

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

POLICY REGARDING EARLY WITHDRAWAL FROM PROGRAM

If a resident withdraws early from the residency program, an exit interview will be conducted by a pharmacist not directly involved as preceptor or coordinator in the residency program (e.g., UHN Pharmacy Education Coordinator).

This exit interview will be used to assess the reasons for withdrawal and to gather feedback which may assist the program in achieving its objective of being a preferred year 2 residency program.

The exit interview is a tool that will enable the departing resident to provide important information on their perceptions of:

- the workplace environment
- direction and coordination of the residency program
- learning experiences
- resident's workload
- resident's morale

Procedure

1. The resident will inform the residency coordinator(s) of their plans to withdraw from the program.
2. The residency coordinator(s) will attempt to mitigate reasons for withdrawal if possible.
3. If not possible to mitigate, the resident will provide in writing via letter to the residency program coordinators and directors their plan to withdraw.
4. The administrative pharmacist will meet with the resident for an Exit Interview at least 3 days prior to the resident's last day. The resident will also be given an Exit survey to complete.
5. The resident will complete the survey and place it in a sealed envelope and return to the UHN Pharmacy Education Coordinator.
6. The contents of the survey will be reviewed by the residency coordinators and directors and the results summarized for discussion at the Residency Advisory Committee (RAC).



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7. The RAC will review and analyze the results to identify trends and areas requiring improvement in the HIV Advanced (Year 2) Pharmacy Residency Program.
8. Any necessary improvements to the residency program will be made to avoid future early withdrawals if possible.



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HIV Advanced (Year 2) Pharmacy Residency Program Exit Survey

Private and Confidential

Resident Name: _____

Last Day Worked: _____

Number of Rotations completed: _____

As a departing resident we would truly appreciate your input with respect to the reasons you have decided to leave the Residency Program. This information will be used for the sole purpose of identifying possible trends/reasons why a resident has chosen to leave the HIV Advanced (Year 2) Residency Program in order to make future program improvements. **All information recorded and gathered will be kept strictly confidential.**

This questionnaire should take no more than 5-10 minutes to complete. Thank you.

1. Listed below are potential reasons that may have contributed to your decision to leave the HIV Advanced (Year 2) Residency Program. Please review the list and select all that apply by marking them with an X.

- | | |
|--|--|
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Moving from area |
| <input type="checkbox"/> Working conditions | <input type="checkbox"/> Health reasons/family circumstances |
| <input type="checkbox"/> Lack of opportunity | <input type="checkbox"/> Poor salary/benefits |
| <input type="checkbox"/> Language difficulties | <input type="checkbox"/> Other |

Additional Comments:

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2. Please rate the following residency-related factors at UHN/MUHC:

	Poor	Fair	Good	Excellent
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your opportunity for education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationship with your coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your communication with preceptors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee/resident morale in the department and/or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you are leaving the HIV Advanced (Year 2) Pharmacy Residency Program for another position, please answer the following question. Which of the factors listed below influenced your decision to take the new position? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Better wages | <input type="checkbox"/> More opportunity for advancement |
| <input type="checkbox"/> Better benefits | <input type="checkbox"/> Better working conditions |
| <input type="checkbox"/> Closer to home | <input type="checkbox"/> Other (please specify) |
-

4. In your opinion how would you rate the effectiveness of the preceptorship/mentorship you received based on the following criteria?

	Poor	Fair	Good	Excellent
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open two-way communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rate the orientation and training you received in order to perform as a pharmacy resident?

Poor	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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6. How would you rate the consistency and effectiveness of your preceptors' performance feedback with you?

Poor	Fair	Good	Excellent	Did not receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What could have been done to keep you from leaving the HIV Advanced (Year 2) Pharmacy Residency Program? Who do you think should have initiated this action?

8. In your opinion what could be done to make UHN and/or MUHC a better place for a Pharmacy Residency?

9. If you have any other comments/suggestions you would like to make please do so below.

THANK YOU