Postgraduate Year One Residency Program Manual

The Good Samaritan Hospital of Cincinnati, Ohio
Department of Pharmacy Services

Cincinnati, Ohio

2024-2025

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Dear Residents:

Welcome to Good Samaritan TriHealth Hospital! You are about to begin the second step of a long and rewarding career. To help guide you through this very challenging year, please refer to this document often. The purpose of the Residency Manual is to provide general information on policies, procedures, benefits, and other information that may be helpful towards the completion of your residency year. Please read this manual and keep it for further reference.

If you have any questions regarding this manual, please address them directly with me or a member of the Residency Advisory Committee.

Please be aware policies and procedures may be revised at any time, when deemed appropriate by the Residency Advisory Committee or Pharmacy Leadership. Residents will be informed of any changes.

Best wishes for a successful and rewarding residency year!

Sincerely,

Becca

Rebecca McKinney, PharmD, BCPS
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Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Purpose

The pharmacy residency programs at Good Samaritan TriHealth Hospital (GSH) are designed to provide twelve consecutive months of graduate professional education and training structured to meet the accreditation standards of the American Society of Health-System Pharmacists (ASHP) by employing a systems-based approach to training design, delivery, and evaluation. Our postgraduate year two (PGY2) program in Internal Medicine delivers a sound academic and clinical education planned and balanced with concerns for patient safety and resident well-being. Specific experiences are designed to enable residents to improve their practice skills and meet ASHP and this residency program's educational goals and outcomes. Specific goals, objectives, and activities are described and tracked in PharmAcademic.

Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Mission Statement

The mission of Good Samaritan TriHealth Hospital is to improve the health status of the people we serve. We pursue our mission by providing a full range of health-related services including prevention, wellness, and education. Care is provided with compassion consistent with the values of our organization.

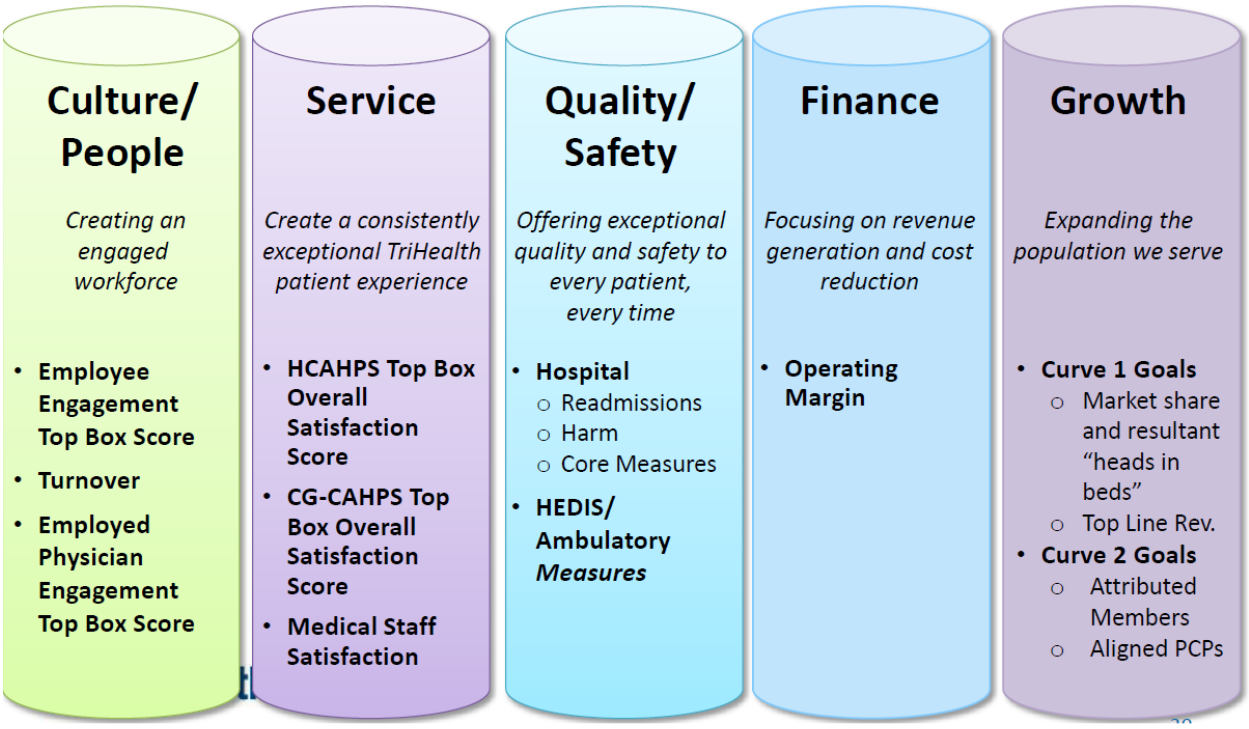
Pharmacy Mission

The Department of Pharmacy supports TriHealth's mission and values by providing high quality pharmaceutical care to all patients for the purpose of achieving positive patient outcomes and improving the health status of our patients.

This is accomplished through the effective integration of clinical practice with distributive services in an atmosphere of professionalism, respect, and effective communication.

Pillars

TriHealth fulfills its mission through initiatives aligned with our five pillars.



Goals

This residency program is designed to fulfill all required competency areas, goals, and objectives set forth by the ASHP Accreditation Standard for PGY1 Residency Programs. These competency areas include:

1. Patient Care
2. Advancing practice and improving patient care
3. Leadership and management
4. Teaching, education, and dissemination of knowledge

The American Society of Health Systems Pharmacists (ASHP) standards for PGY1 Pharmacy Residency Programs are available for review online.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

General Information

General Employment Terms

Postgraduate year one residents are classified as regular, full-time, exempt employees of Good Samaritan TriHealth Hospital and are eligible for benefits as such. See resident job description available on the TriHealth Intranet (Bridge → Oracle). Residents are expected to comply with the same terms of employment as TriHealth employees including, but not limited to all TriHealth corporate and Human Resources policies, department policies, and behavioral expectations. Residents accepted into the program are provided with an official agreement outlining their acceptance into the program and the terms and conditions of their appointment, including salary and benefit information. RPD/RPC will review program policies with residents and document acceptance within 14 days from the start of residency.

Compensation

PGY1 residents will receive a salary of $56,000 for the 2024-25 residency year, paid out evenly every two weeks on Thursdays. Per diem shifts are available once approved by the RPD and department manager. These shifts are paid at the standard hourly rate of inpatient pharmacists.

Benefits

Pharmacy residents receive the same benefits package as all full-time, exempt TriHealth employees. Please refer to Oracle on the TriHealth Intranet for full details.

- Approximately 16 days Paid Time Off are accrued over the residency year
- Health benefits including medical, dental, vision, and life insurance
- 401k retirement savings plan with employer match
- Travel and accommodations for the ASHP Midyear Clinical Meeting and the Great Lakes Residency Conference or Ohio Pharmacy Residency Conference (professional travel is subject to terms of the Pharmacy Department travel policy)

Residency Year

The residency year for PGY1 residents (i.e. start of first learning experience) at Good Samaritan TriHealth Hospital traditionally begins on July 1 and concludes on June 30. If July 1 falls on a weekend, the residency will begin the next Monday. Occasionally the start date may be flexed to coincide with TriHealth Corporate Orientation. Per TriHealth employment terms, new employees (including residents) must attend corporate orientation prior to their first day of work. The official start and end dates of the residency year will be outlined in the resident agreement contract provided to the resident upon matching to the program.

Orientation

TriHealth Corporate Orientation is required before residents may begin work. Corporate orientation is a two-day experience designed to highlight the mission, values, and culture of TriHealth. It is offered as a series of two consecutive Mondays. The first of these two consecutive Mondays may only be offered prior to the official July start date of the residency program. Residents will be notified in advance if their attendance is required prior to July their elected start date. Residents having early committed from the PGY1 program are exempt from corporate orientation as they transition into the PGY2 program.

Orientation to the Department of Pharmacy and residency program occurs over the first four weeks of the residency year as a structured learning experience. Activities of the orientation period are detailed in the Residency Rotation Manual. In addition to specific goals, objectives, and activities, the resident will also be required to complete the new-hire pharmacist checklist and all department competencies.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Policies, Procedures, and Conduct

Expectations and Responsibilities of Residents - Policies and Procedures
Policies required by the ASHP Accreditation Standard are designed to be consistent with existing TriHealth Human Resource policies. Program conduct and design requirements are established by the Residency Program Director and approved by the Residency Advisory Committee.

This section refers to the following program-specific policies

1. Due Process, Grievance, Failure to Progress, Licensure
2. Duty Hours and Moonlighting
3. Time Off and Leave of Absence
4. Effects of Leave

These policies can be found on TIPS on TriHealth Bridge, the pharmacy share drive, or in Appendix C of this manual. Corporate TriHealth policies referenced can be found on the TriHealth Intranet (Bridge).

Licensure
Residents must actively pursue pharmacist licensure in the state of Ohio and must notify the Residency Program Director (RPD) of all examination dates. Prior to starting the residency year, if pharmacist licensure is not obtained, residents must obtain an Ohio Pharmacist Intern license to begin work.

New graduate residents are to take the NAPLEX and MPJE exams as soon as possible to ensure adequate time to successfully complete all requirements of the residency program. While the ASHP standard allows for 120 days to obtain licensure, our program has decided to maintain PGY1 residents must obtain an Ohio Pharmacist license within 90 days of the residency start date (grace periods may be granted if exams are retaken prior to the 90-day limit and results are pending). If a resident does not pass either of the required licensure examinations on first attempt, the resident must notify the RPD in writing. The RPD and Senior Pharmacy Manager will determine on a case-by-case basis if re-examination will be permitted. Per the Ohio Board of Pharmacy, examinees must wait a minimum of forty-five days to retake the NAPLEX and a minimum of thirty days to retake the MPJE. If re-examination is permitted, the maximum number of times a resident is allowed to retake a single exam is once

Two-thirds of the residency year must be conducted in direct patient care activities. Resident experiences are directly influenced by licensure status. Therefore, failure to meet the above expectations will result in dismissal of the resident from the program. Dismissal of a resident is addressed in the residency policy *Due Process, Grievance, Failure to Progress, Licensure.* If dismissal of a resident occurs, the process will be consistent with TriHealth Human Resources policies & procedures.

Professional Conduct
It is the responsibility and expectation of the resident to uphold the highest degree of professional conduct at all times. Residents are to comply with the same terms of employment as TriHealth employees including, but not limited to all TriHealth policies, department policies, and behavioral expectations. This includes abiding by all dress, confidentiality (HIPAA), and social networking policies. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress
Residents are expected to dress in an appropriate, professional manner whenever they are within the hospital or participating in or attending any function as a representative of Good Samaritan Hospital or TriHealth. Residents are to wear a clean, pressed white lab coat at all times in patient care areas.

Employee Badges
Good Samaritan TriHealth Hospital requires all personnel to wear badges at all times while on campus. Badges will be obtained from the hospital security office located on the 6th floor. If the resident does not bring his/her badge to work on a given day, he/she is to receive a temporary badge from Security before conducting any work. If the employee badge is lost the resident must report the loss immediately to Security, and render any applicable fees for replacement.

Communication
Residents are responsible for promoting good communication between the pharmacists, patients, physicians, other health care professionals, and team members. The resident shall abide by TriHealth policies regarding the use of hospital computers and cellular phones within the hospital and in patient care areas.

As part of communication, constructive criticism and feedback will be provided to residents throughout the year in a professional manner. This professional feedback is a means to guide growth and development of the resident. It is not meant to embarrass, degrade, or insult the resident. Any conflicts arising between resident and preceptor should first be handled between the two parties. If the concern of the resident or preceptor cannot be resolved together, the next step is to contact the Residency Program Director. The parties should notify the Residency Program Director via email requesting an appointment to seek resolution. Escalation to the pharmacy leadership team and/or TriHealth Human Resources occurs if resolution is not found.

Patient Confidentiality
Patient confidentiality will be strictly maintained by all residents. HIPPA training is integrated into corporate orientation and completed before beginning work at GSH. Residents will not discuss patient-specific information with other patients, family members, or other persons not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where discussion may be overheard. Residents will not leave confidential documents (profiles, charts,

prescriptions, etc.) in public places. Residents should understand inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action.

Technology

There is a dedicated office suite with assigned desk space and computers available for each resident. Information Systems will assign email and computer access to each resident. Residents are to save their work on their assigned personal network drive (H-drive). Final presentations or work on department/system-level projects are to be saved on the pharmacy share drive. Access to the pharmacy department and medication dispensing cabinets is granted by the Pharmacy Manager. Access to supporting software systems is granted through either informatics pharmacists or members of the Pharmacy Leadership Team. Security access codes must be confidential. Refer to GSH policies regarding security.

Virtual Private Network (VPN) access may be granted through approval of the pharmacy department manager and TriHealth Information Services (IS). VPN access will permit residents to sign into the TriHealth system from remote locations to conduct work-related activities.

Clinical Resources

A variety of online references and hard copy materials are available in the inpatient pharmacy, the resident office, the clinical office suite, and via Bridge. Most resources are electronic in an effort to be accessible to all staff, perpetually updated, and to minimize paper and storage space. The medical library on the 3rd floor at GSH is available to residents and has access to a wide variety of publications. Further, access to online editions of medical and pharmaceutical journals are available through TriHealth library services via Bridge. Residents also have access to resources such as The Pharmacist Letter, Lexi-Comp, Clinical Pharmacology, and UpToDate through any TriHealth computer.

Reporting Structure

Pharmacy residents directly report to the TriHealth System Manager of Clinical Services (Colin Fitzgerrel, PharmD, BCPS, BCIDP). This direct report relationship includes all aspects related to personnel management. The Residency Program Director provides full oversight of the pharmacy residents in terms of progression through the residency year. The RPD is fully responsible for determination of resident successful completion of the residency program and disbursement of the residency certificate.

Staffing and Attendance

Work hours are defined as all clinical and academic activities related to the residency program conducted within TriHealth facilities, or those served off-site as a representative of TriHealth. Work hours do not include time spent away from the work site reading for and/or in preparation of projects related to work responsibilities. Fulfillment of obligations to the residency program will be done so in accordance with the ASHP Duty-Hour Requirements for Pharmacy Residencies policy (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf). There are no on-call or overnight requirements for residents, unless a resident requests it as part of self-reflection and desire for training. Compliance with duty hour regulations will

be assessed by the RPD every four weeks; residents will be required to maintain an hour grid available for review by the RPD or any program preceptor at any time.

The resident is expected to maintain a primary professional commitment to the residency program. Residents must manage activities external to the residency so as not to interfere with the program and their learning/training. If the resident desires to work as a licensed pharmacist outside of TriHealth (i.e. external moonlighting) during the residency year, the RPD must be notified in advance of hours worked. Moonlighting cannot interfere with the residency program schedule. Please review the policy *Pharmacy Residency Duty Hours and Moonlighting* for additional details.

If a resident does not gain Ohio pharmacist licensure prior to scheduled staffing experiences, he/she will be started on the weekend staffing commitment under the direct supervision of preceptors, and may have to fulfill responsibilities traditionally assigned to pharmacy interns. Schedules will be determined by the RPD and/or the department scheduler. Staffing hours will be in compliance with Duty Hour Requirements for the ASHP Accreditation Standard for Pharmacy Residencies (2015).

All residents will be scheduled to work one major and one minor holiday as part of the staffing commitment. This will be arranged through the pharmacy department scheduler. Minor, non-federal holidays occurring on weekdays will not be observed and residents are expected to arrive for their scheduled work commitment unless paid time off is used, or if excused for the day by their current preceptor.

Duty Hour Tracking

Residents must keep record of their own duty hours, including all moonlighting hours. Compliance with duty hour regulations will be assessed through PharmAcademic; residents will be required to maintain an hour grid available for review by the RPD or any program preceptor at any time if there is concern for compliance. Residents have the option to track hours manually on the Duty Hours Log Form, or electronically via an Excel spreadsheet. Both of these documents are available in the residency folder of the pharmacy share drive.

Vacation Leave (Paid Time Off)

Residents accrue approximately 16 days of Paid Time Off (PTO) to cover vacation and sick leave during the residency year. Federal holidays, as defined by TriHealth Human Resources, are given as paid days off without employee use of PTO balances. Residents may use all accrued PTO over the residency year, however, to ensure residents gain adequate training and experience within each rotation, PTO is restricted during dedicated learning experiences. Averaged over the course of a learning experience, residents may use up to one day of PTO per every two weeks (e.g. two PTO days per four-week rotation, three days per six-week rotation). Additional PTO (up to the full amount accrued) may be used, but must be scheduled between dedicated learning experiences. Residents may not take time off during the orientation learning experience (exception: licensure exams).

All PTO must be approved by 1) the resident's current preceptor (if during a dedicated learning experience) 2) the RPD, and 3) the pharmacy manager.

Residents are to maintain their obligation to all scheduled weekend shifts. If time off is necessary, the requesting resident must find a co-resident to provide coverage. In emergent situations, the RPD and the department manager must be notified.

Accrued time off remaining at the end of the residency year will be cashed out if the resident is not retained by TriHealth. If the resident accepts a position within TriHealth after graduation from the residency program accrued time off will carry over to his or her new benefit structure.

Sick and Personal Time

Paid Time Off accrued throughout the residency year is to be used for sick and personal days. All sick days must be reported by the resident to the current rotation preceptor, RPD/RPC, and the Pharmacy Manager, and must be documented within the resident's duty hour tracking log. Anticipated personal days should be requested at least one rotation block in advance so that schedules may be adjusted if necessary. Unanticipated personal days will be permitted with the resident's understanding time away from work may be required to be made up at the discretion of the learning experience preceptor. To ensure residents have the best opportunity to complete all objectives of the residency year, residents are held to the two or three day off maximums per four or six-week rotations as described above. Time off in excess of three consecutive calendar days requires a Leave of Absence application. Please see the policies *Time off and Leave of Absence* and *Effects of Leave* for additional information.

Extended Leave/ Leave of Absence

Unpaid leave may be available under certain circumstances with advanced approval of the RPD/RPC and the Senior Manager of Pharmacy Services. Additional leave may require an extension to the length of training program based on guidelines established by the ASHP. The resident must submit in advance a leave request to include documentation of the type of leave and length of the leave. Should extended leave be granted, an action plan will be created by the Residency Advisory Committee (RAC) to establish how the resident will make up missed time and complete all residency program requirements. To obtain further information regarding how a leave of absence could affect successful completion of the program, the resident should speak with the program director. Full details regarding extended leave can be found in the policy *Pharmacy Resident Time Off and Leave of Absence.* Additionally, residents are advised to review the policy *Pharmacy Resident Effects of Leave.*

Call Outs

The resident is responsible to attempt to work assigned weekend staffing shifts. If a resident is unable to attend work, the RPD or pharmacy department manager should be notified to find coverage. Residents are encouraged to contact co-residents to arrange a trade in weekend coverage if possible. Residents are expected to be present for all weekdays of scheduled learning experiences; times of duty may vary based on daily workflow and preceptor discretion. If a resident is unable to attend work on a weekday, he/she should notify the learning experience preceptor immediately. Weather related call outs should be discussed with both the preceptor and RPD. Call outs will be permitted at the cost of accrued PTO; however, abuse of, or identified trends in call outs may be grounds for disciplinary action.

Bereavement Days

Consistent with TriHealth policy, all residents are entitled to receive paid time off for a period of up to three days if a death occurs within the immediate family. The maximum paid time available is three days of regularly scheduled work time. If additional time is needed, the resident may request time to be deducted from accrued PTO. For definition of immediate family member or further detail of this policy, please refer to the full policy *Paid Funeral Leave* located in Oracle on the TriHealth Intranet.

Jury Duty

TriHealth acknowledges the civic duty of any team member selected for jury duty. If a resident is selected for jury duty, he/she is to notify the RPD immediately so adjustments to learning experiences can be made. In the event an extended leave is required, the RPD and the Senior Pharmacy Manager will address the leave in accordance to the *Time off and Leave of Absence* Policy; extensions to the residency year may be granted. The full jury duty policy is available in Oracle on the TriHealth Intranet.

Make-Up Time : For a LOA exceeding 7 days, the resident must declare their intention to return to the program to the RPD in writing so that accommodations can be made, including rotation and assignment schedule adjustment. Any makeup time required will be scheduled by the Program Director/Coordinator based on the ASHP requirements at the end of the training year in which the absence occurred. This makeup time will necessarily delay the beginning of each of the resident's subsequent training or employment years by an amount equal to the makeup time. Any required makeup time will be paid and all fringe benefits provided. Residents required to make up time extending beyond the standard residency completion date shall be responsible for notifying their future employer or residency program directors.

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Disciplinary Action

Resident Disciplinary Action

Full detail of disciplinary action can be found in the policy *Due process, Grievance, Failure to Progress, Licensure* (available in Appendix C).

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures. The following outlines the disciplinary action process as it relates to behavioral conduct, other professional issues, or the need for clinical remediation. Concern for the need of disciplinary action can be expressed to the RPD and/or pharmacy department manager by any staff member, regardless of whether or not they are faculty of the residency program.

Disciplinary Action Will Be Initiated if a Resident

- Does not follow policies and procedures of TriHealth or Good Samaritan TriHealth Hospital
- Does not follow policies and procedures of Good Samaritan TriHealth Hospital Department of Pharmacy or the Residency Program
- Does not present him/herself in a professional manner
- Does not consistently make satisfactory progress on the residency goals or objectives (e.g. RPD, preceptors, or the RAC determine need for remediation)
- Does not make adequate progress towards completion of the residency requirements (e.g., residency project, rotation requirements, longitudinal activities service requirements, etc.)

Disciplinary Action Policy and Procedure

In the event of need for disciplinary action related to personal or professional conduct or behavior, not exclusively related to clinical progress, the following disciplinary steps shall be taken:

1. The Resident will meet with the RPD and/or involved preceptor to discuss any identified issue(s). If the RPD is not involved in the initial discussion, the preceptor and resident are to notify the RPD of the events that transpired. Actionable steps to follow include:
    a. (in conjunction with the resident) an appropriate solution to rectify the behavior, deficiency, or action will be determined.
    b. A corrective action plan and specific goals for monitoring progress must be determined and outlined.
    c. An appropriate timeline for corrective action will be determined (e.g., one month for rotation-based issues, quarterly for professional behavior deficiencies).

d. The action plan will be documented in the resident's personnel file and in PharmAcademic by the RPD.

2. The resident will be given a second warning if satisfactory improvement has not been made within the determined time period specified in the action plan.

3. Failure to correct the initial behavior/infraction or repeating of the same behavior/infraction will result in escalation of discipline to Human Resources and may result in dismissal from the residency program. Corrective actions may be taken as outlined in the *Due Process, Grievance, Failure to Progress, Licensure Policy.*

4. If the RPD and/or preceptors determine the resident cannot complete the residency program in the original 12-month timeframe, extension versus dismissal of resident status will be reviewed on a case-by-case basis by the RPD, Senior Pharmacy Manager, and/or Human Resources. If an extension is granted, a plan to adequately complete the requirements shall be created by the RPD and RAC, and presented and reviewed with the resident. The action plan will be clear in its recommendations for completing requirements of the program. Extensions are not to exceed an additional six months.

5. If dismissal is recommended by the RPD, processes will occur as outlined in the *Due Process, Grievance, Failure to Progress, Licensure Policy.* A meeting with the resident to discuss final decisions will occur.

Residents failing to satisfactorily progress through the program are subject to remediation plans. Signals for the need to enter a remediation plan include, but are not limited to:

- On summative evaluation, receipt of two 'Needs Improvement' designations for objectives taught & evaluated during that learning experience
- Receipt of one 'Needs Improvement' designation on summative evaluation for two consecutive learning experiences
- Failure to adhere to established deadlines for the longitudinal residency project experience
- Consistent concerns related to the overall clinical capabilities of the resident expressed by more than one program preceptor to the RPD
- Personal assessment by the RPD of the resident's overall clinical capabilities

In the event of need for disciplinary action related to a resident failing to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. The Resident will meet with the RPD to discuss observed clinical deficiencies or failure to progress. An informal plan spanning two weeks will be established between the RPD and resident to initially correct observed deficiencies. Details of the meeting and informal plan will be documented within PharmAcademic.

2. The resident will be required to complete a self-reflection at the end of the two-week plan detailing how they feel they have progressed in correcting the observed deficiencies.

3. If after the initial two-week plan deficiencies have not been improved upon satisfactorily (as determined by the RPD and the resident's current preceptor in conjunction with review of the resident's self-reflection), the resident will be entered into a formal remediation plan. If the resident has satisfactorily progressed, they will continue on with the program uninterrupted.

4. The RPD will create an individualized remediation plan for the resident, which serves as a formal pathway to correct deficiencies noted in performance or other elements of practice which preclude the resident from meeting expectations of the residency program, residency program director, and/or residency program preceptor(s). The intent of the formal remediation plan is to promote resident success. In no way is the remediation plan meant to serve as punishment or as anything other than what is in the best interest of the resident.

5. The formal remediation plan will clearly outline the following:
    a. Evidence of need for entrance into a remediation plan
    b. Timeline of remediation plan
    c. Specific actions/assignments/responsibilities/expectations of the resident during the remediation plan
    d. Definitions of successful completion of the remediation plan
    e. Definitions of failure to progress
    f. Potential outcomes of remediation plan
        i. Three potential outcomes exist upon entrance into this remediation plan:
            1. Successful completion of remediation plan – continuation of normal responsibilities and duties
            2. Extension of the residency program
            3. Dismissal from the residency program
        ii. Extension of or dismissal from the program will follow TriHealth Human Resources policies, and will be coordinated by the RPD and Senior Manager of Pharmacy Services

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Pharmacy Resident Well-Being & Resilience

The Pharmacy Leadership Team of TriHealth embraces and acknowledges each team member's right to work-life balance, emotional and physical well-being, and the avoidance of undue stress related to the work environment. This residency program, the RPD, and members of the RAC further endorse ASHP's initiative *Well-Being & You* and the National Academy of Medicine (NAM) *Action Collaborative on Clinician Well-Being and Resilience*. All members of this residency program share the sentiment of ASHP and NAM that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety.

In addition to permitting residents to utilize all accrued paid time off during the residency year, residents have access to formal and informal health and wellness programs as a team member of TriHealth. Services and programs available to all TriHealth pharmacy residents include, but are not limited to:

- Personal wellness programs
- Access to on-site health & fitness centers
- Health and wellness coaching
- Guided meditation sessions
- In-person and telephone counseling
- Referral programs to specialized care and community-based resources
- Access to a 24-hour crisis line
- Enrichment and educational seminars
- Free financial counseling
- Free legal consultations
- Full access to the TriHealth Employee Assistance Program

Employee Assistance Program
All pharmacy residents have full access to the TriHealth Employee Assistance Program (EAP). TriHealth EAP is an employer-sponsored program of the Corporate Health Services Division of TriHealth, Inc. The TriHealth EAP has locations throughout Greater Cincinnati for our team members and their family members, and more than 2,100 licensed affiliate counselors in all 50 states and Puerto Rico. They can be contacted at any time at 513.891.1627 or toll-free at 1.800.642.9794.

TriHealth EAP was established in 1984 as a division of Bethesda Healthcare, Inc. in Cincinnati. Bethesda later merged with Good Samaritan Hospital and became TriHealth. TriHealth EAP now provides services to more than 200 companies both locally and nationally with more than 150,000 people eligible for services.

Resident Burnout & Awareness

Stress and burnout are common among healthcare workers and trainees, but extremely uncommon within our residency programs. The orientation period of each residency year includes resident review and discussion of industry leaders' resources on residency well-being and resiliency, in addition to a review of TriHealth EAP resources. At the conclusion of the orientation period, residents are encouraged to *Take the Pledge* of ASHP to combat burnout.

The primary resources reviewed with residents come from ASHP's Well-Being & You campaign, and the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience. Additional information about these initiatives can be found online:

- ASHP Well-Being & You: https://wellbeing.ashp.org/
- NAM: https://nam.edu/initiatives/clinician-resilience-and-well-being/

Preceptors and the RPD of GSH take burnout seriously, and are cognizant of manifesting signs and symptoms within residents. In addition to the physical and emotional stress which can result from the demands of residency training, our preceptors acknowledge if burnout is reached, resident ability to learn, apply, and engage in their own development is significantly diminished. As such, we challenge residents to become self-aware of their own personal signs of overwork and exhaustion. If a resident self-identifies potential burnout, they are strongly encouraged to speak with their RPD, mentor/advisor, and utilize any of the available resources of the TriHealth EAP, without fear of repercussions. This discussion will initiate a thorough review of resident duty hours, pending work assignments and deadlines, and other conflicting obligations. Subsequent to this review, a customized plan will be developed among the RPD, preceptors, and resident to alleviate any undue stress from the residency experience.

The RAC dedicates at minimum one meeting annually to the review of emerging strategies and literature about resident resiliency and well-being. Further, as part of each preceptor's continuing development plan, continuing education is required. Preceptors are strongly encouraged to seek out and complete continuing education related to resiliency and well-being. Finally, RPDs of residency programs have taken the ASHP Well-Being & You pledge to combat burnout. Preceptors of the program are also encouraged to do so. https://wellbeing.ashp.org/Take-The-Pledge.

Social

Each residency year concludes with the incoming/outgoing resident social, hosted by RPDs and attended by most preceptors, several other members of the pharmacy department, and even medical residents. This social is designed to both welcome new residents to the TriHealth pharmacy family and to celebrate the successes of outgoing residents. This informal event has become a tradition of the department and is greatly anticipated each year. Additionally, several other social events are planned throughout the residency year for the department as a whole, and residents are always welcomed.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Resident-Mentor Program

PGY1 residents of the program are entered into a mentorship program to promote professional and personal growth. Literature shows individuals who are mentored are more likely to report greater self-efficacy, improved career satisfaction, and are more likely to become mentors themselves. The goal of this program is to foster a strong relationship between each resident and a program mentor in order to improve the overall resident experience.

It is important to note the distinction between preceptors and mentors. Preceptors serve as short-term instructors in the setting of a dedicated learning experience, with the goal of refining the resident's clinical knowledge and skills through employing the four preceptor roles. Mentors provide a longer-term role in the resident's experiences, primarily focused on resident personal and professional development, outside the context of any given learning experience.

- Mentor eligibility
  - Mentors must report their desire to serve as a mentor to the RPD
  - To maintain eligibility on an annual basis, the mentor must demonstrate the ability to establish a successful mentor-mentee relationship (e.g. based on feedback received from the previous year)
- Roles of the mentor
  - Meet with the resident on an ongoing basis (minimum quarterly) to discuss the trajectory of the residency year, personal and professional goals, wins, and areas for continued growth
  - Offer to serve as a reviewer or reminder for major residency-year milestones (e.g. residency project deadlines, major presentations, post-residency job search, etc.)
  - Review and co-sign of quarterly resident reflections in PharmAcademic
  - Contribute to resident development plans
  - Serve as a guide for matters the resident does not feel requires the RPD/department manager to review
- Timeline
  - A list of available mentors will be presented to new residents during the orientation learning experience along with an "about me" to get to know the mentors.
  - Residents are to choose a mentor by the end of their orientation period.
  - The mentor-mentee relationship is meant to last the duration of the residency year
    - Residents are permitted to ask for a different mentor at any time
  - While the formal commitment concludes at the end of the residency year, mentor-mentees are strongly encouraged to continue the relationship beyond this time
- Determining mentors
  - Residents are to choose their own mentor by the end of their orientation period
  - Residents may choose more than one mentor
  - Residents may request of the RPD to change or remove mentors at any time
    - In this scenario, a new mentor must be identified within 30 days

- Continual Quality Improvement
    - Review of the mentor program will be incorporated into annual program CQI
    - The Preceptor Development Subcommittee will offer at least one hour of preceptor development continuing education annually

Requirements: There are no formal requirements of the resident-mentor relationship, beyond those listed above in the *Roles of the Mentor* section. Mentors and residents can meet at a frequency they deem necessary to maintain a functional mentorship, although a monthly meeting is suggested.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Program Conduct and Design

Program Structure and Guidance

The RPD will serve as an advisor to each resident of the program for purposes of ensuring successful completion of all requirements of the program. The RPD will meet with each resident at the beginning of the residency year to evaluate PGY1 experiences, baseline skills, knowledge, and areas of interest. An individualized plan (resident development plan) for each resident will be created to tailor goals and interests, while adhering to requirements for successful completion of the program. This resident development plan will be reviewed and updated at least quarterly and distributed to all preceptors of the program.

The evaluation and planning process for each resident will be documented in PharmAcademic. Resident Self-Evaluation and Planning Forms and Customized Training Plans (CTP) may be used. Upon review of the aforementioned, a schedule for the residency year will be created for each resident. The resident may request a change in schedule as the year progresses. Requests will be granted as possible, so long as proposed changes do not interfere with the training plan of another resident's schedule, and if the preceptors for the requested rotations are available.

Residents will meet with each preceptor at the beginning of each learning experience to discuss goals, objectives, and requirements for successful completion of each rotation. Evaluation strategies will be discussed and residents will be permitted to tailor rotational experiences beyond required goals, objectives, and activities with individual goals.

Longitudinal learning experiences are planned throughout the residency year. Activities to meet the objectives of longitudinal experiences will be planned in addition to current rotation responsibilities. Additionally, project weeks will be strategically planned at points throughout the year to permit residents to have dedicated time to conduct ongoing projects and have focused time for longitudinal experiences. At minimum, evaluations for these learning experiences will happen quarterly.

A year-long project is required. The project can be in the form of original research, a significant problem solving exercise, or proposal and implementation of a new pharmacy service line. The resident will meet with the RPD and appropriate preceptors to develop and propose the project. The project must be submitted to the Institutional Review Board for approval. The resident is encouraged to present a poster at the ASHP Midyear conference regarding his/her ongoing work. The resident will present summative project findings at the Great Lakes Pharmacy Residency Conference or Ohio Pharmacy Residency Conference held annually in the spring. Final preparation of the resident project findings in manuscript form, suitable for publication, is required for completion of the residency program.

Good Samaritan TriHealth Hospital
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Evaluation Strategies

Evaluations

A critical component of growth of the resident and residency program is frequent two-way feedback. The goals of constructive feedback to residents are to discuss achievements and areas of needed growth in terms of rotation-based goals and objectives, to discuss strategies to refine and enhance clinical and soft skills, and to provide guidance on how to approach future learning experiences. Conversely, residents complete and provide evaluations of preceptors; the goals of preceptor evaluations are to identify areas of needed improvement in preceptor skills, and to provide feedback to the RPD and preceptors in order to improve the program. Although structured feedback is scheduled based on learning experience timelines, residents, preceptors, and the RPD are encouraged to make feedback a continuous process. Residents, preceptors, or the RPD may call for meetings to provide feedback at any point outside of the planned schedule. Frequent, immediate verbal feedback is to be provided by residents and preceptors; formative feedback in the form of summative (written) evaluations shall be documented in PharmAcademic based on learning experience requirements.

Evaluation Scales

NA (Not Applicable) – Objective is not measurable at the time of evaluation because it is not being taught/taught and evaluated.

NI (Needs Improvement) – Resident is not performing at a level expected of similar residents at that particular time; significant improvement is needed to meet this goal/objective during the residency year. Examples of practice resulting in a designation of NI include the resident

- Inability to complete tasks without complete guidance from start to finish
- Inability to gather basic information to provide general patient care or answer questions
- Other unprofessional behavior indicating the resident needs improvement

SP (Satisfactory Progress) – Resident is performing and progressing at a rate indicative of eventual mastery of the goal/objective during the residency year. This is noted by the resident

- Performing most activities without significant prompting or input from the preceptor
- Displaying improvement and growth of skills over the course of the rotation, but short of mastery
- Note, it is possible for the resident to regress to NI on subsequent rotations in the same goal even if SP had previously been earned

ACH (Achieved) – This designation indicates the resident has mastered this goal/objective for this rotation and can perform the task independently or upon request for this experience/practice setting.

ACHR (Achieved for Residency) – This designation indicates the resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice.

NOTE: Any consistent scoring of NI may signal the need for additional support; the preceptor identifying the deficiencies should contact the RPD immediately to discuss rationale behind NI designations.

Residents are to understand the designation received from the evaluation scales are not grades, they are merely a reflection of the resident's current abilities as they pertain to certain goals, objectives and how well associated activities are being performed. It is important residents understand the goal for the residency year is to show continual professional growth as they progress towards clinical independence. It would be very unlikely for a resident to earn "Achieved for the Residency" for a specific objective after only completing a few weeks or months of the residency program. In general, it is expected residents will receive designations of "satisfactory progress" for objectives over multiple learning experiences, then "achieved" for the same objectives for multiple learning experiences. Ideally, residents will receive designations of "achieved" across multiple patient-care settings before receiving the designation "achieved for the residency."

Once a resident earns "Achieved for the Residency" status for a specific objective, it indicates the resident has fully accomplished the educational goal and no further instruction or evaluation is required for that objective. At this point, preceptors are no longer required to provide formal evaluations on the objective, but any preceptor may take the opportunity to provide additional feedback as necessary.

Frequency of Evaluations

Evaluation strategies and timelines are rotation specific. Please see each learning experience description for more information.

Evaluations to be completed by the Preceptor and/or RPD

Midpoint Evaluations

Each non-longitudinal learning experience has a midpoint evaluation scheduled on the Friday of the second week of four-week rotations or the third week of six-week rotations. Midpoint evaluations serve to provide residents with appraisal and feedback of performance to date and to make specific plans to improve performance over the remaining time on the learning experience. The resident and preceptor(s) will review these evaluations in a face-to-face meeting. For rotations with more than one preceptor, a primary preceptor will be designated to collaborate with any co-preceptors to provide one evaluation in PharmAcademic. A co-preceptor may choose to complete separate evaluations of residents, but will only complete areas of the evaluation he or she was directly responsible for instructing. Preceptors with development plans who co-precept learning experiences will be responsible for conducting in-person evaluations with the primary preceptor, and they will independently document and submit midpoint summative evaluations of resident performance. The primary preceptor will be responsible for review and co-signature of evaluations submitted by preceptors working towards meeting qualifications for a preceptor.

End of Rotation Summative Evaluation

Summative evaluations are based on resident performance as they relate to goals, objectives, and activities defined for a given learning experience. The intent is to document progress towards completion of educational goals and objectives assigned to each rotation. PharmAcademic is utilized to complete all summative evaluations. Summative evaluations are due by the last day of each rotation period. The resident and preceptor(s) will review these evaluations in a face-to-face meeting. For rotations with more than one preceptor, a primary preceptor will be designated to collaborate with any co-preceptors to provide one summative evaluation in PharmAcademic. A co-preceptor may choose to complete separate summative evaluations of residents, but will only complete areas of the evaluation he or she was directly responsible for instructing. Preceptors with development plans that co-precept learning experiences will be responsible for conducting in-person summative evaluations with the primary preceptor, and they will independently document and submit midpoint and summative evaluations of resident performance. The primary preceptor will be responsible for review and co-signature of evaluations submitted by preceptors working towards meeting qualifications for a preceptor.

Rotation Handoff

Current preceptors will communicate with preceptors of the next scheduled rotation specific details of resident performance to date. Particular focus will be placed on areas of strengths and opportunities to improve clinical, professional, and/or soft skills. If multiple preceptors are utilized for a rotation, they are to collaborate to provide one rotation handoff evaluation. Rotation handoffs may be either verbal or written. The form *Preceptor to Preceptor Rotation Handoff* may be used (see Appendix I). The RPD should be provided copies of any written handoff communications. Additionally, each RAC meeting will have dedicated time to discuss resident performance and overall progress.

Quarterly Summative Evaluations for Longitudinal Experiences

Quarterly evaluations are required for all longitudinal learning experiences. They are conducted in the same manner as End of Rotation Summative Evaluations described above. Quarterly evaluations will also be used to evaluate resident progress towards personal goals for the residency year.

Criteria-Based Assessments

Feedback for selected activities will be provided throughout the residency year. Examples include feedback for presentations, journal clubs, or observed patient encounters. This feedback may be given verbally, by way of evaluation forms, or through PharmAcademic.

Formative feedback and Criteria-Based Assessments

Formative (ongoing) feedback is to be provided by preceptors frequently (e.g. daily) as snapshot appraisals of resident progress during each learning experience. Formative feedback is generally verbal, but preceptors may also choose to document feedback in PharmAcademic.

- In PharmAcademic, choose the resident and click on “provide feedback to the resident.” Use this option to document verbal feedback or you can choose to give written feedback.

- This type of feedback can apply to Learner Goals and Objectives, Learning Experiences, Activities for Learning Experiences, Portfolio Evidence, or Not Applicable options. Provide detailed examples of how the resident met objectives in terms of specific activities. Preceptors should discuss these items with the resident and make necessary adjustments to rotation activities to assist in the ongoing development of the resident.
- Formative feedback is a means for preceptors to inform residents of how they are currently performing and how they can improve. Formative feedback should be frequent, immediate, specific, and constructive.
- Examples of when to use formative feedback include: projects, presentations, MUEs, clinical problem solving, and performance in group efforts such as rounds or meetings.

Resident Development Plans

At least quarterly, residents will meet with the RPD to review and update resident development plans. The resident development plan is a tool to formally document areas of strengths and needs for improvement, planned short and long-term goals, and identified steps to implement to complete said goals. Objectives deemed as ACHR since last plan update will be documented as well. During this time, residents and the RPD will review overall progress towards completion of goals and other program completion requirements, and the resident will be permitted to review and request changes to the residency schedule of learning experiences. The schedule of resident development plan updates is:

- Entering Interests Form: Prior to beginning program
- Development Plan Update 1: July 1
- Development Plan Update 2: October 1
- Development Plan Update 3: January 1
- Development Plan Update 4: April 1

To be completed by the Resident

Preceptor Evaluation

The resident will complete a preceptor evaluation through PharmAcademic at the end of each rotation. If there are multiple preceptors, it is requested the resident complete an evaluation for all those involved. This evaluation is meant to provide feedback regarding areas of strengths and need for improvement of each preceptor. Specific examples or ideas should be outlined.

Evaluation of the Learning Experience

Also within PharmAcademic, the resident will complete an evaluation of each learning experience at the end of the rotation. The resident is to detail strengths and areas for improvement of rotation design as well as offer ideas to enhance the experience for future residents.

Self-Assessments

Self-assessments/self-reflections are required to be completed at minimum four times per year. Residents complete an entering interests form at the beginning of the residency year, then complete self-reflections/evaluations at the end of quarters 2, 3, & 4 prior to updating the development plan.

These self-reflections are designed to allow the resident to honestly and candidly review their performance to date, and to self-identify areas for improvement.

- The resident is required to complete an "Entering Interests Form" prior to or at the beginning of the residency year. The resident will meet with the RPD quarterly to discuss progress towards achievement of personal career goals, goals for the residency, strengths and weaknesses, and areas of interest. As this is completed at the onset of residency training, the intent is to allow the resident to determine self-progress and to assist him/her in determining progress towards completion of his/her own goals both professionally and personally. Documentation of self-assessments will be kept through PharmAcademic. The quarterly meetings between the RPD and resident will be in person; written and verbal feedback will be provided. Record of assessments and modifications to the resident training plan will be kept in PharmAcademic.

- A resident quarterly self-assessment (snapshot) will be used in addition to evaluations of longitudinal experiences. The self-assessment will provide the RPD with information to base quarterly summative evaluations on towards achievement of educational goals and objectives. It will assist in providing the RPD and preceptors with a means to modify activities and to offer learning opportunities to help residents get the most out of future rotations. These will be due one week prior to the end of each quarter.

- A notes function is available in PharmAcademic. This section permits the resident an opportunity to keep track of his/her activities, and it serves as a means for self-reflection and documentation of their personal accomplishments. Preceptors will be able to view these notes in PharmAcademic; they are not evaluable, merely available for informational purposes only. Preceptors can utilize this information to guide the resident to specific areas of the learning experience the resident should focus efforts on.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Portfolio

Residents will maintain a digital residency portfolio on the pharmacy share drive and within PharmAcademic which shall be a complete record of the resident's program activities. The portfolio should include the following:

- Orientation Checklist (if applicable)
- All residency-based evaluations including:
    - Entering Interest Form
    - Goal-based evaluations
    - Summative (by preceptor and self-evaluations)
    - Preceptor Evaluations
    - Custom Evaluations
    - Customized Training Plans
- A record of all educational in-services (journal clubs, case presentations, etc.) and seminars presented
- Outlines and/or lecture slides
- Evaluations received from all attendees of in-services/presentations/seminars
- Residency Project Materials
    - Proposal (and submission form)
    - IRB submission form
    - Project Timeline Checklist
    - Data collection & analysis
    - Final manuscript
- Any formulary reviews, formal drug information responses, or other completed assignments
- Examples of patient care documentation (de-identified in compliance with HIPAA regulations)

PGY1 residents who progress to a PGY2 program at Good Samaritan TriHealth Hospital must keep two separate residency portfolios (one for each residency year).

*The contents of the residency portfolio serve as documentation of activities completed during the residency year. The residency portfolio is a permanent record which is the property of Good Samaritan TriHealth Hospital. Residents may make their own personal copy of the residency portfolio prior to the end of their tenure with TriHealth.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Requirements for Successful Completion of the Residency Program

Upon successful completion of all program requirements and in compliance with all conditions of the residency program, Good Samaritan TriHealth Hospital will award the resident a certificate indicating graduation from the residency program. Residents must fulfill all items below to successfully complete a TriHealth residency program.

- In accordance with the ASHP Accreditation Standard for Postgraduate Year One and Two Pharmacy Residency Programs, residents must satisfactorily demonstrate aptitude in all required and elective competency areas.
- The resident must complete corporate orientation training, pharmacy orientation manual checklists, and all departmental pharmacist competencies.
- The resident must gain licensure in the state of Ohio by the date defined in the Residency Manual.
- The resident shall perform an initial evaluation of career interests, areas of strengths, and opportunities for growth. The RPD and the resident will agree upon a development plan and rotation calendar for the residency year. The plan will be reviewed and updated quarterly.
- **For PGY1 residents –** the resident must earn Achieved for the Residency (ACHR) for at least 85% of all ASHP required educational outcomes and goals for PGY1 Pharmacy Residency Programs and all ACHR for R1.1. The resident must receive Achieved (ACH) or Satisfactory Progress (SP) ratings on the remaining 15% of the required and elective objectives, with no areas marked as Needs Improvement (NI) on the final time in which it is evaluated.
- The resident shall complete all assigned PharmAcademic evaluations in a timely manner.
- The resident will participate in at least one formally sanctioned community outreach event.
- The resident is expected to complete a major research project that is approved by the RAC, which includes at minimum:
    - Submission of project through the TriHealth Institutional Review Board
    - Presentation of the project results/summary at the Great Lakes Residency Conference or Ohio Pharmacy Residency Conference
    - Preparation of the research project in manuscript form suitable for publication
- The resident must work their assigned hours. Residents will abide by guidelines set by the ASHP Duty-Hour Requirements for Pharmacy Residencies policy.
- The resident must complete all staffing shifts as assigned, including distributive pharmacist functions. This includes working every third weekend and one evening shift every three weeks during the residency year, including some holidays. Days missed due to sick leave are addressed by various residency program policies.

- The resident must participate in recruitment of future residents. This includes, but it not limited to attending the ASHP Midyear Clinical Meeting Residency Showcase, University of Cincinnati James L. Winkle College of Pharmacy Residency Showcase, and the OSHP All-Ohio Residency Showcase. The resident is also expected to participate in the interview process for residency program applicants.
- The resident shall conduct at least one medication use evaluation and complete one drug monograph.
- The resident will create and maintain a residency portfolio. A complete residency portfolio must be submitted to the RPD by the end of the residency year.

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Rebecca McKinney, PharmD, BCPS
Residency Program Director

Date

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Qualifications and Selection of PGY1 Residents

The Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency program participates in and abides by the rules and regulations set forth in the ASHP Resident Matching Program (RMP). Further, this residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant. Recruitment of candidates will occur at regional residency showcases and the ASHP Midyear Clinical Meeting. Recruitment of candidates will include and engage individuals underrepresented in the profession of pharmacy. The RPD (or designee), current residents, and members of the RAC in attendance will participate in the recruitment of candidates for the program.

Applicants to the residency program must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation), or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).

GSH maintains a standardized applicant screening and selection process consisting of three phases.

1. Pre-interview Evaluation
    a. The purpose of pre-interview evaluation is to determine which candidates will be granted an initial phone or video interview
    b. All candidates must apply through PhORCAS. The deadline for application is January 8 of each year
        i. Application materials include:
            1. Curriculum Vitae
            2. Letter of Intent
            3. Three letters of recommendation
            4. Pharmacy school transcript
    c. The RPD and members of the Residency Advisory Committee will review all complete applications, and a sufficient number of candidates will be invited for an initial phone or video interview
    d. The RAC will use a standardized scoring form to evaluate all applicants (see Appendix G)
        i. A minimum score must be met to be considered for a telephone or video interview.
        ii. The RAC will determine the minimum score required annually, based on the complete applicant pool
    e. The phone or video interview is designed to determine rightness of fit between candidates and the program. Based on rightness of fit, offers for an on-site interview will be extended by the RAC.

f. The number of interviews granted annually will be determined by the RPD and members of the pharmacy leadership team.

2. Phone, Video, On-site Interviews
    a. Phone and video interviews will determine the candidates invited for an on-site interview. All those initially interviewed by phone or video are not guaranteed an on-site interview.
    b. All candidates invited to interview on-site will be provided documentation regarding general program overview, expectations of and requirements for completion of the program, as well as policies on professional, family, and sick leaves and the consequences of any such leave on the residents' ability to complete the program, and for dismissal from the residency program.
    c. For the on-site interview, candidates will be provided an itinerary for the interview day.
    d. The interview shall include sessions with the RPD, members of pharmacy administration, members from the Residency Advisory Committee, current pharmacy residents, and other personnel of the pharmacy team.
    e. A standardized scoring system will be utilized in evaluation of all on-site interviewees.
        i. See Appendix H "PGY1 Interview Evaluation Form."
3. Applicant Ranking and submission to the National Matching Services
    a. After completion of all interviews, the RAC will meet to evaluate all candidates. An ordinal rank list of candidates will be created. Not all candidates must be ranked.
    b. The RPD will review all evaluations and rank lists to create a final rank list for submission to the ASHP Resident Matching Program.
4. The Match Phase II and Scramble
    a. If the program does not match all positions through Phase I, resources of the National Matching Service will be utilized to identify remaining candidates.
    b. Interviews will be conducted by phone or video as possible by the RPD and members of the RAC as they are available. On-site interviews may be offered if candidates are able to arrange travel.
        i. Candidates interviewed through Phase II of the Match or through the scramble will be provided with electronic copies of documents pertaining to the program.
    c. After completion of all interviews, the RAC will meet to evaluate all candidates. An ordinal rank list of candidates will be created. Not all candidates must be ranked.
    d. The RPD will review all evaluations and the rank list determined by the RAC to create a final rank list for submission to the ASHP Resident Matching Program.
    e. If positions remain unmatched after Phase II, the RPD will conduct phone or video interviews for any candidates available through the scramble and offer positions to the candidate most ideally suited to participate in the program.
5. Those accepting a position as resident within the organization will be provided a letter of acceptance from the RPD, and will then be contacted by TriHealth Human Resources to discuss terms of employment and to arrange for completion of all pre-employment requirements.

PGY1/PGY2 Early Commitment Process

Current PGY1 residents are eligible to apply to early commit to any GSH PGY2 program if they are in good standing with the PGY1 program at the time applications are due. "In good standing" is defined as 1) designated as making "satisfactory progress" at the most recent resident quarterly development plan, 2) not currently within a formal remediation plan, and 3) no record of disciplinary action against the resident. The early commit process includes the following:

1. The PGY2 RPD(s) will announce the availability of early commit positions annually at the October Residency Advisory Committee meeting
2. The Resident must submit application materials to the PGY1 RPD, PGY2 RPD of their program of interest, and the Pharmacy Department Senior Manager by the annual deadline of November 15
3. Application Materials include:
    a. ASHP Resident Academic & Professional Record Form
    b. Letter of intent
    c. Up to date residency portfolio
4. All PGY1 residents in good standing who submit their application materials prior to the deadline will be interviewed. All applicants will be provided with program documents of the PGY2 program to which they have applied (i.e. program policies, program manual, requirements for successful completion)
5. Interview dates will be between November 15-30
6. Interviewers will be PGY1/PGY2 preceptors, as available
7. Interviewers will use a standardized questionnaire and scoring form to evaluate all interviewees.
8. The decision to early commit any individual PGY1 resident will be based on 1) 2/3 majority of interviewers voting in favor of early commitment, and 2) the endorsement of the PGY2 RPD
    a. If more PGY1 residents interview than there are PGY2 positions, both conditions above must be met. The PGY2 RPD will convene the RAC to determine a preference list of residents to early commit
    b. Offers to early commit will be extended in order of the preference list determined by the RAC
    c. Should a resident decline to early commit, the next resident on the preference list will be extended an offer to early commit
9. The PGY2 RPD and RAC will extend the offer to early commit at least one week prior to the ASHP Midyear Clinical Meeting
10. Upon receiving an offer to early commit, the PGY1 resident is under no obligation to do so
11. Residents must inform the PGY2 RPD of their decision to accept or decline the early commit offer before the ASHP Midyear Clinical Meeting
    a. Acceptance of the offer to early commit is designated by the resident completing the ASHP/NMS *Early Commitment Agreement Form* and submitting it to the PGY2 RPD
    b. The resident may decline the offer to early commit verbally or in writing.
    c. Failure to formally accept or decline the offer to early commit before the beginning of the ASHP Midyear Clinical Meeting will be considered a declination of the offer to early commit
12. Should a position be available after the ASHP/NMS early commit deadline passes, the open position will be offered through the Match

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Program Structure, Design, and Conduct: Rotations, Projects, and Other Activities

The residency programs at Good Samaritan TriHealth Hospital are designed and conducted in a manner to support residents in achieving the required and elective educational competency areas, goals, and objectives described in the ASHP Accreditation Standard for PGY1 programs, and the following purposes:

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

TriHealth residency programs employ activities to enable residents to achieve competence in the required areas in the Accreditation Standards for PGY1 and PGY2 training. Below are overviews of required & elective competency areas defined by ASHP specific to each residency program hosted by Good Samaritan TriHealth Hospital.

Full detail of the ASHP required competency areas, goals, and objectives can be found here.

PGY1 – Acute Care

Competency Area R1: Patient Care

Goal R1.1:	**Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).**
Goal R1.2:	**Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.**
Goal R1.3:	**Promote safe and effective access to medication therapy.**

Competency Area R2: Practice Advancement

Goal R2.1:	Conduct practice advancement projects.

Competency Area R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

Competency Area R4: Teaching and Education

Goal R4.1: Provide effective medication and practice-related education.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

Goals and objectives of these competency areas can be found here. Activities assigned to each objective are learning experience dependent. Please see the Teach/Evaluate Grid or individual learning experience descriptions in the Rotation Manual.

Development Plan

Residents will complete initial self-evaluations through PharmAcademic prior to starting the residency (or within one week of starting the program). Other tools to identify learning, teaching, and personality styles will also be requested to be completed prior to starting the residency. The RPD will review self-evaluations and meet with residents individually during the orientation learning experience to establish an initial personalized residency development plan. Resident development plans will then be reviewed and revised quarterly by the resident and RPD.

Learning Experiences

The residency year is twelve consecutive months comprised of required, elective, and longitudinal learning experiences. Required rotations are four to six weeks in duration, and electives are all four-week blocks. Longitudinal experiences vary in duration from 3 to 12 months. Project weeks are scheduled at various points throughout the year to permit the resident to dedicate time to longitudinal experiences or outstanding assignments. No more than one-third of direct patient care learning experiences in a twelve-month residency program may focus on a specific disease state or population.

PGY1 Rotations

Required Rotations	Elective Rotations*	Longitudinal Experiences
Orientation Acute Inpatient Care Ambulatory Care Critical Care Emergency Medicine Infectious Diseases Internal Medicine	Ambulatory Care – Endocrinology Clinic Behavioral Health (Inpatient) Bone Marrow Transplant Cardiology Hematology/Oncology - Inpatient Informatics Neonatal Intensive Care Neurovascular Critical Care Pharmacogenomics Population Health	Administration Emergency Code Response Pharmacy Practice/Staffing Research Project University of Cincinnati Teaching Certificate Program

*Elective rotations may change based on availability; new rotations may be created based on resident interests.

Residency Schedule – PGY1 Program

The RPD will schedule learning experiences for the residents to best execute individual development plans. Learning experiences will be scheduled in a progressive manner such that the resident has established a fundamental skill set required to progress to higher levels of pharmacy care (e.g., a resident will not be assigned a critical care rotation prior to having internal medicine). Similarly, residents must show adequate progression through required rotations before they will be permitted to participate in elective practice areas (i.e. required rotations may require an extension or may need to be repeated). However, every effort will be made to accommodate resident requests consistent with their career interests. For example, if a resident is considering pursuing a PGY2 program, the learning experience in that area may be scheduled prior to December, so the resident will be able to make a more informed decision on their future career before attending the ASHP Midyear Clinical Meeting. Further, in order to choose an elective in which there is a non-pharmacist preceptor, the resident will have to display clear evidence of professional growth and the capability of practicing independently.

Rotation Overview

The following is a brief overview of required, elective, and longitudinal experiences offered to residents at Good Samaritan TriHealth Hospital. For full details of each learning experience, including goals, objectives, and activities, please refer to the Rotation Manual.

Residency & Department Orientation

Duration: PGY1 – 4 weeks + one project week
Available to: Required for all residents
Location: GSH Central Pharmacy (primary), various inpatient settings (secondary)
Preceptor: Rebecca McKinney, PharmD, BCPS

A formal orientation program for all incoming residents is scheduled for late June/early July each year. New residents are to attend all corporate orientation dates as required per the terms of employment. This orientation period is designed to introduce residents to the Good Samaritan TriHealth Hospital (GSH) Department of Pharmacy policies and procedures and various practice settings throughout the hospital. During this time, the residents will meet with the Program Director to establish the individual Resident Development Plan. Additionally, the resident will become proficient in use of all pharmacy department software and gain a baseline functional knowledge of the medication distribution system of the central pharmacy, IV room, investigational drugs, and services provided to all surgical areas. Week five of the residency year is a dedicated project week designed to allocate early time for the resident to draft their residency project proposal. Additional time during this project week may be used to focus on specific areas of practice not sufficiently addressed during the orientation month.

Acute Care – Inpatient

Duration: 2 weeks
Available to: PGY1 (required)
Location: GSH Clinical Floors
Preceptors: Patrick O'Hearn, PharmD and Natalie Smith, PharmD

The inpatient acute care learning experience is a required rotation serving as an extension to the orientation period involving complete management of pharmaceutical care for patients admitted to telemetry or medical-surgical units. This rotation will allow the resident to gain useful experience in all aspects of inpatient acute care including order verification, consult management, chart review, and transitions of care activities for a wide variety of patients. The goal of this learning experience is for the resident to demonstrate competency in typical inpatient clinical pharmacist duties, through the support and guidance of the rotation preceptors.

Ambulatory Care

Duration: 4 weeks
Available to: PGY1 (Required)
Location: GSH Faculty Medical Center
Preceptor: Joseph Schum, PharmD, BCPS

Unlike many area programs, the ambulatory care experience at GSH is a dedicated rotation at an individual practice site. Residents will spend four weeks in this required rotation at the Faculty Medical Center on the 5th floor of the hospital. The goal of this rotation is to provide the resident the opportunity to develop expertise in the medication therapy management of chronic diseases such as hypertension, hyperlipidemia, diabetes, and coagulopathy. Residents will interact with patients daily to assess the need for education, lifestyle modifications, self-medication administration, and adjustments to therapeutic care plans. The resident will serve as a drug information resource to the many medical resident services who utilize this clinic (family medicine, internal medicine, OB/GYN, etc.). Advanced knowledge of disease states will be garnered through assigned discussions and projects by the preceptor. The resident will also be responsible for co-precepting any student pharmacists on the service.

Cardiology

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: BNH (primary), various TriHealth facilities (secondary)
Preceptor: Mark Albright, PharmD, BCCP

The resident will work with the preceptor to provide safe and appropriate cardiovascular pharmaceutical care as a member of cardiology rounding teams. The primary cardiology team residents serve on is the telemetry and heart failure team. Residents focus on the optimization of cardiovascular care plans and providing in-depth education to patients to maximize their understanding of the care they have been provided. Additional opportunities exist to round with the electrophysiology or interventional cardiology teams. If so desired, residents can coordinate with their RPD to set up an off-site experience at Bethesda North TriHealth Hospital in their cardiovascular intensive care unit.

Critical Care

Duration: PGY1 – 6 weeks
Available to: PGY1 (Required)
Location: GSH MSICU
Preceptor: Nancy Wuestefeld, PharmD, BCCCP

The critical care rotation is a 6-week required learning experience for PGY1 residents. The experience focuses on providing pharmaceutical care to critically ill surgical and medical patients. The resident's primary responsibility during this learning experience is to provide pharmaceutical knowledge to the interdisciplinary team through daily rounds. The resident will assess each patient before and after rounds to ensure appropriate care is given so as to provide patients with the best possible outcomes. Through this, residents will develop clinical knowledge necessary to gain confidence in recommending appropriate drug therapy in the critical care setting. Advanced understanding of disease states and treatment modalities will be gained through discussions and projects assigned by the rotation preceptor. Additionally, residents will gain familiarity with the management of medical emergencies through participation on the code response team.

Emergency Medicine

Duration: 4 weeks
Available to: PGY1 (Required)
Location: GSH Emergency Department
Preceptor: Eric Hugenberg, PharmD, BCEMP

Located in the hospital district of downtown Cincinnati, the Emergency Department at GSH receives approximately 62,000 patient visits per year. While on this learning experience, the resident will focus on emergency medicine and transitions of care. Residents will work with all disciplines present in the ED to ensure appropriate intake of admitted patients. Direct patient care will be provided by way of patient interactions including interviews for medication histories, reconciliations, and education. Residents will work with prescribers to ensure appropriateness of empiric therapies started within the ED. Residents will be ACLS certified and respond to all medical emergencies. Additionally, residents will participate in ED discharge antibiotic surveillance. Any patient discharged from the ED who had a culture drawn during the encounter will be reviewed to ensure appropriate bug-drug match. Projects, presentations, and topic discussions are to be completed as assigned by the rotation preceptor.

Infectious Diseases

Duration: 4 weeks
Available to: PGY1 (Required)
Location: GSH inpatient wards, Preferred Lab Partners Microbiology Lab
Preceptor: Colin Fitzgerrel, PharmD, BCPS, BCIDP

The infectious diseases rotation is a 4-week required rotation with three aspects of practice. The resident will provide direct patient care through daily rounding with the infectious diseases medical team. Through this, the resident will refine his/her approach to daily preparation to align oneself with a narrower focus of practice. Residents will proactively review patients for response to antimicrobial treatment and learn to make adjustments to care plans based on culture data and other patient factors. At least twice per week the resident will participate in patient review with the Antimicrobial Stewardship Pharmacist providing antimicrobial stewardship services. Every patient in the hospital receiving any antibiotic will be reviewed for appropriateness of use (indication, dose, duration, etc.). The resident will meet with an infectious diseases physician to discuss patients and leave progress notes with appropriate recommendations. Finally, the resident will spend one half-day per week in the Preferred Lab Partners microbiology lab learning basic functionality of its services and how it relates to pharmacy practice. Additional opportunities exist to advance therapeutic knowledge through topic discussions and case presentations.

Internal Medicine

Duration: 4 weeks
Available to: PGY1 (Required)
Location: GSH inpatient wards
Preceptor: Corey Wirth, PharmD, BCPS and Taha Alhayani, PharmD, BCPS

The internal medicine rotation is a 4-week required learning experience, focusing on medical care of adult inpatients. The primary responsibility of the resident during this learning experience is to provide pharmaceutical services to the medical team through interdisciplinary rounds. This rotation stresses the importance of accurate application of therapeutics in patient care, and requires the resident to develop skills in proper drug therapy selection, patient monitoring, pharmacokinetics, patient education, drug administration, and delivery of pharmaceutical care. Core content will be covered by way of patient interactions, discussion of reading material and guidelines, and case presentations. Additional responsibilities include ensuring continuation of appropriate care through transitions of patients through the healthcare system.

Hematology/Oncology

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: GSH
Preceptor: Nate Miller, PharmD, BCPS, BCOP & Melvi Chacko, PharmD, BCOP

The hematology/oncology learning experience for the PGY1 program revolves primarily around the inpatient management of hematologic malignancies, although opportunity is available to gain experience in the care of solid-tumor patients. The resident will serve as the primary pharmacy representative as he/she works with the oncology rounding service on the 14th floor. Residents will meet daily with the preceptor to review patients, hold topic discussions, and work to complete assigned projects. Direct patient care will be provided through patient interactions such as counseling, care plan review, and monitoring for adverse drug reactions. The focus of the inpatient experience will be on adult hematologic malignancies (acute and chronic leukemia, myelodysplastic syndrome, Hodgkin's and Non-Hodgkin's Lymphoma, and myeloma) and the comorbid conditions affecting admitted patients.

Pharmacy Informatics

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: GSH (primary), other TriHealth sites (secondary)
Preceptor: Mike Friebe, PharmD, EWC

The pharmacy informatics rotation is a four-week elective available beginning in the spring of 2018. The goal of this learning experience is to introduce the resident to the medication-use system of TriHealth and its constant evolution by applying pharmacy informatics principles, standards, and best practices. Further, residents will gain basic understanding of the language and concepts of information technology (IT), thereby equipping them to function in the interdisciplinary environment of informatics project teams. Residents will gain insight in the system-level applicability of all pharmacy software and hardware employed at TriHealth.
The resident will have the opportunity to explore common practice areas under the scope of an informatics pharmacist, such as:

- Computerized Prescriber Order Entry (CPOE) for electronic medication ordering integrated with Electronic Health Records (EHRs) and pharmacy information systems.
- Clinical decision support tools that bring best practice information and guidelines to clinicians at the time it is needed and rules-based systems for monitoring, evaluating, responding, and reconciling medication-related events and information.
- Pharmacy information systems that allow electronic validation of medication orders in real time, provide the data flows needed to update both the medication administration record (MAR) and order-driven medication dispensing systems, and support such operational activities as supply chain management and revenue compliance.

- Automated dispensing cabinets and robotics integrated and/or interfaced with pharmacy information systems.
- Integrated medication administration management systems that enable bar code medication administration and use of “smart” infusion pumps.
- Integrated medication surveillance applications for medication incident and adverse event reporting.

Neonatal Intensive Care

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: GSH Neonatal Intensive Care Unit
Preceptors: Beth Dunkel, PharmD, BCPS

Good Samaritan TriHealth Hospital’s Neonatal Intensive Care Unit is one of the few Level III service lines in the region. As such, the pharmacy resident will be exposed to the provision of complete pharmaceutical care services to this patient population. The resident will work closely with a neonatal pharmacist, pediatric residents and fellows, neonatal nurse practitioners, and neonatologists to provide care for pre-term infants born as early as 23 weeks of gestation and up to term newborns requiring intensive care. In addition to learning best practices in this setting, the resident will also participate in process improvement for the medication-use system as well as medication error reporting and root cause analyses. The resident will participate with the interdisciplinary team for daily rounds and attend meetings as scheduled by the preceptor. Topic discussions, journal clubs, and case presentations are to be completed as assigned by the preceptor.

Neurovascular Critical Care

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: GSH NSICU
Preceptor: Jacob Cannan, PharmD, BCPS, BCCCP

The Good Samaritan Hospital Neurosurgical ICU is an eighteen-bed unit serving an urban, community and/or tertiary-referred patient population. In 2019, Good Samaritan Hospital was recognized as a certified comprehensive stroke center. The neurocritical care and neurosurgical services work closely together to provide the best possible care for each patient. The neurosurgical patients will be rounded on each weekday by the ICU multidisciplinary team, led by a neuro intensivist. Daily rounds include a thorough review of all patient-related needs with input from disciplines including but not limited to: nursing, dietitians, respiratory, pharmacy, nurse practitioners, care coordination, chaplain, and social services.

The neurosurgical ICU pharmacist is responsible for reviewing all patient medications, identifying medication-related problems, facilitating the medication use process when necessary, and optimizing medication therapy. This is completed via multidisciplinary rounds. It is the goal that by the end of the rotation, the pharmacy resident is able to perform the responsibilities of the neurosurgical ICU pharmacist. Through daily encounters with the multidisciplinary team and patients, the pharmacy resident will participate in pharmaceutical care including drug-related problem identification and solving, provision of drug information, written and verbal communication skills, and independent learning.

Population Health

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: TriHealth Baldwin
Preceptor: Carrie Lyons, PharmD

The population health service line is one of the newest endeavors of TriHealth Pharmacy. Residents on this experience will work with the pharmacy manager of population health to address gaps within continuity of care as patients transition from the inpatient to outpatient setting. Residents will spend the majority of their time conducting direct patient outreach to ensure patient accessibility to care, understanding of care, and adherence to medications. Further, residents will analyze provider performance in their management of targeted disease states so as to identify and correct deficiencies of provided care.

Inpatient Behavioral Health

Duration: 4 weeks
Available to: PGY1 (Elective)
Location: GSH inpatient psychiatric unit
Preceptor: Rebecca McKinney, PharmD, BCPS

The psychiatry and neurologic medicine elective rotation will provide the resident the opportunity to explore medical management of mental illnesses. The resident will play a vital role in the assessment and modification on psychiatric medication regimens as a member of the interdisciplinary team in the inpatient psychiatry ward at GSH. The resident will participate in daily rounds and psychiatric consultative services throughout the hospital. Additionally, the resident may get the opportunity to observe cognitive behavioral therapy (CBT) groups, the day treatment program, and/or electroconvulsive (ECT) therapy. The resident's primary responsibility is the optimization of drug therapy in adult patients with mental illnesses, particularly focusing maintaining balance between efficacy and side effects. The resident will discuss patients and/or therapeutic topics with the preceptor daily so as to garner better insight into pharmacy practice in this patient setting.

Longitudinal Learning Experiences

Longitudinal experiences can be either required or elective and vary in duration from 3 to 12 months.

Administration

Duration: 10 months
Available to: PGY1 (required)
Location: GSH (primary), various TriHealth (secondary)
Preceptor: Colin Fitzgerrel, PharmD, BCPS, BCIDP & Rebecca McKinney, PharmD, BCPS

This learning experience is designed to give the resident the necessary experience to excel in areas of drug policy development, medication utilization evaluations, and process improvement and initiation. The resident will be assigned at least on MUE and may be assigned additional projects as needs arise. Residents will participate in medication-use management, departmental clinical operations management, continuous quality assessment of the various programs, and many other activities. As this is a longitudinal experience over the course of the residency year, meetings, projects, and discussions may occur while the resident is on other rotations, or during assigned project/longitudinal weeks. Residents will gain insight into how to manage an inpatient pharmacy department as well as view how it operates within a hospital on a systems level. Residents will attend and participate in intra and interdepartmental meetings as assigned by the preceptor or RPD

Emergency Code Response

Duration: July – June
Available to: PGY1 (required)
Location: GSH Hospital
Preceptor: Eric Hugenberg, PharmD, BCEMP plus various other critical care team members

The focus of the emergency response longitudinal rotation is to expose residents to emergency management strategies for various acute situations in the inpatient setting. Residents will be required to alternate code blue response every other month and attend codes regardless of current rotation (unless off-site). Residents will also have the opportunity to participate in code simulations with medical residents and other response staff members. Preceptors will be available at all emergency responses and will evaluate residents based on their accuracy and comfortability during the response. Residents will document their attendance and participation within the patient's chart for preceptors to review.

Pharmacy Practice (Staffing)

Duration: August-June
Available to: PGY1 (required)
Location: GSH Inpatient Pharmacy
Preceptor: Patrick O'Hearn, PharmD
Weekend Block Point Contacts:

Weekend Rotation	Weekend Point Contacts
Weekend 2	Natalie Smith, PharmD
Weekend 3	Patrick O'Hearn, PharmD & Beth Dunkel, PharmD, BCPS

The pharmacy practice/staffing learning experience is a requirement of the PGY1 programs. After the orientation process and once competent in the use of pharmacy software systems, PGY1 residents will provide staffing services in the central pharmacy up to every third weekend plus one evening shift every three weeks. The PGY1 resident will perform all duties expected of staff pharmacists, as well as build upon the knowledge and experience gained during other learning experiences throughout the year. The staffing experience will focus on the drug distribution system and consultative pharmacy services.

Residents are also required to respond to medical emergencies (e.g. Code Blue/Cardiac arrest). The rotation will aid the resident in refining skills required of an independent practitioner, such as communication, collaboration, and therapeutic applications. Hours worked on weekends as part of the longitudinal pharmacy practice experience are in addition to those required for the current rotation the resident is on, but the ASHP Duty Hours policy must be adhered to.

Residency Project

Duration: July-June
Location: GSH
Preceptors: PGY1 Residents – Rebecca McKinney, PharmD, BCPS plus project-specific advisors

Each resident is required to conduct a year-long project. The project can be in any subject of particular interest to the resident, but it must be submitted to the Institutional Review Board (IRB) for approval. Examples of projects include original research or expansion of pharmacy service lines. Medication Use Evaluations (MUEs) are not an acceptable form of research project as they are otherwise assigned throughout the residency year. Potential research projects will be generated by the Residency Advisory Committee, but the resident is not required to choose from this list if they have a suitable project of his/her own. The resident will be assigned an advisor based on the subject matter of the project. Residents will choose their research topic during the orientation month and submit it for review by the IRB no later than September. Data collection will begin as soon as IRB approval is gained. If adequate progress has been made, the resident is encouraged to submit his/her poster and current findings for presentation at the ASHP Midyear Clinical Meeting. The resident is required to formally present the conclusions from the research project at the Great Lakes Residency Conference or Ohio Pharmacy

Residency Conference in the spring. The resident is required to write a manuscript of the research project suitable for publication to graduate from the residency program. A general timeline for the project as well as a Project Approval Form is available in Appendix E.

Teaching & Education

Duration: July-June
Available to: PGY1 (Required)
Location: GSH (Primary), University of Cincinnati College of Pharmacy (secondary)
Preceptor: Joseph Schum, PharmD, BCPS

The Teaching & Education longitudinal experience addresses one of the core competencies of residency training: to build skill in the development and delivery of pharmaceutical education. Residents will be charged with the task of developing and delivering educational in-services to pharmacy, medical, and nursing staff throughout the year. At least one ACPE-approved continuing education presentation will be delivered to pharmacy staff. Residents will also build clinical writing skill as they serve as lead authors of the bi-monthly Clinical Memo. Additionally, residents will have the opportunity to participate in a layered learning model as medical teams and practice areas will have a variety of pharmacy learners (e.g. APPE, IPPE, EPE students).

Additionally, as a supplemental experience which is not formally evaluated by GSH preceptors, PGY1 residents are required to enroll in the Teaching Certificate Program hosted by the University of Cincinnati College of Pharmacy. The curriculum of the teaching certificate program provides the resident a broad understanding of issues in pharmacy education and opportunities to enhance his/her teaching skills. The resident will attend seminars on the University of Cincinnati campus to review theories in education and develop his/her own teaching philosophy. The resident will provide instruction in Pharmacy Practice Skills Development and/or recitations at the College of Pharmacy. Additionally, course rubrics will be met by giving formal continuing education presentations at GSH. Creation and maintenance of a teaching portfolio is required to earn the teaching certificate.

Meetings and Committee Participation

Residents are required to attend monthly pharmacy department staff meetings for updates on policies, procedures, and clinical or departmental initiatives. Multiple sessions are held for each monthly meeting; residents are required to attend only one session, unless he/she has a topic on the agenda, at which point all sessions are required. Additional departmental meetings will be designated as required or suggested by the RPD.

As part of the clinical operations longitudinal learning experience, each resident will be assigned to at least one interdisciplinary committee to serve as pharmacy representation. Along with current pharmacists assigned to the specific committee, the resident will be expected to actively participate in meetings, inclusive of all preparatory work, minute taking, and present on any assigned topics. The resident will maintain a summary document of all committee related work as part of the residency portfolio.

Examples of committees include:

- Anticoagulation Committee
- Apparent Cause Analysis Committee
- Critical Care
- Diabetes Committee
- Heart Failure Committee
- Medication Reconciliation Task Force
- Medication Safety
- Order Set Committee
- Opioid stewardship committee
- Pain Committee
- Pharmacy/Nursing Council
- Sepsis Committee

The Pharmacy and Therapeutics (P&T) Committee meetings have a restricted roster and residents will only attend at invitation from a P&T member, by way of assignment from the longitudinal clinical operations learning experience, or if the resident is presenting a monograph for formulary consideration, a drug class review, or review or results of a Medication Use Evaluation (MUE).

Residents will attend Residency Advisory Committee (RAC) meetings monthly unless there is a conflict of interest (e.g. disciplinary action hearing, or if there is a conflict of interest related to applicant screening of future residency classes). Residents are asked to actively participate in RAC meetings, particularly focusing on continuous quality improvement initiatives pertaining to the residency program.

Conference Attendance, Recruitment

There are multiple pharmacy conferences throughout the residency year. While in attendance, residents are to act in accordance to TriHealth professional conduct policies as they are serving as a representative of the organization. In addition to the annual stipend, travel allowances are made for residents to have the opportunity to attend professional meetings including the ASHP Midyear Clinical Meeting, the Great Lakes Pharmacy Residency Conference, and local residency showcases. Travel expenses incurred (e.g. conference registration, airfare, hotel, etc.) are paid for by TriHealth upon resident fulfillment of specified responsibilities while traveling as a TriHealth representative.

University of Cincinnati James L Winkle College of Pharmacy Residency Showcase

This is a local residency showcase exclusive to Greater Cincinnati area programs. It caters primarily to 3rd year professional students, but is an avenue of primary recruitment for local student pharmacists. One resident from each program is required to attend this showcase, but it is suggested both residents participate.

Ohio Society of Health-System Pharmacists (OSHP) All Ohio Residency Conference

This is a regional residency showcase catering to Ohio and neighboring state programs. Over 300 student pharmacists attend each year, the majority of whom are 4th year students actively seeking residency positions. It is typically held in the Columbus, Ohio area and is held annually in October or November. One resident from each program is required to attend this showcase, but it is suggested both residents participate.

Kentucky Society of Health-System Pharmacists (KSHP) Residency Conference

This is a regional residency showcase catering to Kentucky and neighboring state programs. Over 200 student pharmacists attend each year, the majority of whom are 4th year students actively seeking residency positions. It is typically held in the Lexington, KY area and is held annually in November. One resident from each program is required to attend this showcase, but it is suggested both residents participate.

ASHP Midyear Clinical Meeting

Residents will be permitted educational leave to attend the ASHP Midyear Clinical Meeting for purposes of recruitment and professional development. Residents are encouraged to submit their preliminary research project findings for a poster presentation. Additionally, residents in attendance are required to participate in recruitment activities at the residency showcase. Upon return, residents are requested to give a summary statement of CE presentations they viewed while at the conference. All residents are given the option of attending the ASHP Midyear Clinical Meeting, but they are not required to travel to the conference.

Great Lakes Pharmacy Residency Conference

The Great Lakes Residency Conference is held each spring (late April to early May). All residents are required to attend the meeting for the primary purpose of formally presenting their residency project findings. Residents are expected to attend presentations of all co-residents, as well as attend as many presentations of non-TriHealth residents as possible.

Other Professional Meetings/Conferences

In addition to those listed above, residents may attend other professional meetings if approved by the department senior manager. Residency programs have a finite travel budget, so additional travel may not be approved. If funding cannot be approved by the residency program, additional options for attendance at conferences of particular interest to an individual resident are 1) to forego attendance at the ASHP Midyear Clinical Meeting, or 2) utilize PTO and personally fund travel. If a resident wishes to pursue attendance at another professional meeting/conference, they are to notify their RPD and the department senior manager as far in advance as possible so arrangements can be made.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Program Director

As described in the ASHP standards, the Residency Program Director is responsible for the administration, oversight, and coordination of the program to ensure it is sufficient to meet or exceed the standards for accreditation set by the American Society of Health-System Pharmacists. In accordance with TriHealth nomenclature and job titles, we utilize the term *Residency Program Coordinator* (RPC) to be synonymous with the externally used title of Residency Program Director (RPD). This term is employed in the context of official policies of TriHealth. Externally, the more colloquially known term Residency Program Director may be used. The terms are effectively interchangeable.

The RPD of an individual program accepts or rejects applicants, dismisses enrollees if necessary, and certifies enrollee's completion of the program. The RPD selects individuals to serve as preceptors of the program.

The PGY1 RPD position is fulfilled by the department's clinical coordinator. The PGY1 RPD chairs the Residency Advisory Committee and serves to provide oversight of the PGY1 program and coordinates overlapping activities and obligations of all PGY2 programs. Specific responsibilities of the residency programs coordinator include, but are not limited to:

- Maintenance of all preceptor qualifications and Academic & Professional Records
- Determines the official membership roster of the Residency Advisory Committee
- Serves as a liaison for all residency programs to the pharmacy leadership team
- Prepares and maintains the budget for the residency program's cost center
- Coordinates all residency recruitment activities
- Updates the Residency Advisory Committee of Accreditation Standards changes
- Establishes global goals for Good Samaritan Pharmacy residency programs
- Conducts initial assessments of staff pharmacists expressing interest in becoming a preceptor
- Coordinates activities and considerations with other TriHealth Pharmacy residency programs

Should the need to install an interim RPD arise (e.g. due to staffing vacancy or extended leave of absence), the Senior Manager of Pharmacy Operations, with approval of the Residency Advisory Committee, will appoint such a person. In accordance with ASHP Accreditation Standard 4.1.a:

- The interim appointment may not exceed 120 days
- The interim RPD will be added to PharmAcademic for continued administration of the residency program
- By the end of the 120-day period, a new RPD must be appointed as permanent if the previous RPD is unable to resume responsibilities.
- Notification of change of RPD status at or before the 120-day period conclusion will be sent to the ASHP Accreditation Services Office

Residency Program Preceptors

Pharmacists are appointed and reappointed by the RPD to preceptor roles for the residency program based on area of expertise and practice, and in conjunction with willingness and desire to participate in the professional development of residents. Clinical pharmacists who maintain an active and regular practice within an area considered critical or beneficial for resident learning will be identified by the RPD for initial appointment as a residency program preceptor. In addition, any pharmacist on staff wanting to participate in the residency program should meet with the RPD to communicate desire to be a residency preceptor.

Initial appointment and re-appointment will be granted by the RPD if all four conditions are met:

1. Criteria of ASHP Accreditation Standard 4.6 are satisfied with regard to licensure and practice experience, which include:
    a. Completion of an ASHP-accredited PGY2 residency, followed by at least one year of pharmacy practice in the advanced practice area OR
    b. Three or more years of practice in the advanced practice area
2. The pharmacist is willing and able to fulfill the responsibilities outlined in Standard 4, as determined by the RPD, and be willing to maintain these responsibilities for a minimum duration of 12 months (or to fulfill requirements of one residency year), which include:
    a. Contribution to the success of the residents and the program
    b. Providing learning experiences in accordance with Standard 3
    c. Active participation in the residency program's continuous quality improvement processes;
    d. Demonstration of practice expertise and preceptor skills and strive to continuously improve;
    e. Adherence to residency program and department policies pertaining to residents and services;
    f. Demonstration of commitment to advancing the residency program and pharmacy services; and
    g. Additional specific responsibilities to fulfill the requirements above will include:
        i. Developing Learning Experience Descriptions, and updating these on an annual basis
        ii. Completing all evaluations for the learning experience by the assigned due date
3. The pharmacist is willing and able to meet preceptor qualifications as outlined in Standard 4.6 and within the PGY1 and PGY2 Standard Guidance Documents Summary of Changes, which include:
    a. Ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
    b. Ability to assess residents' performance;
    c. Recognition in the area of pharmacy practice for which they serve as preceptors;
    d. An established, active practice in the area for which they serve as preceptor;
    e. Maintenance of continuity of practice during the time of residents' learning experiences; and,
    f. Ongoing professionalism, including a personal commitment to advancing the profession.

g. Additional program-specific requirements to meet the above qualifications will include:
    i. Serving on a committee relevant to the practice area, if applicable
    ii. Providing at least one in-service presentation to pharmacy staff or other healthcare professionals annually
4. There is a defined program need to add an additional or new preceptor for an experience that would be consistent with the job responsibilities and expertise of the preceptor candidate.

If the individual does not yet meet the qualifications of a preceptor as defined in ASHP Accreditation Standard 4.6a, 4.6b and/or 4.6 c, but all other criteria are satisfied, the pharmacist will have a documented individualized preceptor development plan to achieve qualifications within two years. In addition, some progress to fulfill full preceptor qualifications must be established within 1 year.

Preceptors must seek reappointment to the program every 4 years. Preceptors may make this declaration verbally or in writing to the RPD. The Residency Program Director is responsible for reviewing qualifications of preceptors, and is solely responsible for decisions of reappointment to the program. The RPD has the authority to decline reappointment if any of the criteria for initial appointment of preceptors are no longer met, or the preceptor has not demonstrated effort to maintain or achieve preceptor responsibilities and/or qualifications as stated above.

Preceptors' primary responsibilities to the residents and residency program are to create a positive learning experience through a process of ongoing communication and feedback, and by providing learning support when necessary. Emphasis is placed on modeling, coaching, and facilitating pharmacy skills and practice versus direct instruction or knowledge demonstration.

Precepting of residents should occur as part of regular workflow and does not require extra time outside of rotation to be successful. If possible the RPD will arrange for preceptor project time to complete residency work, but the preceptor is expected to work with other pharmacists if coverage is needed during a clinical shift. Any overtime must be approved by the pharmacy supervisor and/or manager. Clinical pharmacists consistently assigned to specific departments or medical teams will serve as primary preceptors for learning experiences most closely related to their area of expertise. For longitudinal learning experiences where practice setting or preceptor availability may not be continuous, residents and preceptors will schedule a sufficient amount of time to provide guidance and instruction for assigned projects, as well as provide ongoing feedback.

Non-pharmacist preceptors (i.e. physicians or mid-level practitioners) may be utilized for a learning experience for which a qualified pharmacist preceptor does not maintain an active practice, but the experience adds value to the residents' professional development. Non-pharmacist preceptors will not be required to fill out an academic and professional record. A qualified pharmacist preceptor will be assigned as the co-preceptor to coordinate the learning experience in the following ways:

1. Initiating communication with the non-pharmacist preceptor to ensure willingness and availability to participate as the primary preceptor of the learning experience.

2. Developing learning experience descriptions in consultation with the non-pharmacist preceptor to select appropriate educational goals and objectives.
3. Completing evaluations by the assigned due date based upon verbal or written feedback received by the non-pharmacist preceptor.

Any learning experience utilizing a non-pharmacist preceptor will be scheduled only after the RPD and RAC committee have approved the resident for independent practice, defined as a rating of achieved for residency (ACHR) for the majority of goals and objectives in Competency Area R1: Patient Care.

Preceptor Statistics for 2023-2024	
Number of Pharmacist Preceptors	19
Number of Pharmacist Preceptors with development plans	2
Residency Trained	17
Doctor of Pharmacy Degree	19/19
Preceptors w/Additional Certification (e.g. BPS, MBA)	16

Preceptor	Learning Experience(s)	PGY1/PGY2	Position
Amneh Alzatout, PharmD, BCPS	Internal Medicine	PGY1, PGY2	Clinical Pharmacy Specialist – Internal Medicine
Taha Alhayani, PharmD, BCPS	Internal Medicine	PGY1, PGY2	Clinical Pharmacy Specialist – Internal Medicine
Kimberly Arvin, PharmD, BCACP	Ambulatory Care - Endocrinology	PGY1	Ambulatory Care Endocrinology Pharmacist
Emily Beasley, PharmD, BCPS	Critical Care/Emergency Response	PGY1	Clinical Pharmacist
Shirin Bigdeli, PharmD, MBA	Pharmacogenomics	PGY1	Clinical Coordinator – Pharmacogenomics
Jacob Cannan, PharmD, BCPS, BCCCP	Neurovascular Critical Care	PGY1, PGY2	Clinical Pharmacist
Melvi Chacko, PharmD, BCOP	Bone Marrow Transplant	PGY1, PGY2	Clinical Coordinator – Bone Marrow Transplant
Nick DePeel, PharmD, BCPS, BCSCP	Emergency medicine	PGY1	Clinical Pharmacist
Natalie Smith, PharmD	Staffing & Acute Inpatient Care	PGY1*	Clinical Pharmacist
Beth Dunkel, PharmD, BCPS	Neonatal Intensive Care	PGY1	Clinical Pharmacist
Colin Fitzgerrel, PharmD, BCPS, BCIDP	Infectious Diseases	PGY1, PGY2	System Manager Clinical Pharmacy Services
Mike Friebe, PharmD, EWC	Informatics	PGY1, PGY2	Clinical Informatics Pharmacist
Eric Hugenberg, PharmD, BCEMP	Emergency Medicine	PGY1, PGY2	Clinical Pharmacy Specialists – Emergency Medicine
Carrie Lyons, PharmD	Ambulatory Care – Population Health	PGY1	Manager, Population Health Pharmacy
Rebecca McKinney, PharmD, BCPS	Inpatient Psychiatry Residency Research Project	PGY1	Pharmacy Clinical Coordinator PGY1 Pharmacy Residency Program Director
Nate Miller, PharmD, BCPS, BCOP	Hematology/Oncology	PGY1, PGY2	Clinical Pharmacy Specialist - Oncology
Patrick O'Hearn, PharmD	Staffing & Acute Inpatient Care	PGY1*	Clinical Pharmacist
Joe Schum, PharmD, BCPS	Ambulatory Care Longitudinal Teaching	PGY1, PGY2	Clinical Pharmacy Specialist – Ambulatory Care
Corey Wirth, PharmD, BCPS	Internal Medicine Residency Research Project	PGY1, PGY2 PGY2	Clinical Coordinator – Internal Medicine
Nancy Wuestefeld, PharmD, BCCCP	Critical Care	PGY1, PGY2	Clinical Coordinator – Critical Care

*Denotes Preceptor with development plan; EWC = Epic Willow Certified

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Preceptor and Program Continuous Quality Improvement

Program Development

The RPD, in collaboration with the RAC, will conduct an annual evaluation of their program. Emphasis will be placed on assessment of the success of the program in meeting desired outcomes, specifically the program's ability to facilitate professional growth of residents. Further, resident evaluations of the program, individual rotations, and preceptors will be reviewed and taken into consideration. Information provided by residents is the key element to positively impact change in program conduct and design. All information gathered will be compiled and compared to previous reports, and then used for program quality improvement initiatives. Assessment of program improvement will include ensuring promotion of diversity and inclusion into our recruitment processes as well as exposure during residency training.

In addition to the annual evaluation, recommendations to alter the program may be made at any point during the year by any resident, preceptor, RAC member, or member of the pharmacy leadership team. If immediate change is needed, the RPD will announce the change with supporting information. Otherwise, the proposed change will be reviewed at the next RAC meeting and a decision will be made by the group.

Further, recommendations from any external party survey will be reviewed and addressed in a timely manner.

Preceptor Development

In accordance with Standard 4.4.c., the RPD will be responsible for evaluation, skills assessment, and development of preceptors in the program, and will utilize the following tools and opportunities to so:

1. Residents' evaluation of preceptors
2. Residents' evaluation of individual learning experiences
3. Preceptors' written evaluations of the residents
4. Peer review
5. Periodic feedback solicited from residents
6. Attendance during in-services or presentations provided by preceptors, if possible

The RPD will review and provide feedback on the preceptor's rotation summaries as well as the preceptor evaluations. Preceptors will be committed to self-reflection and will make active use of feedback provided so as to promote continual improvement of their rotation and precepting skills. Issues identified by the RPD in any evaluation will be addressed with the preceptors involved. Action steps and corrective processes will be identified and implemented on an as needed basis.

Full details of preceptor development can be found in the manual section *Preceptor Development Plan.*

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Preceptor Development Plan

The Residency Program Director is responsible for reviewing qualifications of all preceptors and appointing/re-appointing preceptors to take part in the residency program. Additionally, the RPD holds responsibility for documenting an annual group plan for all preceptors of the residency program, and for developing individual plans for preceptors not meeting criteria outlined in ASHP accreditation standards 4.6.a-4.6.c to grow and maintain precepting skills. Preceptors will be designated as a full preceptor per ASHP Accreditation Standards. Preceptors will meet with the RPD to review their preceptor qualifications based on their designation and according to the following schedule:

- Preceptors not meeting criteria outlined in ASHP accreditation standards 4.6.a-4.6.c will meet at minimum twice annually to review development plans and progress towards gaining full preceptor qualifications
- Preceptors meeting full qualifications will meet once annually to review maintenance of qualifications and to review and update the preceptor's Academic & Professional Record

Through these reviews, the Program Director is responsible for the following:

- Establishing preceptor development plans
    - Group plan for full preceptors
    - Individual plan for preceptors not meeting criteria outlined in ASHP accreditation standards 4.6.a-4.6.c
- Periodic review of effectiveness of the preceptor development plan

In accordance with accreditation standard 4.4.d, the preceptor development plan for this residency program includes the following:

- Annual RPD review of progress of residents of the program
    - Consistent resident growth and successful completion of the program as designed signifies preceptor development may be conducted as a group as opposed to custom plans for individual preceptors
    - Failure to achieve program goals by residents will prompt the RPD to determine if preceptor development would best be served through a group plan or by individual preceptor development plans
- By default, continuing preceptor development for fully-qualified preceptors of this program is provided as a group plan.
- Annual RPD review of summative feedback provided by residents to individual preceptors through PharmAcademic. The RPD may also solicit verbal feedback from residents about

individual preceptors of the program. The RPD will provide direct verbal feedback to the preceptor summarizing their review.
    - If consistent areas for improvement for an individual preceptor are identified, a customized preceptor development plan may be created and implemented. The Preceptor Development Subcommittee may assist when requested.
    - Consistent positive or neutral feedback of an individual preceptor will qualify said preceptor to remain within the group preceptor development plan
- The RPD is also responsible for reviewing updated accreditation standards and accreditation standards guidance documents as they pertain to preceptor qualifications and apprising preceptors of the program.

Preceptor development needs applicable to all preceptors will be assessed annually during the January RAC meeting. Individual preceptor requirements are due to the RPD annually prior to the May RAC meeting. The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year. The Preceptor Development Subcommittee will develop a tentative preceptor development plan for fully trained preceptors for the upcoming year with activities to address areas of need and a schedule of activities.

Good Samaritan TriHealth Hospital will offer and/or coordinate multiple educational opportunities for preceptors to improve and maintain their precepting skills. The Residency Advisory Committee will periodically hold discussion on preceptor development topics to ensure baseline preceptor skills are reinforced. All preceptors are encouraged to attend/complete publicly offered preceptor development resources (e.g. University of Cincinnati College of Pharmacy seminars, various CE programs, etc.). The following chart represents annual requirements and activities of preceptors of the program.

Individual Preceptor Requirements	Corresponding Group Activities
▪ Annual completion of the *Preceptor Needs Survey*	Review at January RAC meeting
▪ Annual updating of the Academic & Professional Record	Review of annual appointment/ reappointment by RPD at May RAC meeting
▪ Annual completion of at least three hours of preceptor development continuing education. One hour must be from a live presentation	TriHealth Residency Programs Continuing Education Program (ACPE-approved, sponsored by the UC College of Pharmacy)
▪ Annual review and acknowledgement of preceptor/resident burnout syndrome, the risks, and mitigation strategies	Review of Resident Well-being & Resilience resources at June RAC meeting; continuing education programming
▪ Annual updating of learning experience descriptions	Annual review of Teach/Evaluate grid at June RAC meeting

<u>Development Process for Preceptors</u> not meeting criteria outlined in ASHP accreditation standards 4.6.a-4.6.c

. Preceptors not meeting criteria outlined in ASHP accreditation standards 4.6.a-4.6.c will work with the RPD and a mentor to devise and execute a plan to reach full preceptor status within two years. During this time:

- The RPD and preceptors working toward full preceptor status will meet at minimum twice per year to identify preceptor needs and to assess progress towards completion of goals.
- Specific goals will be created consistent with the practice area associated with the preceptor's role within the residency program.
- Preceptors working toward full preceptor status will be responsible for preparing summative evaluations in PharmAcademic for the learning experiences they co-precept. These evaluations will be submitted for co-signature by the full/primary preceptor of the learning experience and the RPD.

Documentation of the preceptor development plan will be maintained, updated, and reviewed by the preceptor, RPD, and RAC. See *Preceptor Development Plan - Gap Analysis* form.

<u>Identification of new preceptors for the residency program</u>

At least annually the Residency Advisory Committee will assess the current roster of preceptors and its ability to meet the needs of residents and to fulfill obligations of the program. If the RAC determines additional preceptors are needed for the program, an open call for new preceptors will be made to pharmacy staff. The application process to become a residency program preceptor includes:

- Completion and submission of the ASHP Academic & Professional Record to the RPD and RAC
- Discussion with the RPD about the applicant's previous preceptorship experience and current desire to precept residents
- Assessment of need of the program for a preceptor in the primary practice area in which the applicant serves

Appointment of an applicant to preceptor or preceptor working toward full preceptor status will be determined by the RPD.

<u>Required Preceptor Training for New Preceptors:</u>

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD
- Read the Good Samaritan TriHealth PGY1 Pharmacy Residency Manual and review components with RPD
- Attend/complete at minimum two ACPE-approved continuing education programs related to preceptor development annually

Other Opportunities for Preceptor Development:

- To be implemented in 2020, the GSH pharmacy department will be starting a formal program series related to preceptor development. Programs will be offered monthly. All preceptors of the program are encouraged to attend. Preceptors working toward full preceptor status may be assigned as presenters of content as part of their preceptor development plan.
- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Requests to attend off-site preceptor development programs should be submitted to the department manager for professional leave and/or travel reimbursement. Attendance at professional meetings is subject to GSH travel policy.
- Those who attend meetings which provide education regarding preceptor training will share the information at future Residency Advisory Committee meetings.
- Material for self-study will be circulated.
- Watch ASHP Residency Program Design and Conduct (RPDC) Webinars.
- ASHP, APhA, Pharmacist Letter, and other professional organizations have educational programs available to orient new preceptors.
- The University of Cincinnati College of Pharmacy offers CE and preceptor development seminars throughout the year and preceptors are encouraged to participate.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Advisory Committee

The Residency Advisory Committee (RAC) is the governing body of the GSH pharmacy residency programs. There is one Residency Advisory Committee for all pharmacy residency programs of GSH. The committee is chaired by the PGY1 Residency Program Director. Standing committee members include PGY1 preceptors of required learning experiences, members of the Department of Pharmacy management team, and current residents. All preceptors of programs are invited to attend and contribute to monthly RAC meetings. Subcommittees specific to an individual program may be created.

The RAC meets once monthly to discuss the status of the program, resident progress, and opportunities for preceptor development. Meeting minutes are stored on the pharmacy Q drive.

Each member of the RAC is expected to:

- Serve as an advocate for the residents and the program
- Provide expertise and advice for residency projects
- Provide feedback and suggestions for improvement of program structure and rotation content
- Participate in activities of preceptor development
- Participate in new resident recruitment and interview efforts

Residency Advisory Committee Roster for 2024-2025

Chair
- Rebecca McKinney, PharmD, BCPS

Standing Members
- Taha Alhayani, PharmD, BCPS
- Amneh Alzatout, PharmD, BCPS
- Melvi Chacko, PharmD, BCOP
- Colin Fitzgerrel, PharmD, BCPS, BCIDP
- Eric Hugenberg, PharmD, BCCCP
- Joseph Schum, PharmD, BCPS
- Corey Wirth, PharmD, BCPS
- Nancy Wuestefeld, PharmD, BCCCP

Pharmacy Residents
- Kaitlyn Champion, PharmD (PGY1)
- Adam Klaserner, PharmD (PGY1)

Ad Hoc
- All other program preceptors

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Department of Pharmacy Services

Good Samaritan TriHealth Hospital is the oldest and largest private teaching hospital in the Cincinnati area. As part of our ongoing commitment to providing excellent care to the patients we serve, we seek and accept outside appraisal of all our facilities and patient care practices. As an institution, Good Samaritan TriHealth Hospital was last fully surveyed and accredited by The Joint Commission in January, 2019. Results of the survey found no conditional deficiencies. The PGY1 Pharmacy Residency program at Good Samaritan TriHealth Hospital was last fully surveyed and accredited by the American Society of Health-System Pharmacists in April, 2016. The PGY1 program will partake in a reaccreditation survey October 2024.

The Pharmacy Department at Good Samaritan TriHealth Hospital employs approximately 110 FTEs including clinical pharmacists, pharmacy residents, interns, and technicians who provide pharmacy services to patients and healthcare professionals. The Pharmacy Administrator (externally known as the Director of Pharmacy) of TriHealth, in conjunction with appropriate site-level managers, oversees all pharmacy operations and maintains compliance of said operations within guidelines of TriHealth policies and third party surveyors (e.g. Joint Commission). The Pharmacy Administrator is responsible for management of the TriHealth Pharmacy enterprise, and is a professionally competent, legally qualified pharmacist. The Pharmacy Administrator is responsible for establishing and guiding each TriHealth hospital's pharmacy department in achieving short and long term goals.

Pharmacy services are an integral part of the health-care delivery system at GSH, and are provided through a centralized/decentralized/clinical pharmacy specialist practice model. As such, pharmacy services extend to all areas of the hospital in which medications for patients are prescribed, dispensed, administered, and monitored. Decentralized pharmacists provide clinical services in a unit-based model, clinical specialists provide care through dedicated rounding teams or specialty practice settings (i.e. emergency department, ambulatory care clinics), and centralized pharmacists ensure appropriate patient care through maintaining the drug distribution system and provide clinical services to areas without decentralized or specialist pharmacists. TriHealth facilities use the electronic health record (EHR) Epic for storage of patient medical data and as an interface for Computer Provider Order Entry (CPOE). This system permits pharmacists to review all medication orders for appropriateness of use and safety for all patients under our care. Decentralized and specialist pharmacists are responsible for providing drug information and clinical services including pharmacokinetic drug management, renal dose adjustments, evaluating patients for IV to oral therapy conversion, and monitoring of targeted medications. Centralized pharmacists conduct similar services for patient care areas without an assigned decentral or specialist pharmacist. This practice model ensures appropriate medication use for all our patients, from adult and geriatric populations to premature and full-term infants. The department provides 24-hour drug distribution services from the central pharmacy and automated

dispensing units throughout the hospital. The department utilizes state of the art technology including Omnicell automated dispensing cabinets and other systems for inventory management and delivery.

The safe use of medications is the driving force behind the policies and procedures of the department of pharmacy. Pharmacists continually monitor patients for potential adverse drug reactions as well as medication-related incident reports in efforts to identify potential areas for improvement of the medication-use system. Pharmacy is present and active in many multidisciplinary quality assurance programs and committees so as to optimize patient outcomes.

Additionally, pharmacy is represented in numerous system-level interdisciplinary settings which drive the strategic plan for our organization. Members from the clinical and leadership pharmacy teams are members of the Pharmacy and Therapeutics (P&T) committee to review medications for formulary status, to perform and review medication use evaluations, to develop medication use policies, and to contribute to clinical resource management activities for the hospital and outlying facilities. Other policies and procedures are formed and maintained through many committees in which pharmacy coordinates or is represented.

GSH also serves as an Early, Introductory, and Advanced Pharmacy Practice Experience site for student pharmacists from the University of Cincinnati James L Winkle College of Pharmacy, The Ohio State University, and Cedarville University.

TriHealth Mission Statement

Our mission is to improve the health status of the people we serve. We pursue our Mission by providing a full range of health-related services, including prevention, wellness and education. Care is provided with compassion consistent with the Values of our organization.

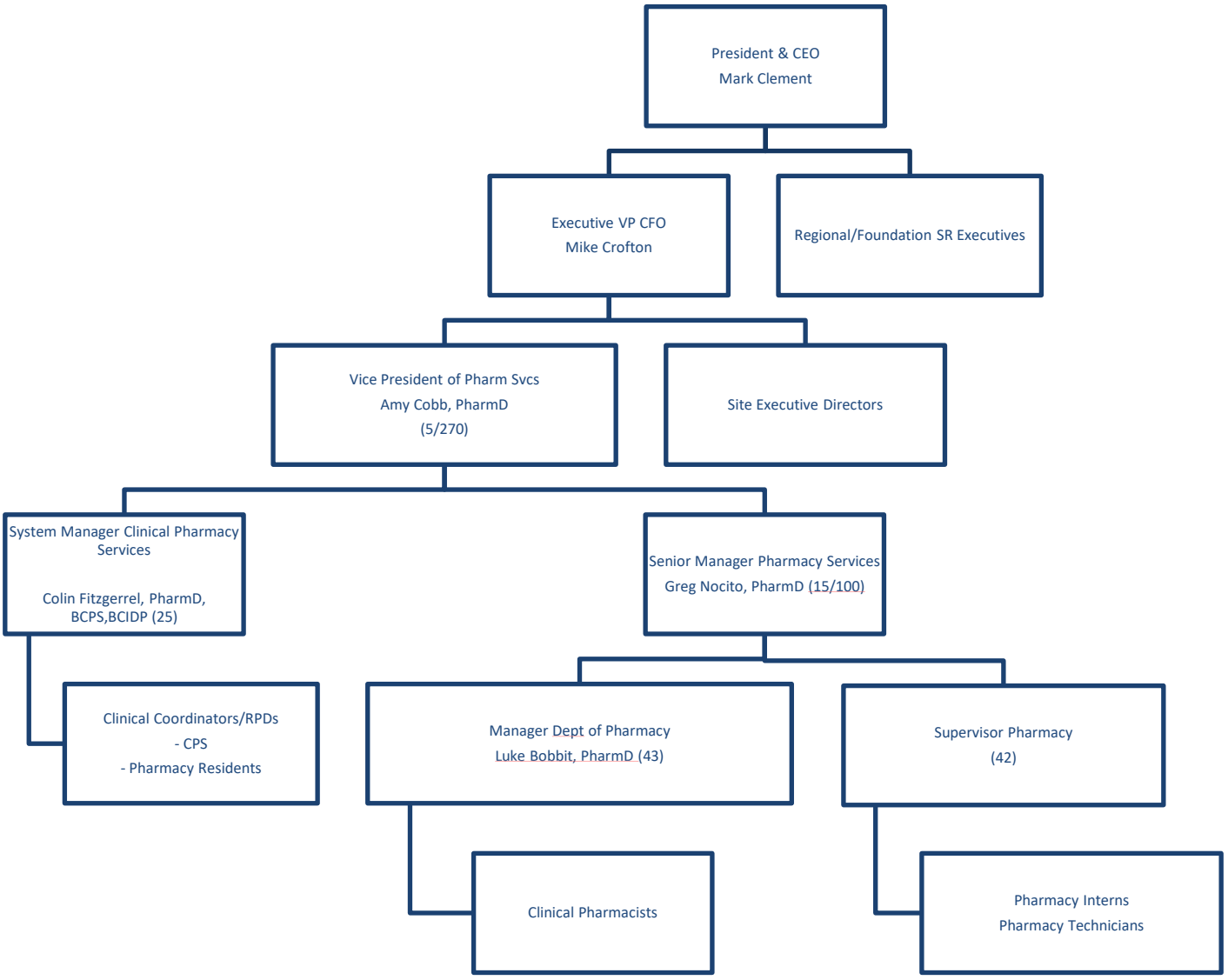
The Department of Pharmacy supports TriHealth's mission and values by providing high quality pharmaceutical care to all patients for the purpose of achieving positive patient outcomes and improving the health status of our patients. This is accomplished through the effective integration of clinical practice with distributive services in an atmosphere of professionalism, respect, and effective communication.

Operating Principles

- To remain patient-focused in all our efforts
- To provide pharmaceutical care safely, responsibly, and professionally at all times
- To continually evaluate systems and procedures to optimize patient care outcomes and minimize possibilities for patient harm
- To advocate for the value pharmacists and pharmacy services provide to the health care system and the patients we care for
- To foster an environment which promotes professional growth and development for all team members of our department
- To foster a positive learning and training environment for pharmacy residents and student pharmacists

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

TriHealth Organizational Structure



TriHealth Facilities

Hospitals
Good Samaritan Hospital
Bethesda North Hospital
Bethesda Butler Hospital
McCullough-Hyde Memorial Hospital
Bethesda Arrow Springs
Good Samaritan Western Ridge

Corporate Offices
TriHealth Baldwin

Institutes
Cancer Institute
Digestive Institute
Heart Institute
Infectious Diseases
Orthopedics and Sports Medicine

Other Services
Pediatrics – Group Health; Queen City Physicians
Women's Practices
Primary Care
GSH Free Health Center
Infusion Therapy Centers
Urgent Care Centers

Good Samaritan Hospital – Inpatient Layout

Unit	Type of Patients
6	OR/CATH Lab
6	ED, CDU
7Q1/Q2	Neurovascular ICU
7AB	Med/Surg ICU
7H	Mom/Baby Overflow
8AB	High Risk OB/Tele Overflow
8Q	Surgical (ortho)
9AB	NICU
9FG	Labor & Delivery
9H	High Risk/Special Care OB
9Q	Labor & Delivery
10FG	Senior Behavioral
10HI	Behavioral/Psychiatry
11AB	Telemetry
11CD	Telemetry
12AB	Med/Surgery
12C	Med/Surgery
12D	Neurovascular Step-down
13AB	Mom/Baby
13CD	Mom/Baby
13N-1	NICU
14AB	Renal/Med/Surgery
14CD	Oncology
15AB	Telemetry/Med/Surgery

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Graduate Tracking

Residents completing the PGY1 program hosted by Good Samaritan TriHealth Hospital will communicate all positions acquired and attainment of board certification to the residency program director for purposes of graduate tracking. The purpose of the residency program is to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, as well as eligibility for board certification.

Resident	College of Pharmacy	Year	Placement History
Marissa Guillen, PharmD, BCCCP	University of Findlay	2016-2017	2017: Clinical Pharmacist, Good Samaritan TriHealth Hospital, Cincinnati, OH 2019: Clinical Pharmacy Specialist – Emergency Medicine, Mercy Hospital, Fairfield, OH 2023: ED Pharmacy Specialist – Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN
Eric Place, PharmD, BCPS	Ohio State University	2016-2017	2017: Clinical Pharmacist, The Ross Heart Hospital, Columbus, OH 2018: Clinical Pharmacy Specialist – Critical Care, Northwest Medical Center, Tucson, AZ Adjunct Faculty – University of Arizona College of Pharmacy
Kelsey Schildknecht, PharmD	University of Cincinnati	2017-2018	2018: Clinical Infusion Pharmacist, Good Samaritan TriHealth Hospital Infusion Center, Cincinnati, OH 2021: Clinical Pharmacist – TriHealth Pharmacy Solutions
Rachel Ruehl, PharmD, BCPS	University of Cincinnati	2017-2018	2018: Health-System Specialist, ALK-Abello, Los Angeles, CA 2020: Clinical Pharmacist – Good Samaritan TriHealth Hospital, Cincinnati, OH 2022: Infectious Diseases Clinical Pharmacist, Mercy Health Infectious Diseases
Mitchell Brinkworth, PharmD, BCPS (PGY1 & PGY2-IM)	Purdue University	2018-2019	2019: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2020: Clinical Pharmacist – Good Samaritan TriHealth Hospital, Cincinnati, OH 2022: Clinical Pharmacy Specialist (Internal Medicine), University of Chicago Medical Center
Jenny C. Lee, PharmD, BCPS	Northeastern University	2018-2019	2019: PGY2-Critical Care Pharmacy Resident, Dartmouth-Hitchcock Medical Center, Lebanon, NH 2020: Clinical Pharmacist, UC San Francisco Medical Center, San Francisco, CA 2021: Clinical Pharmacist Specialist (Critical Care), UC San Francisco Medical Center
Stephanie Gurren, PharmD, BCPS (PGY1 & PGY2-IM)	University of Kentucky	2019-2020	2020: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2021: Clinical Pharmacist Specialist (Internal Medicine) – University of Cincinnati Medical Center

Joseph Schum, PharmD, BCPS (PGY1 & PGY2-IM)	University of Cincinnati	2019-2020	2020: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2021: Clinical Pharmacist – Good Samaritan TriHealth Hospital, Cincinnati, OH 2022: Clinical Pharmacy Specialist Ambulatory Care – Faculty Medical Center GSH
Shirin Bigdeli, PharmD, MBA	University of Kentucky	2020-2021	2021: Clinical Coordinator – Pharmacogenomics, TriHealth Precision Medicine, Cincinnati, OH
Allison Poston, PharmD	Northeast Ohio Medical University	2020-2021	2021: Clinical Pharmacist – Southwest General Health Center (Akron, OH)
Megan Kosch, PharmD (PGY1 & PGY2-IM)	University of Toledo	2021-2022	2022: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2023:
Alyson Rohrer, PharmD (PGY1 & PGY2-IM)	Ohio Northern University	2021-2022	2022: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2023: Internal Medicine Pharmacy Clinical Specialist – UH, Cleveland, OH
Jeff Mezzone, PharmD (PGY1 & PGY2-IM)	University of Houston	2022-2023	2023: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2024: Internal Medicine Pharmacy Clinical Specialist – University of Louisville Health, Louisville, KY
Taylor Baumann, PharmD (PGY1 & PGY2-IM)	Cedarville University	2022-2023	2023: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2024: Internal Medicine Pharmacy Clinical Specialist – University of Cincinnati Medical Center, Cincinnati, OH
Vishal Prakash, PharmD	Purdue University	2023-2024	2024: PGY2 – Ambulatory Care Pharmacy Resident, Northwestern Memorial Hospital, Chicago, IL

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Resident Research Projects

Resident	Year	Title
Marissa Guillen	2016-2017	*Outcomes of an Inpatient Pharmacist-led Discharge Intervention on Medication-Related Problems Post-discharge*
Eric Place	2016-2017	*Cost Analysis and Length of Stay Associated with Linezolid Versus Vancomycin Use in Methicillin-resistant Staphylococcus aureus Pneumonia in a Regional Health Organization*
Kelsey Isfort	2017-2018	*A Prospective Comparison of Patient Adherence and Satisfaction After Receiving Pharmacist-Provided Counseling and Follow-up on Oral Chemotherapy*
Rachel Ruehl	2017-2018	*Implementation of a pharmacist-managed penicillin skin testing service within a community teaching hospital*
Mitchell Brinkworth	2018-2019	*Evaluation of a Piperacillin-Tazobactam Loading Dose Followed by Extended Infusions Protocol*
Jenny Lee	2018-2019	*A Retrospective Review of Vancomycin Dosing in Neonates*
Stephanie Gurren	2019-2020	*Retrospective review of blood pressure response to albumin vs normal saline for the treatment of intradialytic hypotension (IDH)*
Joseph Schum	2019-2020	*Evaluation of procalcitonin clearance in patients with kidney dysfunction and its effects on antibiotic treatment duration*
Shirin Bigdeli	2020-2021	*The Pharmacist's Perspective in Implementing a Pharmacogenomics Program*
Allison Poston	2020-2021	*Retrospective Review of Intravenous Iron Supplementation in the Setting of Severe Sepsis and Septic Shock*
Megan Kosch	2021-2022	*Retrospective Review of Blood Glucose Control in Inpatients Receiving Peritoneal Dialysis*
Alyson Rohrer	2021-2022	*Investigation of Transitions of Care Issues Related to the Use of Industry-supplied Medication Starter Kits*
Jeff Mezzone	2022-2023	*Retrospective evaluation of oral ketamine use in palliative care*
Taylor Waggoner	2022-2023	*Evaluation of deprescribing practices upon initiation of SGLT2 inhibitors*
Vishal Prakash	2023-2024	*Asthma control in outpatients with mild asthma following the initiation of inhaler therapy*

Appendix A

Pharmacy Resident Job Descriptions

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

PGY1 Pharmacy Resident Job Description

Proposed Job Title: Pharmacy Resident – Postgraduate Year One
Reports to: Manager/Supervisor – Residency Program Director; System Manager Clinical Pharmacy Services

Principal Accountabilities:
Postgraduate Year One (PGY1) pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. The PGY1 pharmacy resident will train for 12 consecutive months in a full-time capacity with the primary goal of becoming a clinical pharmacist. Residents will train and work with pharmacists in various aspects of pharmacy practice to ensure safe and appropriate medication use. The resident will gain experience in practice areas required by the residency program, plus elective areas as desired. In these roles, the pharmacy resident will work in the same capacity and job description as the pharmacist he/she is training under. Additionally, the resident will have the opportunity to work with medical staff to ensure rational prescribing of medications, work with patients to enhance their knowledge of the medications they receive, and partner with nursing to improve the overall safety of medication use. Residents are also responsible for participating in MUE activities, drug use control coordination, and precepting of pharmacy students. Completion of a research project approved by the Institutional Review Board is also required.

Job Requirements
Minimum Education: Doctorate Degree (Pharmacy)
Licensure: Pharmacist (eligible for licensure as a pharmacist in the state of Ohio)

Appendix B

Duty Hours Log

Good Samaritan
TriHealth Hospital

Pharmacy Resident Duty Hour Log Summary Sheet

Resident Name: _____

Current Learning Experience/Rotation: _____

Primary Preceptor: _____

Date	Hours Worked	Location	Activities

- Residents are responsible for maintaining their own log of all duty hours worked. Refer to the duty hours policy for definitions or further guidance.
- All hours worked must be documented – this includes primary rotation responsibilities, longitudinal activities, staffing, and moonlighting.
- Residents should submit completed logs to the RPD every four weeks.

Appendix C

Policies and Procedures

TITLE: Pharmacy Residency – Requirements for Licensure	
SECTION: Pharmacy	**POLICY NUMBER: PHAR-112**
EFFECTIVE DATE: July 1, 2023	**REVIEWED/REVISED DATE(S): May-2024**
AFFECTED AREAS: All TriHealth pharmacy residency programs	
POLICY OWNER: Residency Program Director(s)	
APPROVED BY: Pharmacy Administrator	**DATE: May 10, 2023**

PURPOSE

The purpose of this policy is to outline requirements for licensure for TriHealth pharmacy residents.

BACKGROUND

The American Society of Health-System Pharmacists (ASHP) requires pharmacy residencies to have policies addressing requirements for licensure. Specifically, this addresses ASHP Accreditation Standard for Postgraduate Residency Programs Standards 2.4, 2.4.a, and 2.4.b:

2.4 Requirements for Licensure

2.4.a Residents are licensed pharmacists in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) prior to or within 120 days after the program start date.

2.4.b Licensure policies include a licensure deadline and information about how the program will be modified if the resident is not licensed within 120 days to ensure residents complete at least two-thirds of their residency as a licensed pharmacist.

POLICY

Regarding licensure, TriHealth PGY1 pharmacy residents are required to be licensed pharmacists in the state of Ohio within 90 days of the official program start date (i.e., first day of working on-site). If a resident should fail one or both required licensure examinations on the first attempt, the resident must notify the Program Director in writing. Per the Ohio Board of Pharmacy, examinees must wait a minimum of forty-five days to retake the NAPLEX and a minimum of thirty days to retake the MPJE. If re-examination is necessary, the maximum number of times a resident is allowed to retake a single exam is once. Failure of a single licensure exam more than once or failure to obtain licensure within 90 days of the program start date will result in dismissal from the program.

PGY2 pharmacy residents are required to be licensed pharmacists in the state of Ohio within 30 days of the official program start date (i.e., first day of working on-site). The Ohio Board of Pharmacy allows for licensure reciprocity without the requirement of a jurisprudence examination. As such, it is expected PGY2 residents holding licensure in another state will begin the reciprocity process upon matching to

the program. PGY2 resident failure to obtain licensure within 30 days of the official program start date will result in dismissal from the program.

TITLE: Pharmacy Residency - Remediation, Disciplinary Action	
SECTION: Pharmacy	**POLICY NUMBER: PHAR-34**
EFFECTIVE DATE: July 1, 2016	**REVIEWED/REVISED DATE(S): January-2017; May-2019; October-2020; June-2023; Aug-2024**
AFFECTED AREAS: All TriHealth pharmacy residency programs	
POLICY OWNER: Residency Program Coordinator(s)	
APPROVED BY: Pharmacy Administrator	**DATE: June 30, 2016**

PURPOSE

The purpose of this policy is to outline a procedure for TriHealth Pharmacy resident(s) failing to progress as expected during the residency, including when failure to progress would result in withholding the certificate of completion, extension of the program, or dismissal from the residency program. In addition, this residency-specific policy is intended to cover issues that are not specifically addressed by the organization's disciplinary policy, such as unprofessional behavior or academic misconduct.

BACKGROUND

The American Society of Health-System Pharmacists (ASHP) requires sponsoring institutions such as TriHealth to have a remediation/disciplinary policy as stated in ASHP Accreditation Standard 2.6:

> **2.6:** A residency-specific remediation/disciplinary policy is documented and includes actions taken for residents who fail to progress and any resident-specific behaviors that trigger the organization's disciplinary process.

POLICY

Resident Disciplinary Action

Residents are expected to conduct themselves in a professional, ethical manner at all times and to follow all relevant departmental and hospital policies and procedures. The following outlines the disciplinary action process as it relates to behavioral conduct, other professional issues, or the need for clinical remediation. Concern for the need of disciplinary action can be expressed to the Residency Program Director by any staff member, regardless of whether they are faculty of the residency program.

I. Disciplinary action will be initiated if a resident:

1. Does not follow policies and procedures of TriHealth

2. Does not follow policies and procedures of the Department of Pharmacy or the Residency Program
3. Does not present him/herself in a professional or ethical manner
4. Does not consistently make satisfactory progress on the residency goals or objectives, defined as:
    a. Two NI in the same objective, one NI in an objective only evaluated in longitudinal LEDs, or three total NI in a quarter for any objectives
    b. Any NI identified during a single quarter of a longitudinal rotation via a midpoint evaluation
    c. Not enough TE are left in the year to complete an R1 objective for ACHR, if this is a requirement for graduation of the respective program.
    d. Not enough TE are left in the year to earn the required percentage of ACHR for graduation
    e. Missing multiple deadlines resulting in delay of completion of projects required for graduation
    f. Received an NI in an objective that has no current, additional opportunities to be evaluated
5. Does not make adequate progress towards completion of the residency requirements (e.g., residency project, rotation requirements, assignment completion, staffing requirements, etc.)

II. **Disciplinary Action Policy and Procedure**

In the event of need for disciplinary action related to <u>unprofessional/unethical conduct or behavior</u>, not exclusively related to clinical progress, the following disciplinary steps shall be taken:

6. The Resident will meet with the RPD and/or involved preceptor to discuss any identified issue(s). If the RPD is not involved in the initial discussion, the preceptor and resident are to notify the RPD of the events that transpired. Actionable steps to follow include:
    a. An appropriate consequence or solution to rectify the behavior, deficiency, or action will be determined.
    b. A corrective action plan and specific goals for monitoring progress must be determined and outlined.
    c. An appropriate timeline for corrective action will be determined.
    d. The action plan will be documented in the resident's personnel file and in PharmAcademic by the RPD.
7. Failure to correct the initial behavior/infraction or repeating of the same behavior/infraction may result in automatic dismissal from the residency program.
8. If the RPD and/or preceptors determine the resident cannot complete the residency program in the original 12-month timeframe due to issues of unprofessional/unethical conduct or behavior, extensions will not be offered, and the resident will be dismissed from the residency program.

In the event of need for disciplinary action related to a resident <u>failing to make satisfactory advancement</u> in any aspect of the residency program, the following disciplinary steps shall be taken:

6. The Resident will meet with the RPD to discuss observed clinical deficiencies or failure to progress. A preliminary remediation plan will be developed by the RPD in conjunction with the preceptor(s) for the rotation(s) during which the plan will be active to initially correct

observed deficiencies. Details of the meeting and preliminary plan will be documented within PharmAcademic. Typical timeline for preliminary plan will be 2 weeks for clinical rotations and 6 weeks for longitudinal plans. RPD and preceptors can adjust these timelines as needed to provide the best opportunities for the resident to be evaluated.

7. The resident will be required to complete a self-reflection at the end of the preliminary plan detailing how they feel they have progressed in correcting the observed deficiencies.
8. If after the preliminary plan deficiencies have not been improved upon satisfactorily (as determined by the RPD and the resident's current preceptor in conjunction with review of the resident's self-reflection), the resident will be entered into a formal remediation plan. If the resident has satisfactorily progressed, they will continue on with the program uninterrupted.
9. The RPD in conjunction with the preceptor(s) scheduled with the resident during the timeframe that the formal remediation plan is in place will create an individualized plan for the resident. The formal remediation plan serves as a pathway to correct deficiencies noted in performance or other elements of practice which preclude the resident from meeting expectations of the residency program, residency program director, and/or residency program preceptor(s). The intent of the formal remediation plan is to promote resident success. In no way is the remediation plan meant to serve as punishment or as anything other than what is in the best interest of the resident.
10. The formal remediation plan will clearly outline the following:
    a. Evidence of need for entrance into a formal remediation plan
    b. Timeline of formal remediation plan
    c. Specific actions/assignments/responsibilities/expectations of the resident during the formal remediation plan
    d. Definitions of successful completion of the formal remediation plan
    e. Definitions of failure to progress
    f. Potential outcomes of formal remediation plan
        iii. Three potential outcomes exist upon entrance into this formal remediation plan:
            1. Successful completion of formal remediation plan – continuation of normal responsibilities and duties
            2. Extension of the residency program up to a maximum of 30 days
                a. The resident will receive pay and benefits during the extension if the resident is enrolled in TriHealth's benefit plan
            3. Unsuccessful completion of formal remediation plan – Dismissal from the residency program or resident resignation from program
11. The formal remediation plan and subsequent outcome will be documented in PharmAcademic
12. Residents who qualify for a second remediation plan for failing to make satisfactory advancement as defined in I.4.a-e. or I.5. above after successfully completing an initial preliminary and/or formal remediation plan will be placed directly into a formal remediation plan

III. Dismissal

Just cause for immediate dismissal from the residency program includes:

1. The resident commits an intentional major act of plagiarism (i.e. passing off a significant portions of others' writing or a presentation as their own original work), as determined by the RPD and at least two additional residency preceptors
2. Serious acts of incompetence, impairment, unprofessional behavior, unethical behavior, negligence, violence, falsifying information, vandalism, theft, sexual harassment, or lying
3. One or more recurrences of unprofessional/unethical behavior after a corrective action plan is in place
4. Unsuccessful completion of a formal remediation plan or need for extension of the residency program beyond 30 days once enrolled in a formal remediation plan to complete graduation requirements
5. Residents who successfully completed 2 remediation plans but qualify for entrance into an additional remediation plan for failing to make satisfactory advancement
6. Any violation of TriHealth Corporate Policies that would otherwise result in immediate termination
7. Failing to obtain licensure within the required time frame, as stated within the policy, *Pharmacy Residency – Requirements for Licensure*
8. Incoming PGY2 residents who did not complete an ASHP-accreditated or candidate-status PGY1 program as verified by:
    a. Graduate tracking in PharmAcademic, to be verified by the RPD prior to the start date of the PGY2 program
    b. When graduate tracking documenting completion of a PGY1 program is unavailable prior to the resident's start date, the resident must provide a copy of their PGY1 certificate to the RPD within 15 days of the start date of the residency program and upload it into their PGY2 PharmAcademic™ files tab
    c. Failure to verify PGY1 completion by either of the above methods within the specified time frame with result in dismissal
9. Use of paid time off, time away from the residency program, or an approved leave duration in excess of that allowed within policy, *Pharmacy Resident Time Off and Leave of Absence*
10. Failure to meet deadlines/events associated with the following:
    a. ASHP Midyear Clinical Meeting Poster Presentation
        i. Abstract submission
        ii. IRB approval prior to ASHP Midyear Clinical Meeting
        iii. Conference attendance (i.e., poster presentation)
    b. Residency conference podium presentation
        i. Abstract submission
        ii. Presentation submission
        iii. Conference attendance (i.e, podium presentation)

OTHER AREAS/POLICIES OR PROCEDURES OF REFERENCE

American Society of Health-System Pharmacists, Inc. ASHP Accreditation Standard for Postgraduate Residency Programs (Published August 2022, Effective July 1, 2023)
Pharmacy Resident Time Off and Leave of Absence (PHAR-35)
Pharmacy Residency – Requirements for Licensure (Policy # pending)

TITLE: Pharmacy Resident Duty Hours, Moonlighting	
SECTION: Pharmacy	**POLICY NUMBER: PHAR-36**
EFFECTIVE DATE: July 1, 2016	**REVIEWED/REVISED DATE(S): January-2017; May-2019; April-2023**
AFFECTED AREAS All TriHealth pharmacy residency programs	
POLICY OWNER: Residency Program Director(s)	
APPROVED BY: Pharmacy Administrator	**DATE: June 30, 2016**

PURPOSE

This policy addresses requirements from the American Society of Health-System Pharmacists (ASHP) to address resident duty hours and external moonlighting. Specifically, this addresses ASHP Accreditation Standard for Postgraduate Residency Programs Standards 2.3, 2.3.a, 2.3.b, 2.3.b.1, 2.3.b.2, 2.3.c, and 2.3.d:

2.3 Programs ensure compliance with the *ASHP Duty Hour Requirements for Pharmacy Residencies* through the development of program policies, processes, or program documents as it applies to the following:

- **2.3.a** The web link for the *ASHP Duty Hour Requirements for Pharmacy Residencies* is included in the program's duty hour policy.
- **2.3.b** A process for monitoring compliance on a monthly basis includes:
  - **2.3.b.1** Documenting compliance with all duty hour requirements including hours worked, hours free of work, moonlighting, and frequency of all on-call programs.
  - **2.3.b.2** Process for assessing instances of non-compliance and actions to be taken to prevent exceeding duty hours.
- **2.3.c** Documentation of moonlighting policy.
- **2.3.d** Documentation of the type of and requirements of on-call programs, if applicable.

BACKROUND

Key components of this policy are derived from the *ASHP Duty Hour Requirements for Pharmacy Residencies*:
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

ASHP Statement on Well-Being and Resilience

- Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- As part of the development of the resident, it is the responsibility of the pharmacy leaders, including the Residency Program Director/Coordinator, and Pharmacy Managers, to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

DUTY HOUR REQUIREMENTS

Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Duty hours **include**: Inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours **exclude:** Reading, studying, and academic preparation time (e.g., presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Policy:

- Maximum Hours of Work per Week
    - Duty hours must be limited to no more than 80 hours per week, inclusive of internal and external moonlighting.
- Mandatory Duty-Free Times
    - Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Despite this, residents may be scheduled to work for more than seven days in a row.
    - Residents must have at a minimum of 8 hours between scheduled duty periods.
- Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
    - Continuous duty periods for residents should not exceed 16 hours.
    - Should In-House or At-Home Call Programs be developed, they will adhere to the ASHP Duty Hours policy.
- Tracking of Compliance with Duty Hours
    - Residents are required to document hours worked within the Duty Hours Log Spreadsheet on a daily basis, as well as submit attestations of compliance generated from PharmAcademic™ on a monthly basis.
    - The Residency Program Director (RPD) will review the Duty Hour Log and responses to attestations on a monthly basis to ensure compliance.
    - Any instances of non-compliance with this policy identified (including lack of documentation of Duty Hours) will be assessed and actions taken, as needed, to avoid future instances of non-compliance.

MOONLIGHTING

Moonlighting: defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Policy:

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit and included in the tracking of hours.

It is the expectation the resident's primary professional obligation is to fulfill all responsibilities of the residency program. However, internal and/or external moonlighting will be permitted during the residency year if the following conditions are met, and procedure adhered to:

- Residents must be in good standing and not be under a formal remediation plan
- The resident must notify the Program Director/Coordinator in writing the terms of external employment and anticipated hours worked
- The resident must notify preceptors of anticipated moonlighting hours prior to the start of the rotation or as early as reasonably possible
- Any moonlighting hours are not to interfere with requirements of the residency program and should not overlap with scheduled duty hours
- All moonlighting hours worked must be reported in writing on the Duty Hour Tracking log and through attestation within PharmAcademic™
- Moonlighting hours must not exceed 16 per week, or lead to total duty hours worked exceeding 80 per week
- Residents may not use PTO or paid sick leave to work moonlighting shifts
- The expectations of each resident successfully completing residency program goals, objectives, and evaluations remain unchanged

The privilege to participate in moonlighting may be revoked if:

- The resident's participation in moonlighting affects their judgment or performance while on scheduled program duty hours
- Moonlighting results in violations of duty hour limits

OTHER AREAS/POLICIES OR PROCEDURES OF REFERENCE

Good Samaritan & Bethesda North TriHealth Hospital Postgraduate Residency Manuals

American Society of Health-System Pharmacists, Inc. ASHP Accreditation Standard for Postgraduate Residency Programs (Published August 2022, Effective July 1, 2023).

American Society of Health-System Pharmacists Duty Hour Requirements for Pharmacy Residencies (3-11-2022)

TITLE: Pharmacy Resident Time Off and Leave of Absence	
SECTION: Pharmacy	**POLICY NUMBER: PHAR-35**
EFFECTIVE DATE: July 1, 2016	**REVIEWED/REVISED DATE(S): January-2017; June-2017; May-2019; October-2020; April-2023; May-2024**
AFFECTED AREAS All TriHealth pharmacy residency programs	
POLICY OWNER: Residency Program Director	
APPROVED BY: Pharmacy Administrator	**DATE: June 30, 2016**

PURPOSE

The purpose of this policy is to establish a TriHealth procedure for pharmacy residents requiring medical or non-medical leave during residency training. This policy is applicable to GSH PGY1 and PGY2 Internal Medicine Pharmacy Residency Programs, as well as Bethesda North PGY1 and PGY2 Cardiology Pharmacy Residency Programs.

BACKGROUND

The American Society of Health-System Pharmacists (ASHP) requires sponsoring institutions such as TriHealth to have a policy for vacation and other leaves of absence consistent with TriHealth Human Resources policies and procedures, specifically ASHP Accreditation Standard sections 2.2, 2.2.a, 2.2.a.1, 2.2b, 2.2.b.1, and 2.2.b.2:

2.2 Policies define the amount of time residents are allowed to be away from the program.

2.2.a Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

2.2.a.1 Training is extended to make up any absences that exceed the allotted time and extension beyond the allotted time is equivalent in competencies and time missed.

2.2.b Policies define whether extension of the program is permitted (subject to the requirements of any applicable federal and/or state laws).

2.2.b.1 Programs that permit extension of the program must specify the maximum duration allowed and the status of salary and benefits during the extension.

2.2.b.2 For programs that do not permit extensions, policies state that residents taking leave in excess of the allotted time will not receive a certificate of completion.

POLICY

Time away from the residency program is defined as time away from scheduled training days and may not exceed an excess of 37 days over the course of the residency year. Examples of time away

from the program include vacation time, sick time, religious time, personal time, holidays, personal interview time, jury duty, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Of note, time away from the residency to complete requirements of the Teaching Certificate Program will not be included in the 37-day limit, nor will conference and/or education days.

Paid Time off: Residents accrue Paid Time Off (PTO) at the baseline rate of all new-hire, non-management positions. Residents are permitted to utilize all accrued PTO during the course of the residency year. However, use of PTO within scheduled learning experiences shall not exceed two days for any four-week/month-long learning experience or three days for any six-week learning experience. Use of PTO includes pre-scheduled or unscheduled absences. Attendance at sanctioned, off-site professional meetings or conferences will not require use of PTO but will count towards time away from the residency program.

Regarding requirements for staffing of the inpatient pharmacy, PGY1 residents will work one major and one minor holiday as determined by the department scheduler. PGY2 residents are required to staff one major and one minor holiday providing clinical pharmacy coverage for their primary service line.

Major Holidays	Minor Holidays
Thanksgiving Day	Martin Luther King Jr Day
Christmas Day	Memorial Day
New Year's Day	July 4th
	Labor Day

Denial of pre-planned paid time off may be at the discretion of the Program Director/Coordinator to remediate documented deficiencies (e.g., if a resident is within a formal remediation plan). The Program Director/Coordinator or the Pharmacy Manager may deny paid time off requests in order to maintain department staffing structure.

In the case of a declared hospital or regional emergency, urgent professional responsibilities may cancel previously arranged paid time off.

Vacation Time: Residents will not be permitted to request more days off than PTO accrued over the residency year. Residents may use all accrued PTO during the residency year. However, extended use of personal time off (in excess of two days per four-week/month-long learning experience or three days per six-week learning experience) must be approved by and scheduled with the Program Director/Coordinator so the time away preferably falls between learning experiences. Exceptional circumstances will be addressed by the RPD/RPC on a case-by-case basis. All vacation time must be approved by the RPD/RPC, rotation preceptor, and Pharmacy Manager. Vacation time is not to be used for longitudinal weekend staffing coverage.

Sick/Personal Time: Residents may take up to two sick days per four-week/month-long learning experience or up to three days per six-week learning experience. All sick days must be reported by the resident to the current rotation preceptor, RPD/RPC, and the Pharmacy Manager, and must be documented within the resident's duty hour tracking log. Any days beyond two/three must be discussed with the rotation preceptor and Program Director/Coordinator to ensure completion of all goals, objectives, and activities for the learning experience. Time off in excess of three consecutive calendar days requires a Leave of Absence application and is addressed in the Leave of Absence section. In the event of a resident needing sick leave during a longitudinal staffing weekend, the resident is encouraged to arrange coverage with another resident by way of a trade of weekends.

Combined Vacation/Sick Time per month: If a resident is to miss more than two combined days due to illness and/or vacation per four-week/month-long learning experience or more than three days per six-week learning experience, the resident, rotation preceptor and Program Director/Coordinator must document a plan to ensure successful completion of all goals, objectives, and activities for the rotation. Extension of the rotation may be deemed necessary by the Program Director/Coordinator. If a rotation is extended, it will be at the expense of a planned project time and/or require additional training hours outside of the typical rotation workday/week.

Leave of Absence: If a resident is unable to work due to their own medical condition or other eligible reason for more than three consecutive calendar days, the resident is required to apply for a leave of absence. In the event a leave of absence is granted, an action plan will be created by the Program Director/Coordinator to establish how the resident will make up missed time and complete all residency program requirements, if the resident desires to complete the program following the leave.

- If approved leave duration is less than or equal to accrued PTO: the Program Director will adjust the learning experience schedule as necessary. Residents remain responsible for all requirements for successful completion of the program.
- If approved leave duration is in excess of accrued PTO but will not result in more than 37 total days away from the program, the program will not need to be extended if the resident is able to fulfill all requirements for successful completion of the program. This must include feasible schedule adjustment to allow for completion of all required learning experiences.
- If approved leave duration is in excess of accrued PTO and would result in more than 37 total days away from the program, the program will be extended in an amount equal to the time of the leave up to a maximum of 12 weeks. Residents remain responsible for all requirements for successful completion of the program in order to receive a certificate.
    - For PGY1 residents early committed to a TriHealth PGY2 program, program extension is only allowed for a maximum for 30 days so as to minimize delayed start of the PGY2 program, if the resident intends to pursue the PGY2 training after the LOA. If an extension is necessary for longer than 30 days, the resident would forfeit the early commit agreement.
    - PGY1 residents matched to an external PGY2 program must maintain communication with the PGY2 RPD. PGY2 training programs require successful completion of PGY1 training. TriHealth residency programs will not issue a certificate of completion until all requirements of the PGY1 program are fulfilled. TriHealth residency programs cannot guarantee external PGY2 programs will honor the extension of PGY1 training and delay the beginning of PGY2 training.
- If leave duration is in excess of 12 weeks, program extension will not be permitted, and therefore, the resident will not be eligible for a certificate of completion.
- If the resident does not intend to return to the program after the leave, this must be communicated to the RPD in writing as soon as possible, but no later than 7 calendar days from the start of the approved LOA.

To obtain additional information regarding how a leave of absence could affect successful completion of the program, the resident should first speak with the program director/coordinator. Leave of absence requests are to be submitted using approved forms from TriHealth Human Resources. Residents are referred to TriHealth Corporate Policy #B21.00, Leave of Absence.

Key Provisions contained within the Leave of Absence Corporate Policy:

Process to Apply

- Employees unable to work due to their own medical condition or other eligible reason for more than three consecutive calendar days, are required to apply for a LOA and notify their one-up leader (Pharmacy Manager & RPD) this action has been completed per the policy.
- Generally, employees must give at least 30 days advance notice when he or she knows about the need for the leave in advance, and it is possible and practical to do so. If the employee does not provide at least 30 days advance notice, and it was possible and practical to do so, the employer can delay the leave until 30 days after the date that the employee provides the notice. Paperwork for the leave should be returned to the appointed person at least thirty (30) days prior to start of the leave, unless the reason for leave is life-threatening or represents an emergent medical or personal need. If the need for leave is emergent, the paperwork should be returned as soon as possible, usually the same day or the next business day.

Types of Leave

Type	Approval Based Upon	Max Length	Job Protection	Pay
Federal Required Leave (Self Injury or Illness)	Protected leave based on applicable regulations	Typically, 12 weeks but vary based on FMLA or leave type	Yes	PTO for elimination period. Short Term Disability (STD) or benefits as applies &/or then unpaid
Federal Required Leave (Other)	Protected leave based on applicable regulations	Typically, 12 weeks but vary based on FMLA or leave type	Yes	PTO only or Unpaid
Personal Leave	Unprotected leave based on Non FMLA qualifying reason, as approved	60 days	No	PTO until exhausted & then unpaid
Medical Leave	Unprotected leave based on medical condition as approved	60 days	No	PTO for elimination period. STD benefits as applies &/or then unpaid

Pay While on Leave

Protected Federal Required Leave

- **Family Medical Leave**: Eligible employees may take up to 12 weeks of unpaid, job-protected leave for qualified reasons as stated in the corporate policy (#13 B21.00).
    - Benefits with a Short-Term Disability Plan are available for employees based on the corporate policy (#13_B11.02). Prior to accessing the STD benefit, team members must satisfy a 7- calendar day elimination period (satisfied with PTO, or unpaid hours as available). It will be necessary to provide additional information and medical documentation in order to receive benefits under the Short-Term Disability Policy.
    - Employees not eligible for the Short-Term Disability Plan may be eligible for Vacation Hours Donation (corporate policy #13_B06.00). Standard full-time and standard part-time employees with a hardship are eligible to receive a donation.

TriHealth-Sponsored Unprotected Leave

- **Personal Leave:** Employees who need time away for work in excess of three consecutive calendar days for personal reasons can apply for a personal leave. This is available only when the employee does not meet eligibility requirements for FMLA leave.
    - Payment will occur through available PTO hours (or unpaid if not available).
- **Medical Leave**: Employees who need time away from work in excess of three calendar days for his or her own medical need can apply for medical leave. This is available only when the employee does not meet eligibility requirements for FMLA leave and has RN Case Manager approval.
    - Benefits with a Short-Term Disability Plan are available for employees based on the corporate policy (#13_B11.02). Prior to accessing the STD benefit, team members must satisfy a 7- calendar day elimination period (satisfied with PTO, or unpaid hours as available). It will be necessary to provide additional information and medical documentation in order to receive benefits under the Short-Term Disability Policy.
    - Employees not eligible for the Short-Term Disability Plan may be eligible for Vacation Hours Donation (corporate policy #13_B06.00). Standard full-time and standard part-time employees with a hardship are eligible to receive a donation.

Benefits While on Leave

During the leave, TriHealth will maintain group health benefits as if the employee continues to be actively employed for approved leave to a maximum of 12 weeks, subject to the terms and conditions of the applicable benefits plan. After that time, the employee may continue the group health benefit, subject to the terms and conditions of the applicable plan, or with a qualifying COBRA election, at the employee's sole expense. Once in unpaid status, employees are responsible for making arrangements through the benefits vendor or Human Resources benefits department for the timely payment of any applicable benefit premiums.

Make-Up Time: For a LOA exceeding 7 days, the resident must declare their intention to return to the program to the RPD in writing so that accommodations can be made, including rotation and assignment schedule adjustment. Any makeup time required will be scheduled by the Program Director/Coordinator based on the ASHP requirements at the end of the training year in which the absence occurred. This makeup time will necessarily delay the beginning of each of the resident's subsequent training or employment years by an amount equal to the makeup time. Any required makeup time will be paid, and all fringe benefits provided. Residents required to make up time extending beyond the standard residency completion date shall be responsible for notifying their future employer or residency program directors.

PROCEDURE

1. Residents must submit their request for use of personal time off to the Program Director/Coordinator and the Pharmacy Manager per the policy established by the pharmacy department. Emergencies out of the resident's control (including sick days) are to be communicated in writing through email to the Program Director/Coordinator, Pharmacy Manager, and current rotation preceptor, if applicable

2. Residents must meet with their Program Director/Coordinator to discuss any leave of absence at least 30 days in advance (or as early as possible for emergent events), and how it will impact the completion date of the residency; specifically detailing how time missed due to the Leave of Absence (LOA) will be made up.

3. For an approved leave lasting longer than 7 days, but not to exceed 12 weeks, the intention of the resident to return to the residency program to pursue a certificate of completion must be declared in writing to the Program Director either prior to or within the first 7 days of the LOA. If the resident returns to the program and satisfies all requirements for graduation, a certificate will be awarded. If the decision to return to the program changes at any point during a LOA, this must be communicated in writing to the RPD as soon as reasonably possible.

4. Residents must complete all paperwork and abide by all requirements related to a leave of absence per corporate policy. The Program Director/Coordinator, Pharmacy Manager, and an HR representative must approve the leave of absence.

OTHER AREAS/POLICIES OR PROCEDURES OF REFERENCE

Paid Time Off Policy (#13_B11.00)

Leaves of Absence Policy (#13_B21.00)

Short Term Disability (#13_B11.02)

PTO Donation Policy (#13 B06.00)

American Society of Health-System Pharmacists, Inc. ASHP Accreditation Standard for Postgraduate Residency Programs (Published August 2022, Effective July 1, 2023).

Appendix D

Teach/Evaluate Grid

PGY1 – Acute Care

Goal/Objective	Long-Teaching	Orient	Long-Staffing	Long-Project	Long-Admin	Long-Code response	Amb Care	EM	ID	IM	Inpatient Acute Care	TE Count Remaining	Current % ACHR	EOY Projected % ACHR
													0.00%	0.00%
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists'														
R1.1.1 Collect relevant subjective and objective information about the patient.		TE					TE				TE	3		
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.							TE	TE	TE		TE	4		
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.									TE	TE	TE	3		
R1.1.4 Implement care plans.									TE	TE	TE	3		
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and								TE	TE	TE	TE	4		
R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions						TE	TE	TE		TE	TE	5		
R1.2 Provide patient-centered care through interacting and facilitating effective														
R1.2.1 Collaborate and communicate with healthcare team members.						TE	TE	TE	TE	TE	TE	9		
R1.2.2 Communicate effectively with patients and caregivers.							TE			TE	TE	3		
R1.2.3 Document patient care activities in the medical record or where appropriate.		TE						TE	TE	TE	TE	5		
R1.3 Promote safe and effective access to medication therapy.														
R1.3.1 Facilitate the medication-use process related to formulary management or medication access.		TE	TE						TE			6		
R1.3.2 Participate in medication event reporting.		TE	TE									5		
R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.		TE	TE			TE		TE				10		
R1.4 Participate in the identification and implementation of medication-related														
R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-					TE							4		
R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol,					TE							4		
R2.1 Conduct practice advancement projects.														
R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy				TE	TE							8		
R2.1.2 Develop a project plan.				TE								4		
R2.1.3 Implement project plan.					TE							4		
R2.1.4 Analyze project results.					TE							4		
R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical			TE		TE							8		
R2.1.6 Develop and present a final report.				TE								4		
R3.1 Demonstrate leadership skills that contribute to departmental and/or														
R3.1.1 Explain factors that influence current pharmacy needs and future planning.		TE			TE							5		
R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare		TE			TE							5		
R3.2 Demonstrate leadership skills that foster personal growth and professional														
R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	TE					TE						8		
R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.			TE		TE	TE						12		
R3.2.3 Demonstrate responsibility and professional behaviors.			TE	TE	TE							12		
R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.				TE								4		
R4.1 Provide effective medication and practice-related education.														
R4.1.1 Construct educational activities for the target audience.	TE			TE								8		
R4.1.2 Create written communication to disseminate knowledge related to specific content, medication	TE			TE			TE					9		
R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to	TE			TE			TE	TE		TE		10		
R4.1.4 Assess effectiveness of educational activities for the intended audience.	TE											4		
R4.2 Provide professional and practice-related training to meet learners' educational														
R4.2.1 Employ appropriate preceptor role for a learning scenario.	TE											4		

TE: Experience to be taught & evaluated

Appendix E

Resident Project Information

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Residency Project Timeline

Time management is a significant component of the Residency Project. The following timeline will serve as general template for the resident to prepare his/her own individual timeline and project deadlines.

July 1st - August 15th: The resident, in conjunction with the RPD and/or project advisor(s), will identify a residency project. Once identified, the resident will present to the RAC a summary of the project's goals, methods, and anticipated impact on services at the August RAC meeting. The resident will complete the Resident Project Approval Form subsequent to this meeting and have it signed by the RPD and project advisor by **August 15th**. Earlier submission is encouraged. If changes are needed, comments will be returned to the resident no later than two weeks from receipt of the proposal.

August 15th-September 1st: The resident, in collaboration with the project advisor, will review the study feasibility and develop the study design and methods for presentation to the RAC.

September 1st- October 1st: The resident will present the project proposal for final review at the September RAC meeting. After approved by the RAC, the resident is responsible for submission of the project for administrative review and to the TriHealth IRB. The resident is responsible for developing a personal project timeline to be reviewed and submitted to the project advisor and the RPD by **September 30th**. The project timeline will include deadlines for data collection, data analysis and presentation preparation). Additionally, during this time period, the resident will prepare an abstract for submission to the ASHP Midyear Residency Poster Session (refer to the ASHP website for specific deadline). All abstracts must be submitted to the RPD and/or RAC for review at least 5 days prior to the ASHP abstract deadline.

October 1st - March 15th: The resident will submit an application to the TriHealth IRB for review and approval of their project. Pending approval, the resident will commence/continue working on their project; or should a project be denied, the resident will work with the project advisor and RPD to make the appropriate changes to attain approval, or if necessary, select an alternate project. The resident will work within the established timeline to complete data collection, analysis, and final project summaries. Status reports from the resident and the project advisor should be completed and presented to the RPD and RAC as part of quarterly evaluations.

March 15th – April 15th: In preparation for the Great Lakes Pharmacy Residency Conference presentation, the resident will present a study synopsis with project results to the RAC for review. Prior to Great Lakes, the resident will present, in full, at least one oral presentation of their project to the RAC for final review and approval. During this time, consideration should be given to presenting study results to the Good Samaritan clinical/patient-care area which may be most closely involved in the study or impacted by the study results.

Project Completion:

The project will be considered complete when the stated objectives have been met. A residency certificate will not be awarded until the project is completed.

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Resident Project Approval

Part I: Project Approval

Resident: _____

Project title: _____
_____

Project Advisor(s): _____
_____
_____

Project objective(s) including primary and secondary endpoints, if applicable:

Methods to be used to complete project including patient population and number of subjects, if applicable:

Signatures:

Resident: _____ **Date:** _____
Project Advisor: _____ **Date:** _____
Residency Program Director: _____ **Date:** _____

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Resident Project Completion Checklist

Resident: _____

Update checklist continuously, or at minimum incorporate into quarterly evaluations

Task	Due Date	Date Complete	Advisor Signature
Project Submission to RAC	_____	_____	_____
Project Submission to IRB	_____	_____	_____
Project timeline Established with RPD and advisor	_____	_____	_____
Abstract Presented to RAC/RPD/Advisor for review	_____	_____	_____
Abstract Submitted to ASHP for Poster Presentation	_____	_____	_____
Poster Submitted to RAC for review	_____	_____	_____
Data Collection Complete	_____	_____	_____
Completed project submitted to RAC for review	_____	_____	_____
Completed Project submitted to appropriate TriHealth Committees	_____	_____	_____
Project submitted to GRPRC	_____	_____	_____
Final presentation at GLPRC	_____	_____	_____
Close project through IRB	_____	_____	_____

Appendix F

Resident Continuing Education (CE) Program Guideline

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Resident Continuing Education (CE) Program Guideline

Each resident will present at least one formal ACPE program during the residency year. Several residency goals will be addressed within this requirement. Upon successful completion of this residency requirement, the resident will have demonstrated proficiency in:

- Critical evaluation of the literature pertaining to the presentation topic
- Enhancement of presentation, teaching and communication skills
- Understanding of the provision of CE programs for pharmacists and other health care professionals
- Development of skills in responding to audience questions and comments
- Familiarization with different audiovisual equipment and techniques

CE Topic:
The CE topic will be chosen by the resident, with guidance from the Residency Program Director and a sponsoring preceptor. The topic selected should involve a current therapeutic or pharmacy practice management controversy, developing clinical or practice management research, or therapeutic evidence-based therapy updates.

Resident Sponsor
The resident will be responsible for identifying a residency program preceptor to serve as a sponsor for their CE program. TriHealth's partnership with the University of Cincinnati College of Pharmacy ACPE provider status requires resident-prepared CE presentations be reviewed and approved by preceptors of the residency program. The sponsor pharmacist should be a subject matter expert in the presentation topic and/or work directly in a practice area associated with the presentation topic.

CE Format:
The resident continuing education program is a live presentation, available for all TriHealth personnel to attend, however, the audience is largely pharmacists. The date, time, location, and title of the Resident CE program will be determined by 60 days (30 days if within the first 3 rotations of the residency year) prior to the assigned presentation date. The length of the Resident CE Program will be limited to one hour, with at least 10 minutes of this time reserved for questions and/or comments from the audience. Handouts should be prepared in advance and reviewed with the CE preceptor prior to the presentation.

Approval for CE credit:
The resident will coordinate with the department clinical coordinator to gain approval for CE credit through the partnership with the University of Cincinnati College of Pharmacy's ACPE provider status. A draft of the final presentation must be submitted to the CE coordinator at UC at least five business days

in advance of the scheduled presentation for their review and approval. At least **eight weeks prior to the presentation** (four weeks if within the first three months of the residency year) the resident should submit the following CE program information to the Board: Presentation title; Educational Objectives; Date and time of presentation; Location of presentation; His/Her curriculum vitae; the resident's CE preceptor's curriculum vitae, and a conflict of interest form.

A sign-in sheet is required to document attendance of participants seeking CE credit for the program. (found on shared drive → Q:/Pharmacy/GSH Pharmacy/Pharmacy Residency Program/Resident Resources). CE presentations are offered as live presentations with video conferencing to other TriHealth Pharmacy locations. A sign-in sheet must be made available to all viewing sites, and it must be collected and returned to the clinical coordinator to document record of attendance to be submitted for credit.

CE Evaluation:
Each resident will receive evaluation forms of the CE presentation from all pharmacists in attendance. Formal feedback will be provided by the RPD immediately following the CE program.

Appendix I

Preceptor to Preceptor Rotation Handoff Form

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Preceptor to Preceptor Rotation Handoff Form

Current preceptors may utilize this tool to provide preceptors of the next scheduled rotation specific details of resident performance to date (longitudinal experiences are exempt). If multiple preceptors are utilized for a rotation, they are to collaborate to provide one rotation handoff. Please complete this form prior to the resident beginning the new rotation. Records of rotation handoffs should be given to the RPD after review by preceptors.

Resident:_____ Current Rotation:_____

Next Preceptor:_____ Next Rotation:_____

Describe strengths the resident has displayed during the current rotation as they relate to the assigned objectives and activities. Please list specific objectives and activities when possible.

Did the resident earn the designation ***Achieved for the Residency*** for any objectives of the current rotation? If so, please list and describe why this was assigned.

Did the resident earn a designation of ***Needs Improvement*** at the current rotation's midpoint evaluation? Once communicated to the resident, did he/she take the necessary steps to improve upon this designation?

Did the resident earn the designation ***Needs Improvement*** at the summative evaluation for any objectives of the current rotation? If so, please list and describe why this was assigned.

Describe soft-skills the resident either excels at or needs to further refine (e.g. verbal/written communication, time management, decision making, team building, etc.).

In your experience with the resident, are there any specific strategies the receiving preceptor should utilize to help the resident excel in the upcoming rotation?

Please provide any additional comments regarding your thoughts of the resident and the upcoming learning experience.

Preceptor: _____ Date: _____

Appendix J

Resident Presentation Evaluation Forms

Good Samaritan TriHealth Hospital

Patient Case Presentation Evaluation Form

Presentation Title:_____ Date: _____

Presenter:_____ Current Rotation: _____

1 = Unacceptable	**Needs extensive improvement, does not meet expectations**
2 = Needs Improvement	**Meets some expectations, but often does not meet expectations**
3 = Meets Expectations	**Meets all expectations consistently**
4 = Exceeds Expectations	**Meets and exceeds most expectations**
5 = Exceptional	**Exceeds all expectations**

Category	Comments	Score
Speaker Evaluation -Appropriate volume, pronunciation, articulation, & pace -Presentation was spoken, not read -Adequate/consistent eye contact maintained -Utilized effective non-verbal communication -Engaged audience and maintained interest -Absence of distracting mannerisms or words		
Presentation Organization -Opened with a prepared, inviting introduction -Presented in a logical sequence -Transitioned between concepts efficiently -Summarized conclusions		
Presentation Content -Pt case and disease state are mutually relevant -Disease state or patient scenario thoroughly discussed -Sufficient supportive information provided and correctly interpreted -Pt history, hospital & treatment course well defined		
Treatment Plan Development -Review and critique of current/initial treatment plan -Appropriate application of literature to case -Thorough discussion of drug and non-drug options -Revisions to plan well defined and appropriate -Plan is free of omissions		
Mastery of Subject Matter -Demonstrated expert level knowledge of subject -Presentation was authoritative -Questions answered completely and logically		
Audiovisual Aids -Legible, uncluttered, visually appealing slides/handout -No spelling or grammatical errors -Graphics/animation used appropriately -Slides/handout complimented verbal presentation		
Bias and Referencing -Supporting information appropriately referenced -Presentation was free of bias and information was fairly delivered		
Content was delivered in allotted time (circle one): Yes No Time:_____	**Total**	**/ 35**

Reviewer's Name:_____ Title:_____

Good Samaritan TriHealth Hospital

Topic Discussion/General Presentation Evaluation Form

Presentation Title:_____ Date:_____

Presenter:_____ Current Rotation: _____

1 = Unacceptable	**Needs extensive improvement, does not meet expectations**
2 = Needs Improvement	**Meets some expectations, but often does not meet expectations**
3 = Meets Expectations	**Meets all expectations consistently**
4 = Exceeds Expectations	**Meets and exceeds most expectations**
5 = Exceptional	**Exceeds all expectations**

Category	Comments	Score
Speaker Evaluation -Appropriate volume, pronunciation, articulation, & pace -Presentation was spoken, not read -Adequate/consistent eye contact maintained -Utilized effective non-verbal communication -Engaged audience and maintained interest -Absence of distracting mannerisms or words		
Presentation Organization -Opened with a prepared, inviting introduction -Presented in a logical sequence -Transitioned between concepts efficiently -Summarized conclusions		
Presentation Content -Purpose clearly stated -Background and supporting information discussed in sufficient depth -Derived appropriate, well-supported conclusions -Designed/delivered appropriately for audience -Discussed implications for the practice site		
Mastery of Subject Matter -Demonstrated expert level knowledge of subject -Presentation was authoritative -Questions answered completely and logically		
Quality/Relevance of Topic -Provided new insights to audience -Strong likelihood of audience utilizing information		
Audiovisual Aids -Legible, uncluttered, visually appealing slides -No spelling or grammatical errors -Tables/graphs appropriately incorporated -Graphics/animation used appropriately -Slides complimented verbal presentation		
Bias and Referencing -Supporting information appropriately referenced -Presentation was free of bias and information was fairly delivered		
Content was delivered in allotted time (circle one): Yes No Time:_____	**Total**	**/ 35**

Reviewer's Name:_____ Title:_____

Good Samaritan TriHealth Pharmacy
Journal Club/Literature Evaluation Form

Presenter:_____ Date:_____

Learning Experience:_____ Preceptor:_____

Article/Topic:_____

Criteria	Identification/Observations					Score
Introduction/Trial Design ☐ Authors' affiliations / study support ☐ Background ☐ Study objective(s) & rationale **Methods – Design** ☐ Case-control, cohort, controlled exp., etc. ☐ Type of assignment used (e.g. random, stratified, etc.) ☐ Blinding **Methods – Patients / Subjects** ☐ How enrolled / from where? ☐ Inclusion/exclusion criteria	**4 Points** **Accurately** and **completely** reported ALL relevant introduction, study design, and patients/subject components		**2 Points** **Accurately** and **completely** reported MOST relevant introduction, study design, and patients/subject components		**0 Points** **Accurately** and **completely** reported FEW of the relevant introduction, study design, and patients/subject components	
	Analysis/Critique					**Score**
	4 Points	**3 Points**	**2 Points**	**1 Point**	**0 Points**	
	ALL parts appropriately critiqued, with ALL relevant questions accurately addressed with strengths, weaknesses, and their impact described	Missed only ONE or TWO considerations or relevant questions in critique, with the rest appropriately addressed with strengths, weaknesses, and their impact described	MOST parts appropriately critiqued; some relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Only SOME parts appropriately critiqued; most relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Failed to appropriately critique any part; all relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	
Comments:						

Criteria	Identification/Observations					Score
Methods ☐ Treatments used ☐ Dosages / administration ☐ Therapy duration **Methods – Outcome Measures** ☐ Primary outcomes ☐ Secondary outcomes **Methods – Data Handling** ☐ Intention to treat, per protocol, etc. **Methods – Statistics** ☐ Sample Size needed ☐ Power of study ☐ Tests used, Appropriateness	**4 Points** **Accurately** and **completely** reported ALL relevant introduction, study design, and patients/subject components		**2 Points** **Accurately** and **completely** reported MOST relevant introduction, study design, and patients/subject components		**0 Points** **Accurately** and **completely** reported FEW of the relevant introduction, study design, and patients/subject components	
	Analysis/Critique					**Score**
	4 Points	**3 Points**	**2 Points**	**1 Point**	**0 Points**	
	ALL parts appropriately critiqued, with ALL relevant questions accurately addressed with strengths, weaknesses, and their impact described	Missed only ONE or TWO considerations or relevant questions in critique, with the rest appropriately addressed with strengths, weaknesses, and their impact described	MOST parts appropriately critiqued; some relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Only SOME parts appropriately critiqued; most relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Failed to appropriately critique any part; all relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	
Comments:						

Criteria	Identification/Observations			Score
	4 Points	**2 Points**	**0 Points**	
Results ☐ Baseline characteristics ☐ Results for each outcome measure ☐ Adherence ☐ Adverse events ☐ # lost to follow-up ☐ Reasons for drop outs ☐ Interpret Statistical Test Results (RR/OR/HR/etc) ☐ Interpret CI and p values ☐ Calculate NNT/NNH if appropriate **Conclusion** Authors' conclusion (s)	**Accurately** and **completely** reported ALL relevant introduction, study design, and patients/subject components	**Accurately** and **completely** reported MOST relevant introduction, study design, and patients/subject components	**Accurately** and **completely** reported FEW of the relevant introduction, study design, and patients/subject components	

Analysis/Critique					Score
4 Points	**3 Points**	**2 Points**	**1 Point**	**0 Points**	
ALL parts appropriately critiqued, with ALL relevant questions accurately addressed with strengths, weaknesses, and their impact described	Missed only ONE or TWO considerations or relevant questions in critique, with the rest appropriately addressed with addressed with strengths, weaknesses, and their impact described	MOST parts appropriately critiqued; some relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Only SOME parts appropriately critiqued; most relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	Failed to appropriately critique any part; all relevant questions with strengths, weaknesses, and their impact overlooked or inaccurate	

Comments:

Presenter Conclusion	5 Points	3 Points	1 Point	0 Points	Score
Clear, concise conclusion stated with implications for practice	Conclusion summarized accurately & completely all of the following: key points to be taken from the study, drug's role in therapy or clinical practice implications, AND need for any further research in the area. **Correlated study results to clinical practice within TriHealth**	Conclusion did not summarize accurately & completely **one** of the following: key points to be taken from the study, drug's role in therapy or clinical practice implications, or the need for any further research in the area	Conclusion did not summarize accurately & completely **two** of the following: key points to be taken from the study, drug's role in therapy or clinical practice implications, or the need for any further research in the area	Failed to give conclusion OR conclusion completely inaccurate	

Comments:

Preparedness/Verbal Defense	6 Points	4 Points	2 Points	0 Points	Score
Knowledge of Study Details		Presenter well prepared; thoroughly explained ALL details of study when asked	Presenter thoroughly explained only SOME study details when asked	Presenter not well prepared OR did not thoroughly explain any study details when asked	
Response to Questions	Correctly answered ALL questions in a confident manner	Correctly answered ALL questions in a non-confident manner OR correctly answered MOST questions in a confident manner	Correctly answered MOST questions in a non-confident manner OR correctly answered only SOME questions	Incorrectly answered all questions OR handled questions unprofessionally	

Presentation Delivery	3 Points	2 Points	1 Point	0 Points	Score
Presentation/Speaking Style	Demonstrated mastery of subject matter, clearly spoken and confidently delivered	Spoke clearly; easy to hear and understand	Difficult to hear or understand SOME things spoken	Difficult to hear or understand MOST things spoken	
Distracters (uhs, uhms, etc.) OR distracting mannerisms	No distractors	Few distractors	Several Distractors	Consistent distractors	

Comments:

Reviewer:	**Total Score**	**/45**

Appendix K

Preceptor Development Plan Form

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Preceptor Development Plan – Gap Analysis

Preceptor: _____ Residency Year: _____

Mentor/Advisor: _____ _____ Completion by: _____

Area(s) to Precept: _____

Accreditation Standard 4.5: Pharmacist Preceptors' Eligibility (check all that apply)

- ☐ Pharmacist licensed in the state of Ohio
- ☐ Completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- ☐ have completed an ASHP-accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- ☐ have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- Contribute to the success of residents and the program;
- Provide learning experiences in accordance with ASHP Accreditation Standard 3;
- Participate actively in the residency program's continuous quality improvement processes;
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- Adhere to residency program and department policies to residents and services; and,
- Demonstrate commitment to advancing the residency program and pharmacy services

Upon acknowledgment of Accreditation Standard 4.5 and preceptors' responsibilities by the preceptor working towards full preceptor status, a preceptor development plan will be established.

Initial Preceptor Development Plan

ASHP Standard	Current Qualifications	Goals/Planned Activities	Target Completion Date
Standard 3.2.c: Demonstrates ability to precept residents' learning experiences by use of clinical teaching roles(i.e. instructing, modeling, coaching, facilitating) at the level required by residents;			
Standard 3.4.a.1: Demonstrates ability to assess residents' performance			
Standard 4.6.a: Content knowledge/expertise in the area(s) of pharmacy practice precepted			
Standard 4.6.b,4.7: Preceptor is in an established, active practice area for which they serve as preceptor			
Standard 4.7.a: preceptors actively participate and guide learning when precepting residents			
Standard 4.6.c: role modeling professional engagement			

_____ _____

Preceptor Date

_____ _____

Residency Program Director Date

Preceptor Development Plan Updates

ASHP Standard	Status Update 1	Status Update 2	Status Update 3
Standard 3.2.c: Demonstrates ability to precept residents' learning experiences by use of clinical teaching roles(i.e. instructing, modeling, coaching, facilitating) at the level required by residents;			
Standard 3.4.a.1: Demonstrates ability to assess residents' performance			
Standard 4.6.a: Recognition in the area of practice for which they serve as preceptors			
Standard 4.6.b,4.7: Preceptor is in an established, active practice area for which they serve as preceptor			
Standard 4.7.a: Preceptors actively participate and guide learning when precepting residents.			
Standard 4.6.c: Role modeling ongoing professional engagement			
Program Director/Advisor Signature			
Preceptor Signature			
Date Reviewed			

ASHP Defined Preceptor Qualifications:

- ☐ **Standard 3.2.c:** Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.
- ☐ **Standard 3.4** Evaluation of the Resident
- ☐ **Standard 4.6.a:** Content knowledge/expertise in the area(s) of pharmacy practice precepted
    - Any active BPS Certification(s) (type(s) and expiration date).
    - Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
    - Completion of Pharmacy Leadership Academy (DPLA).
    - Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
    - For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
    - Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
    - Privileging granted by preceptor's current organization that meets the following criteria:
        - Includes peer review as part of the renewal process.
        - Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a.
        - If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
    - Subject matter expertise as demonstrated by:
        - Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. or
        - Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. or
        - PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. Or
    - At least 5 years of practice experience in the area precepted.**Standard 4.6.b,4.7:** Contribution to pharmacy practice in the area precepted. Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
- ☐ Preceptors actively participate and guide learning when precepting residents. **Standard 4.7.a:** Preceptors actively participate and guide learning when precepting residents.
- ☐ **Standard 4.6.c:** Role modeling ongoing professional engagement
    - Serves as a reviewer (e.g. contributed papers, grants, or manuscripts; reviews/submits comments on draft standards/guidelines for professional organizations)
    - Presentation/poster/publication in professional forums
    - Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local/state/national)
    - Active service, beyond membership in professional organizations at any level (e.g. leadership role, committee membership, volunteer work)
    - Active community service related to professional practice (e.g. Free Clinic, medical mission trips, etc.)
    - Evaluator at regional residency conferences or other professional meetings
    - Routine in-service presentations to pharmacy staff and/or other healthcare professionals
    - Primary preceptor for pharmacy students
    - Pharmacy technician educator
    - Completion of a teaching and learning program
    - Providing preceptor development topics at the site

- Professional consultation to other health care facilities or professional organizations.
- Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
- Publication of original research or review articles in peer-reviewed journals or chapters in textbooks.
- Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
- Active involvement on committees within the enterprise (e.g. work impacts more than one site across a health system).

Appendix L

Program Continuous Quality Improvement Form

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2024-2025

Program Continuous Quality Improvement Form

This form is to be used by the RPD and RAC annually in assessment of the PGY1 Residency Program. Review of individual learning experiences is conducted separately.

Preceptors	**Current Year**	**Appointed/Re-appointed**
Full Preceptors		
Preceptors working toward full preceptor status		
Residents	**Current Year**	**Historical**
Percent ACHR of total		
% Successful Completion of Program		
Resident Placement		☐ Updated tracking form
Learning Experiences (count of)	**Current Year**	**Upcoming Year**
Required		
Elective		
Longitudinal		

Learning Experience Summative Evaluations				
Required Experiences *RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."* ▪ *Any designation of partially true by both residents of the program, or single false designation will serve to initiate a RAC review of the learning experience description*	1. Orientation 2. Internal Medicine 3. Ambulatory Care 4. Infectious Diseases 5. Emergency Medicine 6. Critical Care	**True**	**Part True**	**False**
Learning Experiences Identified for Subsequent Review:				
Elective Experiences *RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."* ▪ *Any designation of partially true by both residents of the program, or single false designation will serve to initiate a RAC review of the learning experience description*		**True**	**Part True**	**False**

Learning Experiences Identified for Subsequent Review:				
Longitudinal Experiences *RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."* ▪ *Any designation of partially true by both residents of the program, or single false designation will serve to initiate a RAC review of the learning experience description*		**True**	**Part True**	**False**
Learning Experiences Identified for Subsequent Review:				

Accreditation Standards Compliance	**New Items**	**Plan for Compliance**
RPD to complete review of professional organization Accreditation Standards or other documents designed to establish best practices of inpatient pharmacy practice and/or pharmacy resident training & education.		
Identify any change to Accreditation Standards or guidance on interpretation of Accreditation Standards		
ISMP Best Practices		
ASHP Minimum Standards for Hospital Pharmacies		
Other		

Preceptor Evaluations of Residents	**Current Year**	**Change from Prior Year**
Percent of Summative Evaluations submitted on/before deadline		
Percent of Midpoint Evaluations submitted on/before deadline		

Teach/Evaluate Grid Assessment	**Current Year**	**Plan for Changes**
Assessment of experience timeline and resident exposure to objectives		
Assessment of distribution of objectives (i.e. do objectives need to be T/E'd more or less frequently)		

Residency Program Design & Conduct	
RPD to provide any additional narrative commentary about any planned changes for the upcoming residency year initially noted above	▪ ▪ ▪ ▪ ▪ ▪
Practice areas in need of preceptors	
Preceptor development topics needed	
Updated APR Forms on file	
Preceptor Development Plan Scheduled Updates	
Residency Manual Updated	
Rotation Manual Updated	
Other program content planned changes	

Learning Experience Review

Review of individual learning experiences is conducted separately by the RPD and rotation preceptor. This review includes assignments of learning experience objectives & activities, the overall design of the experience, and incorporation of resident feedback specific to the learning experience itself. Any changes made to learning experiences will be presented by the RPD and preceptor to the RAC.

Preceptor Review

Review of preceptor performance and qualifications is conducted separately by the RPD and preceptor of the program. All evaluations are reviewed by the RPD in order to provide the preceptor with actionable feedback, which is then incorporated into individual preceptor development plans.

Program Capacity

The RPD will determine annually the maximum quantity of resident positions to offer for the next recruitment cycle. This number is determined subsequent to considerations by the RAC, budgetary review, and discussions with the Senior Pharmacy Manager and/or Director of Pharmacy Services.

The number of PGY1 positions to be offered in the next recruitment cycle is:_____.

Upon review by the Residency Advisory Committee and the Senior Manager of Pharmacy Services, the RPD will acknowledge completion of the required annual residency program continuous quality improvement process by signing below. The RPD is responsible for establishing a plan and timeline to implement all changes to be made to the program.

_____ _____

Residency Program Director Date

This residency manual is continually updated in accordance to the most recent version of the ASHP Accreditation Standard for PGY1 and PGY2 Programs and in conjunction with decisions from the Good Samaritan TriHealth Hospital Pharmacy Residency Advisory Committee.

Last updated: June 2024

PGY1 Accreditation Standard July 2023