's evaluation of the lecture, • Teaching mentor's evaluation, and • Content expert's evaluation 			
The program records the lectures and requires residents to review the recording and assessment methods			
Teaching mentors are in place to meet with residents within 1 week of each lecture delivery to discuss each resident's overall performance			
Notes:			

Guideline 2.4b: Teaching Experiences: Precepting			
	Not Present	Developing	Well Developed
Residents are assigned teaching mentors with experience in experiential education. Mentors should have at least 3 years of precepting experience with student or resident learners			
Teaching mentors are in place to discuss the role and responsibilities of residents as a preceptor/co-preceptor before the precepting experience (directing, modeling, coaching, facilitation)			
Program offers residents the opportunity to: <ul style="list-style-type: none"> • Co-precept at least two IPPE or APPE students before residents can serve as the primary preceptor • Serve as co-preceptor (PGY1) or preceptor (PGY2) for at least one IPPE or APPE student in the last half of their residency year • Independently conduct all activities and assessments with assistance from the precepting mentor as needed 			
A process is established to provide formative feedback to residents on co-precepting experiences before residents can serve as the primary preceptor			
Program requires that residents review and/or create a rotation syllabus for an IPPE or APPE student before beginning their co-precepting or precepting experience			
Teaching mentors are in place to review residents' presentations before The program is structured to require residents to: <ul style="list-style-type: none"> • Develop rotation goals, expectations, and a rotation calendar before the co-precepting or precepting begins*; • Conduct a rotation orientation and facilitate active learning strategies and topic discussions during the rotation*; • Evaluate student assignments and performance as well as provide feedback to the student**; and • Complete and conduct evaluation of students' overall performance at the midpoint and conclusion of the rotation** <p>*PGY2 residents should complete these responsibilities independently, whereas PGY1 residents should complete these activities in collaboration with the precepting mentor. **Residents should complete these responsibilities under the supervision of the precepting mentor.</p>			
Teaching mentors are in place to: <ul style="list-style-type: none"> • Regularly observe residents in interactions with student(s) throughout the rotation; • Provide oral and written feedback to residents on their precepting skills throughout and at the end of the rotation; • Meet with residents within 1 week of completing the rotation to discuss the resident's (self, mentor, and student) evaluations 			
Program requires residents to self-evaluate their performance as a preceptor			
Notes:			

Guideline 2.4c: Teaching Experiences: Small-Group Discussion			
	Not Present	Developing	Well Developed
<p>Program design requires residents to:</p> <ul style="list-style-type: none"> Facilitate at least two small-group discussions for at least five participants (participants may include students, pharmacists, pharmacy technicians, other health care professionals, patients, and members of the community); Self-evaluate their performance as a small-group discussion facilitator; Evaluate student learning on the basis of the assessment methods used and develop a plan to improve discussion and/or assessment methods; Compare performance between the two small-group discussions and identify opportunities for growth through self-assessments as well as formal feedback from teaching mentors; and Self-evaluate after the second small-group discussion to assess performance and identify opportunities for growth 			
<p>Program design requires residents to create all components necessary for the discussion with the assistance of the teaching mentor to include:</p> <ul style="list-style-type: none"> Learning objectives, Required readings, Outline/handout or lesson plan, Questions to encourage discussion, and Assessment method for learning objectives <p>PGY2 residents should be able to complete these tasks independently</p>			
<p>Teaching mentors are in place to:</p> <ul style="list-style-type: none"> Review all components of the discussion and provide written as well as verbal feedback before residents facilitate the small-group discussion; Attend the group facilitation to observe residents' performance; Provide oral and written feedback to residents on their facilitation skills after completing the discussion; and Meet with residents within 1 week of completing the small-group discussion to discuss the resident's (self, mentor, and student) evaluations 			
<p>Notes:</p>			

Guideline 2.4d: Teaching Experiences: Patient Case Development			
	Not Present	Developing	Well Developed
Program requires residents to develop cases for several learning situations (e.g., formal case, in-class case, homework case, examination case)			
Program requires descriptions of case presentation learning experiences to be clearly tied to appropriate residency outcomes			
Program requires case presentations to be delivered to learners at a variety of levels (e.g., students, residents, health care professionals)			
Program specifies a distinct number of required case presentations to allow PGY1/PGY2 residents to become proficient in case development and use			
Program has a rubric for teaching mentors to provide verbal and written feedback to residents before the case presentation to assess whether the case is: <ul style="list-style-type: none"> • Constructed for the specific learning situation; • Designed to achieve a clear, specific learning outcome(s); • Appropriately complex for both the level of the learner and the learning outcome(s); • Complete with all the information the learner needs to achieve the learning outcome(s); • Clearly formatted; and • Appropriate in scope to be completed by the learner within the specified time frame 			
Teaching mentors are in place to provide verbal and written feedback to residents after the case-based learning situation to assess: <ul style="list-style-type: none"> • Appropriate construction of the case, • Effectiveness in achieving learning outcomes, • Student performance assessments, and • Areas for improvement in delivery of material 			
Notes:			

<i>Guideline 2.4e: Course Development (optional)</i>			
	Not Present	Developing	Well Developed
Program involves residents in course development to practice teaching and learning knowledge, skills, and attitudes			
Program involves residents in developing an instructional design for a class, module, or course: <ul style="list-style-type: none"> • Residents construct a student-centered syllabus; • Residents construct educational objectives for a class, session, module, or course that are appropriate for the audience; • Residents identify appropriate instructional strategies for the class, session, module, or course to achieve the objectives; and • Residents consider assessment tools that measure student achievement of educational objectives 			
Program requires annual assignment of course development experiences for residents with teaching mentors			
Program requires that residents demonstrate a fundamental knowledge of teaching and learning strategies applicable to course development before beginning that teaching experience			
Notes:			

<i>Guideline 2.4f: Academic Committee Work (optional)</i>			
	Not Present	Developing	Well Developed
Program assigns residents to an academic committee and annually documents committee work assigned			
Program requires active involvement by residents in committee work and quarterly assesses the quantity and quality of participation			
Notes:			

<i>Guideline 2.4g: Facilitation of Vignette-Based Instruction, Role-play, or Patient Simulation (optional)</i>			
	Not Present	Developing	Well Developed
<p>Teaching mentors are in place to provide feedback to residents on the following components of their vignette-based instruction, role-play, or patient simulation:</p> <ul style="list-style-type: none"> • Learning objectives; • Required/recommended readings and guidelines; • Patient case; • Use of inquiry-, problem-, or team-based learning techniques throughout; • Incorporation of elements that encourage development of student problem solving and critical thinking skills; and • Assessment questions based on the learning objectives 			
<p>Teaching mentors are in place to provide feedback to residents, ensuring that the case:</p> <ul style="list-style-type: none"> • Includes several disease states and • Targets student consideration of patient care, caregiver involvement, and incorporation of other health care providers in developing a plan 			
Teaching mentors are in place to attend the classroom or laboratory session led by residents and provide evaluative feedback and comments			
Program requires residents to develop and assess student course evaluations within 1 week of the event			
Notes:			

<i>Guideline 2.4h: Delivery of a Presentation at a Local, Regional, or National Meeting (optional)</i>			
	Not Present	Developing	Well Developed
<p>Teaching mentors are in place to assist residents with:</p> <ul style="list-style-type: none"> • Developing clear learning objectives that reflect the content of the presentation; • Writing an organized presentation outline that flows logically and is confined to the topic; • Ensuring that presentation material is of appropriate depth and cited correctly; • Reviewing perspectives on the topic, supported by the literature and clinical judgment; and • Creating presentation assessment questions 			
<p>Program requires residents to practice the presentation with teaching mentors at least once before delivering it at a local, regional, or national meeting. Teaching mentors are in place to:</p> <ul style="list-style-type: none"> • Provide feedback after practice session; • Provide feedback after resident delivers the presentation at a local, regional, or national meeting; and • Complete a final evaluation of the resident's performance in creating and delivering a presentation at a local, regional, or national meeting 			
<p>Notes:</p>			

<i>Guideline 2.5: Assessment Methodology for Teaching Experiences in TLCs Affiliated with an Academic Institution</i>			
	Not Present	Developing	Well Developed
Program requires residents to use a teaching portfolio to document the evidence of their teaching experiences. It should include: A teaching philosophy; Teaching artifacts (handouts, slides, objectives, assessment methods); Teaching evaluations (preceptor, student, peer, self); Supplemental instruction/courses completed; and Other (committee service, scholarship, awards and recognition, advisee communication)			
Program has a system in place for ongoing assessment and development			
Notes:			