

ASHP PGY1 Pharmacy Development Plan Example

Resident Name:

Judy Jetson

The purpose of the resident development plan is to document residency program changes based upon resident strengths, opportunities for improvement, goals, and interests. The development plan is to be shared with preceptors and the resident within 30 days from the start of the residency (initial), 90 days from the start of the residency (Q1), and every 90 days thereafter (Q2 and Q3).

Resident's Self-Reflection and Self Evaluation:				
Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience. Self-Evaluation is related to the Program's Competency Areas				
	Initial	Quarter 1	Quarter 2	Quarter 3
Date	6/28/2023	9/20/223	12/28/23	3/5/23
Personal Strengths and Weaknesses:	<p>From Initial Self-Reflection:</p> <p>Personal Strengths: enthusiastic, detail oriented, self-motivated, and honest.</p> <p>Personal areas of Improvement: Speaking to large group and efficiency. I often put in long hours/stay up all night to complete work.</p>			
Practice Interests/ Career Goals	<p>From Initial Self-Reflection:</p> <p>Practice Interest (in order of preference):</p> <ul style="list-style-type: none"> • Infectious diseases • Oncology • Solid organ transplant <p>Career Goals:</p> <ul style="list-style-type: none"> • complete a PGY2 residency in a practice area of interest • take the BCPS exam after PGY1 residency completion • obtain a clinical pharmacist/ specialist position at a teaching hospital • precept students and residents 	<p>Changes to:</p> <p>Practice Interests/Career Goals: Enjoyed ID rotation and plan to pursue a PGY2 ID residency</p>	<p>Changes to:</p> <p>Practice Interests/Career Goals:</p> <p>PGY2: I am no longer interested in pursuing a PGY2 residency this year. I really enjoy clinical work but I feel tired and like I am not as good as my preceptors.</p> <p>Professional involvement: I have enjoyed my time on the XSHP Board and can see myself remaining involved in various capacities throughout my career.</p>	<p>Changes to Practice Interests/Career Goals:</p> <p>I have accepted a position as a clinical pharmacist generalist in a teaching hospital near my parents and sister. This role aligns with my interest in practice advancement and research and I am happy with this decision.</p>

	<ul style="list-style-type: none"> participate in research be actively involved in professional organizations 			
Well-being and Resilience:	<p>From Initial Self-Reflection Current well-being strategies from initial self-assessment:</p> <ul style="list-style-type: none"> Maintain close relationships with parents/sister's family Exercise regularly Work on increasing hydration and minimizing stress eating 	<p>Current well-being: I have been able to talk to my family on the phone or by video at least once a week. They are a great support system.</p> <p>I am meeting my hydration goals but still need to improve eating habits. I am still stress eating (m&ms!) and find it hard to get to the grocery store.</p> <p>I haven't kept up with my sleep log since rotations</p>	<p>Current well-being: I am still talking with my parents and sister's family weekly. This time grounds me but has also made me homesick. I've stopped using the camera because they are always saying how tired I look.</p> <p>I'm not exercising regularly because I'm so busy, am not sleeping, and feel tired all the time.</p> <p>Still meeting my hydration goals and think my eating habits have gotten worse because of stress and lack of time...I am mostly eating from the hospital cafeteria or gift shop.</p>	<p>Current well-being: Quarter two was really hard and I had a lot of doubts about my abilities, I wasn't sleeping well, and wasn't close to meeting my activity and nutrition goals.</p> <p>I feel like the third quarter was a significant turning point for me. Due to the support I received from my family, the program, and organization, I was able to take some time off and recalibrate my expectations for myself and the remainder of the year. I have also been able to reduce my work hours, exercise more, eat healthier, and get more sleep.</p>
Strengths and Areas of Improvement Related to CAGOS	<p>R1</p> <p>From Initial Self-Evaluation Strengths:</p> <ul style="list-style-type: none"> Worked with a variety of inpatient and outpatient patient care teams during pharmacy school Feel like I can easily integrate into the team, prioritize patients above other responsibilities, and form strong relationships with patients and their families. Had 2 ambulatory clinic rotations and spent a large portion of time counseling patients <p>Opportunities for Improvement: Worked primarily in outpatient specialty</p>	<p>Progress on Previous Opportunities for Improvement: I feel comfortable with my duties in inpatient. While I am looking forward to transitioning to the IV room in November, I am a little bit nervous since I haven't worked in there since the beginning of orientation.</p> <p>Strengths: Even with limited experience prior to residency, I believe staffing the main pharmacy, with the exception of working in the IV room, is a strength for me now.</p>	<p>Progress on Previous Opportunities for Improvement: The IV room retraining was really helpful.</p> <p>I have been able to develop alternate treatment plans based upon changing patient parameters or team rejection of my first plan and have received positive feedback from my preceptor about my progress.</p> <p>Strengths: I feel that I am contributing effectively during my staffing shifts.</p> <p>New Opportunities for Improvement: I am concerned about my progress on some R1 patient care objectives because I am having trouble recalling the details of my patients, even though I've thoroughly reviewed them. On rounds, I start mixing up my patient's details, then stop making recommendations and speaking up on rounds because I am scared that I will say the wrong thing and hurt a patient.</p>	<p>Progress on Previous Opportunities for Improvement: I believe I've made a lot of positive progress. When the preceptors showed me through their pre-rounding processes and challenged me to organize my patients and corresponding pertinent data, it improved my confidence in my abilities. As my confidence grew, so did my positive contributions to patient care decisions on rounds. I've become much more efficient as I don't spend large portions of the afternoon chasing down providers and explaining my recommendations and their corresponding rationale.</p> <p>Strengths: I feel confident to staff all assigned areas. I also feel confident about my abilities to</p>

	pharmacy and only have limited experience with inpatient pharmacy from IPPE.	New Opportunities for Improvement: Comfort with IV room staffing.		efficiently collect and analyze patient data and identify a plan for each patient. New Opportunities for Improvement: None identified
R2	<p>From Initial Self-Evaluation: Strengths:</p> <ul style="list-style-type: none"> Completed a longitudinal clinical research project in pharmacy school that resulted in a practice change in the organization, poster at ID week. Have submitted the publication to a journal for consideration <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> Have not completed a drug monograph but did update a treatment guideline. Have not independently completed a medication use evaluation 	<p>Progress on Previous Opportunities for Improvement: I have not had the opportunity to work on a monograph or MUE yet</p> <p>Strengths: No change</p> <p>New Opportunities for Improvement: None Identified.</p>	<p>Progress on Previous Opportunities for Improvement: I completed all of my projects in practice management/ policy by the end of the calendar year but not before the rotation ended.</p> <p>My project is coming along as expected. I received positive feedback from the research committee and incorporated all of their suggestions prior to submitting my IRB proposal.</p> <p>Strengths: I am excited that the project I completed as a student was accepted for publication. I was able to complete a MUE and drug monograph this quarter. Research project is going well.</p> <p>New Opportunities for Improvement: None identified</p>	<p>Progress on Previous Opportunities for Improvement: My project is where it should be at this point in the year. I was able to present my MUE and monograph at the January P&T meeting and received positive feedback.</p> <p>Strengths: I feel like I am handling the research project responsibilities better than expected. My preceptors are giving lots of praise for my ownership.</p> <p>New Opportunities for Improvement: None identified.</p>
R3	<p>From Initial Self-Evaluation: Strengths:</p> <ul style="list-style-type: none"> Able to express opinion and concerns in a polite and respectful manner. Hold myself to a high standard Experience working with a variety of teams as head intern, organizational officer, and tutor. <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> Have a limited understanding and 	<p>Progress on Previous Opportunities for Improvement: I am continuing to work on my self-evaluation skills and recognizing what I am doing well, not just what I need to change/ improve.</p> <p>Strengths: No change</p> <p>New Opportunities for Improvement: I am working on my time management and turning things in on time. When preparing my CE</p>	<p>Progress on Previous Opportunities for Improvement: My assessment mostly aligns with my preceptors' assessments.</p> <p>My biggest issue now is managing my time so that I get everything done while also ensuring rest and having non-work time. I feel that I am failing in this area.</p> <p>Strengths: Self-evaluations that align with preceptor evaluations.</p> <p>New Opportunities for Improvement: Managing deadlines while ensuring adequate rest.</p>	<p>Progress on Previous Opportunities for Improvement: I made a lot of progress this quarter in improving how I prioritize all of my responsibilities. Once I reduced obsessing about perfection, identified when my work was ready for preceptor review, and learned to focus on small wins, I have improved navigating my responsibilities.</p> <p>Strengths: No change</p> <p>New Opportunities for Improvement: None identified</p>

		<p>experience in hospital pharmacy management.</p> <ul style="list-style-type: none"> Sometimes focus on “all that I did wrong” after receiving constructive feedback. 	<p>presentation, I was working past midnight to submit the outline, objectives, and final slides to my preceptor.</p>		
	R4	<p>From Initial Self-Evaluation: Strengths:</p> <ul style="list-style-type: none"> Trained new interns Oversaw the scheduling of all interns. Spent 2 days with IPPE students on each of my last 2 rotations. Was a tutor in 2nd-4th years of pharmacy school and believe I am able to explain concepts to others in relatable terms. <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> No experience with formal presentations to larger audiences. Can fill silence with “over-explanation”. Have not yet developed a continuing education-accredited presentation. 	<p>Progress on Previous Opportunities for Improvement: My Q1 rotation presentations have gone well. All have been in person and for small groups (less than 15 people). I’ve received feedback that I tend to ramble when explaining complicated concepts – still a work in progress.</p> <p>Strengths: No change</p> <p>New Opportunities for Improvement: None identified</p>	<p>Progress on Previous Opportunities for Improvement: The help and feedback of my preceptor on my CE helped me work through some of the bumpy parts. I will use what I learned and the feedback I received when I start preparing for my presentation at the regional residency conference.</p> <p>Strengths: I am very happy that my CE is over and it went well.</p> <p>New Opportunities for Improvement: I think I should also practice for my informal presentations now that I see how much it helped me.</p>	<p>Progress on Previous Opportunities for Improvement: I applied the tactics I used when practicing for my CE presentation and by I’ve been able to identify the “rocky” places in the presentation where I used to over-explain or ramble. This has helped so much and I feel much more confident in my presentation skills</p> <p>Strengths: No change</p> <p>New Opportunities for Improvement: None identified.</p>
RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program’s Competency Areas					
Date	7/15/2023	10/30/2023	1/15/2024	4/1/2024	

<p>Strengths: In addition to strengths noted on Judy's self-assessment, also feel the following are strengths: R1: Judy's inpatient APPE rotations were completed in a teaching hospital with a similar pharmacy practice model. Her orientation preceptor and trainers have shared that she has already formed effective and positive relationships with her trainers and all staff, regardless of role.</p> <p>Opportunities for Improvement:</p> <p>R1: Medication dispensing in the inpatient setting and sterile product compounding due to Judy's limited inpatient pharmacy experience. Also, familiarity with inpatient regulations/ accreditation (Joint Commission, Board of Pharmacy)</p> <p>R2: Judy has limited experience with preparing drug monographs and completing MUE's.</p> <p>R3: So far, items that Judy has turned in have been accurate and of a high quality but too close to the due date/time (11:59 PM on the day of the deadline).</p> <p>R4: During her interview last winter and with some of the orientation sessions, it was identified that Judy filled what could be acceptable silence/pauses with repeat information. Also, her pre-residency presentations have been limited to the following: 5 in-person and 12 virtual.</p>	<p>Progress on Previous Opportunities for Improvement:</p> <p>R1: Judy's is doing well with her staffing duties</p> <p>R2: Judy has selected her research project. Also, she will start the practice management/ policy rotation in October.</p> <p>R3: R3.1.2 Judy's self-evaluation skills could be further improved. Although Judy is able to verbalize 3 things that went well each week (with coaching), her focus continues to be on what she needs to improve.</p> <p>R3.2.4: For her CE requirements, she worked long hours and into the next day. I am concerned that as her project and teaching certificate requirements progress, Judy is at risk of missing preceptor deadlines.</p> <p>R4: Judy has completed several presentations that have allowed Judy's preceptors to assess her presentation skills and identify ways to help her. She can get bogged down when explaining the more complicated concepts and instead of pausing/ breathing, has become flustered, and caused confusion of some audience members.</p> <p>Strengths:</p> <p>R1: Agree with Judy's self-assessment. Judy also has demonstrated good skills with collection and assessment of pertinent patient data and development of an initial plan for patients.</p> <p>R2: Judy developed a well-written project proposal with minimal help.</p> <p>R3: Judy has represented her class well on the RPD committee. She integrates well into any team and shows respect for all team members.</p>	<p>Progress on Previous Opportunities for Improvement:</p> <p>R1: Judy has been a tremendous asset when staffing in sterile processing. Judy has achieved R1.3.1, R1.3.2 this quarter. Judy's progress on speaking up/ making recommendations on rounds didn't progress as expected. There were times when she confused patient details, became nervous, which caused her to stop making any further recommendations.</p> <p>R2: Judy's monograph and MUE assignments were completed in Q2 and were well-done and required minimal preceptor input. These objectives have been marked as ACHR. Judy's residency project is also progressing well. She will begin data collection as soon as her project is approved by IRB.</p> <p>R3: R3.1.2 In most instances, Judy's assessment and that of her preceptors' are aligned and Judy is focusing on her 'wins'. As she's noted in her self-reflection, time management and prioritization are the biggest opportunities for improvement. Judy has been compromising her well-being to complete her work.</p> <p>R4: R4.1: The effort and commitment that Judy and her preceptors put into practice and incorporation of feedback resulted in a successful CE seminar and achievement of all R4.1 objectives</p> <p>Strengths:</p> <p>R1: Preceptors noted Judy's new strengths this quarter include developing alternate treatment plans and commitment to patient care.</p> <p>R2: Judy's research project is progressing well. Her IRB submission was timely and with the feedback she incorporated from her project preceptors, has a well-designed project.</p> <p>R3: Judy has excelled in representing her fellow residents on the RPD Committee.</p>	<p>Progress on Previous Opportunities for Improvement:</p> <p>R1: Judy has made significant strides since last quarter with R1.1 and is expected to fully achieve the remaining objectives (R1.1.5-R1.1.6) with additional exposure and emphasis.</p> <p>R2: No areas of opportunity. R2.1 objectives and most R2.2 objectives already ACHR.</p> <p>R3: The multiple adjustments made to Judy's plan in Q3 (routine meetings with RPD, preceptors, emphasis on tasks and time, elimination of "extra projects", and workday/screen stop times) have contributed positively to her performance. Judy is meeting all deadlines, holding herself accountable to internal deadlines, and effectively sharing status updates with her RPD and preceptors. She has made great progress.</p> <p>R4: Judy continues to improve on her presentations.</p> <p>Strengths:</p> <p>R1: Agree with Judy's self-reflection. Judy Achieved R1.1.1-R1.1.4 this quarter. Judy does an excellent job organizing her patients, the medications, and goals</p> <p>R2: Agree with Judy's comments. Judy is excelling in her research longitudinal responsibilities. This quarter her data analysis was completed correctly and she showed good understanding of her data.</p>
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	<p>R4: Preceptors commented that Judy works well with learners</p> <p>New Opportunities for Improvement: R1:Implementation of treatment plan recommendations by sharing recommendations on rounds and development of alternate plans R3: Time management R4: Presentation skills (especially in explaining more complicated concepts)</p>	<p>R4: Judy’s CE presentation was designed well and her delivery of the presentation was excellent. R4.1.1-4.1.4 are now ACHR.</p> <p>New Opportunities for improvement: R1: Efficiency in preparing for patient care, organization of patient details, and making recommendations on rounds. R3: Time management, multi-tasking, and prioritization.</p>	<p>R3: Judy continues to excel when working with different teams and committees.</p> <p>New Opportunities for Improvement: R1: Identifying the most appropriate time to share her recommendations with the medical team (mostly on rounds) and ensuring the health care team implements her recommendations.</p>
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RPD: Planned Initial and Quarterly Changes to the Program*

Initial	Quarter 1	Quarter 2	Quarter 2
<p>Changes Related to CAGOS:</p> <p>R1: Will assign Judy’s inpatient and IV room orientation days with our lead technicians in each area instead of any staff member due to her lack of experience with inpatient pharmacy. Her comfort in these areas will be assessed at the midpoint of her training to determine if additional days are needed.</p> <p>R2: Judy will complete her practice management/ medication policy rotation in October to provide early experience with both a monograph and MUE</p> <p>R3: Will appoint Judy as the RPD Committee’s resident representative. In this role, she will be the representative for the entire residency class.</p> <p>Judy’s 1st quarter preceptors will ask her to identify 3 examples weekly of “what went well” to help her focus on the positives as well as areas of growth.</p>	<p>Changes Related to CAGOS:</p> <p>R1: We will schedule an IV room refresher for Judy prior to her transition to IV room staffing in November. Prior to this day, she is expected to review the Sterile Products SOP again.</p> <p>R3: Preceptors have been instructed to “send back for edit” any evaluations where that don’t include an example in each of the following categories: something to keep doing, to stop doing, and to start doing.</p> <p>Judy and her preceptors will be establishing cut-off times after which she should not be working unless patient care emergencies arise.</p> <p>R4: Judy’s CE presentation is in October. Two weeks prior to scheduled presentation, Judy will present her CE presentation to her preceptor and me (RPD) to help identify if additional practices and adjustments are necessary.</p>	<p>Changes Related to CAGOS:</p> <p>R1: Preceptors will role model in week 1 how they work up their patients and keep their patient data organized to show Judy alternative approaches to collecting and organizing patient data. During week 2, preceptors will observe Judy’s approach, recommend any needed adjustments in writing to Judy, and will share this communication with me (RPD).</p> <p>To help Judy improve efficiency and organization, Judy is to stop working up her patients in the evening and also focus her pre-rounding work on identifying information pertinent to optimizing medication therapy instead of trying to capture all patient information.</p> <p>At the start of the rotation, preceptors will outline expectations for Judy speaking up on rounds and sharing her recommendations. They will also provide ongoing feedback.</p> <p>R3: To address the time management, multi-tasking, and prioritization opportunities:</p>	<p>Changes Related to CAGOS:</p> <p>R1: In the last quarter, Judy will bring up 100% of her recommendations to the patient care team on rounds every day.</p> <p>R1.1.6 She will also continue to fine tune her afternoon tasks and responsibilities to ensure that all time-sensitive pertinent recommendations are implemented.</p> <p>R3: In the final quarter, Judy should continue to implement the time management and task prioritization strategies that she’s optimized this year.</p> <p>The frequency of the regular meetings between Judy and her RPD and preceptors will be extended from every other week to monthly.</p> <p>Changes Related to Resident’s Self Reflection:</p>

<p>R4: Judy will be assigned at least one presentation per rotation in Q1 to increase her comfort with presentations of varying audience sizes. Her CE presentation will be scheduled for October to provide early experience in creating objectives and implementing effective audience assessment strategies.</p> <p>Changes Related to Resident's Self Reflection: The baseline program will effectively prepare Judy for her short-term goals (board certification and PGY2 program).</p> <p>Judy will be applying to the XSHP Board as a resident representative. This application is due September 1 and requires submission of her CV, letter of intent, and a letter from me (RPD) providing support.</p>	<p>Changes Related to Resident's Self Reflection:</p> <p>No changes planned. Judy was named the XSHP Board of Directors resident representative.</p>	<ul style="list-style-type: none"> • No "extra" projects are to be assigned by preceptors. • Judy, her preceptors, and I (RPD) will meet at least every other week to review progress. • Judy will document and discuss a progress report for each meeting that includes a projected end date for each of her longitudinal requirements as well as the time she budgeted and the actual time amount of time she spent on each of her requirements. • Judy will start implementing a stop time for her workday. <p>Changes Related to Resident's Self Reflection:</p> <p>As Judy is no longer pursuing a PGY2 residency, her learning experiences will be changed from inpatient neurology and pulmonary clinic to adult internal medicine and the family medicine clinic to provide more exposure to the daily work of clinical generalists.</p> <p>Judy's self-reflection shows some evidence of burnout and self-doubt. Will encourage Judy to take at least 2 days of PTO around a weekend so she can completely unplug from work activities and spend a long weekend with her family. Judy is encouraged to schedule at least one appointment with Employee Assistance.</p> <p>Judy and her program director will meet weekly to discuss her on-going well-being and make in the moment interventions.</p>	<p>No further changes based on practice interests or career goals.</p> <p>Regarding well-being, Judy's weekly RPD formal meetings will convert to drop-ins at least every other week.</p>
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*Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas as well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.

Completion Requirements Tracker Note: Completion Requirements MUST include: <ul style="list-style-type: none"> Required deliverables for each program type's Competency Areas, Goals, and Objectives (CAGO's) The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program Appendix Requirements (if the CAGO's for the residency type (e.g., PGY2) include an Appendix) Completion Requirements MAY also include other requirements as defined by the program (Standard 2.5)	End of Quarter 1	End of Quarter 2	End of Quarter 3	End of Residency - Final Verification of Completion Requirements <i>(Programs using a separate document for the final "completion checklist" will not need to use this column.)</i>
ACHR of 90% of required objectives.	2/33 (6%) objectives marked as ACHR	14/33 (42%) objectives marked as ACHR	22/33 (66%) objectives marked as ACHR	30/33 (90%) objectives marked as ACHR No needs improvements on final ratings.
No final rating of NI for any objective not marked as ACHR by end of year.	None	1.1.3 was marked as NI on Oncology (is already assigned to 4 other learning experiences)	1.1.3 rating was SP on Adult Internal Medicine evaluation. No other ratings of NI.	Completed – no final ratings of NI for objectives not ACHR.
Completed drug class review or monograph. (R2.1.1)	NA	Monograph completed – 11/30/2023	Monograph presented at January P&T Committee meeting	Completed Quarter 3
Completed medication-use evaluation and presentation at P&T Committee. (R2.1.2)	NA	MUE completed – 12/16/2023	MUE presented at January P&T Committee meeting	Completed Quarter 3
Final write-up of major practice-related project. (R2.2.5)	NA	NA	NA	Completed and submitted final write-up for major project in a format suitable for publication to RPD – 6/10/2024

Presentation of major practice-related project at regional residency conference. (R2.2.5)	NA	NA	NA	Delivered platform presentation of major practice-related project at regional residency conference – 4/23/2024
Three journal club (JC) presentations. (R4.1.2)	NA	Completed JC #1 on DOACs – 8/17/2023 Completed JC#2 on antifungal prophylaxis. 10/17/2023	Completed JC #3 on Insulin in ICU Setting - 3/5/2024	Completed JC #4 on Emerging Infectious Diseases - 5/7/2024 (This was in addition to required journal club presentations – met requirements in quarter 3)
Grand Rounds CE presentation to pharmacy department staff (i.e., pharmacists/technicians). (R4.1.2, R4.1.4) • Include audience assessment questions in residency portfolio	NA	Delivered Grand Rounds CE to pharmacy staff – 11/3/2023 * Audience assessment questions maintained in residency portfolio	NA	Completed in 2 nd quarter
In-services to members of the healthcare team (at least FOUR (4) total by the conclusion of the program). (R4.1.2)	In-service to medical residents on Vanc and AMG dosing – 9/12/2023	In-service to Med/Surg nurses on safe and proper wasting of narcotics - 12/13/2023	In-service to newly hired pharmacy technicians on safe medication preparation – 1/24/2024	In-service to newly hired pharmacists on attendance at codes – 6/5/2024 Completed 6/5/2024
Submit ONE article for Quarterly Departmental Newsletter (for pharmacy staff) (R4.1.3)	NA	Completed newsletter article on recent COVID-19 treatments – 10/18/2023	Completed 2 nd quarter	Completed 2 nd quarter
Additional Program Completion Requirements Not Required by the Standard				
Teaching Certificate in conjunction with local School of Pharmacy	NA	NA	NA	Received Certificate of Completion for Teaching Certificate with local School of Pharmacy – 6/21/2024
Completion and submission of FINAL resident notebook/portfolio	Residency portfolio up-to-date – 9/29/2023	Residency portfolio does NOT include samples of de-identified patient care notes – 12/18/2023	Residency portfolio up-to-date – 3/29/2024	FINAL residency portfolio COMPLETE and submitted – 6/27/2024
Resident Exit Interview	NA	NA	NA	Completed Resident Exit Interview – 6/27/2024

Office key, pager, laptop, and badge return	NA	NA	NA	Office key, pager, laptop, and badge ALL turned in – 6/27/2024
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RPD signature

Date

Resident signature

Date