

Ratings Scale Definitions and ACHR Criteria Example #1

Programs must determine who may determine when a resident has obtained a level of skill that fulfills their definition of Achieved for Residency

Rating Scale Example	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<p>Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective</p> <ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, these will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., internal medicine and critical care, etc.), these will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

Once ACHR rating consensus is conferred to applicable objectives, this will be documented in the RAC meeting minutes, communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic™. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).