



Postgraduate Year Two Internal Medicine Residency Program Manual

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

Cincinnati, Ohio

2022-2023

Corey Wirth, PharmD, BCPS
Pharmacy Clinical Coordinator – Internal Medicine
PGY2 Internal Medicine Residency Program Director

Colin Fitzgerrel, PharmD, BCPS, BCIDP
Pharmacy Clinical Coordinator
PGY1 Residency Program Director
Pharmacy Residency Programs Coordinator

Amy Cobb, PharmD
Senior Director of Pharmacy



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,

Corey

Corey Wirth, PharmD, BCPS
Department of Pharmacy
Clinical Coordinator – Internal Medicine
PGY2 IM Pharmacy Residency Program Director



Accredited

Table of Contents

Purpose.....	4
General Information.....	6
Residency Policies, Procedures, and Conduct.....	8
Disciplinary Action.....	14
Pharmacy Resident Well-Being & Resilience.....	17
Residency Program Conduct and Design.....	19
Evaluation Strategies.....	20
Residency Portfolio.....	26
Requirements for Successful Completion of the Residency Program.....	27
Qualifications and Selection of PGY2 Residents.....	29
Program Delivery: Rotations, Projects, and Other Activities.....	33
Accreditation Standard Experiential Requirements.....	48
Residency Program Director.....	53
Residency Program Preceptors.....	55
Preceptor and Program Continuous Quality Improvement.....	59
Preceptor Development Plan.....	61
Residency Advisory Committee.....	65
Department of Pharmacy Services.....	66
TriHealth Organizational Structure.....	68
Graduate Tracking.....	70
Resident Research Projects.....	71
Appendix A – Pharmacy Resident Job Descriptions.....	72
Appendix B – Duty Hours Log.....	76
Appendix C – Policies and Procedures.....	78
Appendix D – Teach/Evaluate Grid.....	94
Appendix E – Resident Project Information.....	97
Appendix F – Continuing Education Program Guideline.....	101
Appendix I – Rotation Handoff Form.....	104
Appendix J – Presentation Evaluation Forms.....	106
Appendix K – Preceptor Development Plan Forms.....	107
Appendix L – Program Continuous Quality Improvement Form.....	112
Appendix M – Requirements for Successful Completion Checklist.....	121

Good Samaritan TriHealth Hospital

PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Purpose

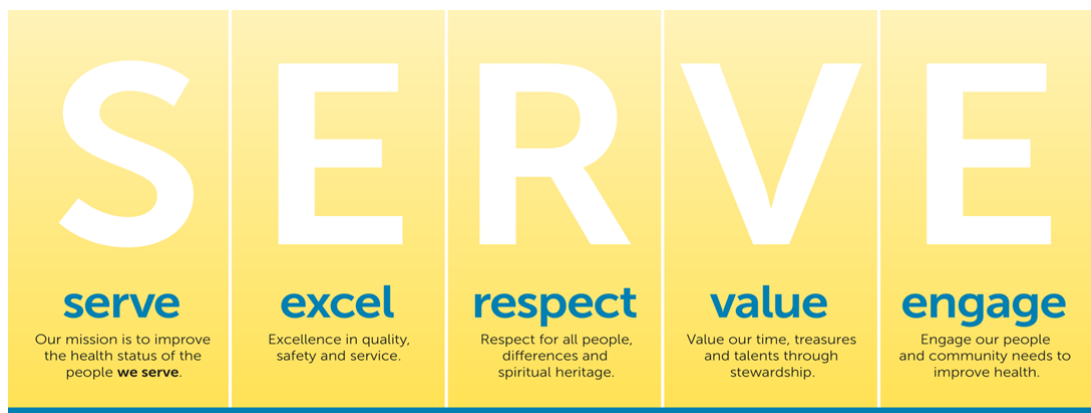
The pharmacy residency programs at Good Samaritan TriHealth Hospital (GSH) are designed to provide twelve consecutive months of graduate professional education and training structured to meet the accreditation standards of the American Society of Health-System Pharmacists (ASHP) by employing a systems-based 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

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

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.



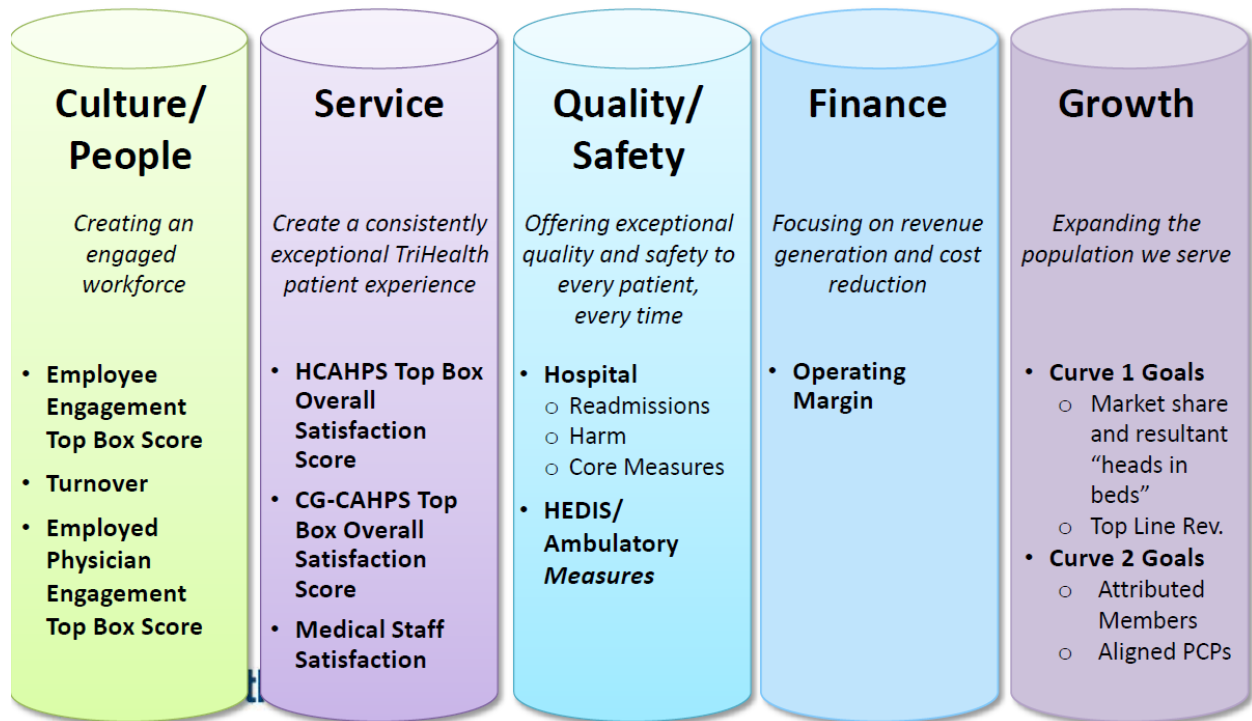
Pharmacy Mission

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 PGY2 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 PGY2 Pharmacy Residency Programs are available for review [online](#).

Good Samaritan TriHealth Hospital

PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

General Information

General Employment Terms

Postgraduate year two 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 → HR Central). 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.

Stipend

PGY2 residents will receive a stipend of approximately \$52,499 for the 2021-22 residency year.

Benefits

Pharmacy residents receive the same benefits package as all full-time, exempt TriHealth employees. Please refer to HRCentral 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 (professional travel is subject to terms of the Pharmacy Department travel policy)

Residency Year

The residency year for PGY2 residents spans twelve consecutive months, with the official start date being conditional on if the PGY2 resident matched to the program or if they entered early commitment from the GSH PGY1 program. Residents matching from an outside program must attend corporate orientation prior to their first day of work. A representative with TriHealth Human Resources will coordinate corporate orientation as part of the formal on-boarding process.

PGY2 residents are offered two options for their start to the residency year.

- July 1 start – residents may elect to begin their PGY2 training on the first business day of July
- Delayed July start – residents may elect to begin PGY2 training on the second or third Monday of July. The program ends at the conclusion of week 52 from the original start date.
 - PGY1 residents early committing to a PGY2 program may utilize accrued PTO or may take unpaid leave between the end of the PGY1 year and start of the PGY2 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 (PGY2) weeks of the residency year as a structured learning experience for non-Early Commit residents. 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.

PGY1 residents who early committed to the PGY2 program are exempt from the full orientation learning experience, but will be oriented on the first day of the PGY2 program by the RPD or RPC. This day will be scheduled in PharmAcademic as "Orientation," and the residents will begin their first clinical rotation on the following day, or the first Tuesday of the residency year

In accordance with Standard 3.3.b, orientation for all residents will include review of:

- PGY2 Accreditation Standards, competencies, goals and objectives
- ASHP duty hours for pharmacy residencies
- The PGY2 Residency Manual which includes:
 - Residency purpose and practice environment
 - Design and conduct of the program, including all program requirements and assignments
 - Description of required and elective learning experiences
 - Evaluation strategy
 - Requirements for successful completion
 - Residency policies, terms and conditions, including moonlighting, duty hours, and dismissal

Good Samaritan TriHealth Hospital

PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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 makes reference 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.

PGY2 residents, if not already licensed as a pharmacist in Ohio, must obtain licensure within 30 days of the program start date. Matched residents coming from a program outside of Ohio are strongly encouraged to begin the reciprocity process in the months preceding PGY2 training. Reciprocity of pharmacist licensure to the state of Ohio includes submission of an application and fees to the Ohio Board of Pharmacy, completing background checks, and appearing before the board within six months of the application date. Fees for reciprocity to Ohio are not reimbursed by TriHealth. More detailed information can be found [here](#). An Ohio-specific MPJE is *not* required.

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 during orientation for non-Early Commits and replacements can be obtained from security in the Clifton Lobby. 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 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 Good Samaritan Pharmacy Manager (Med Akinbi, PharmD, BCPS). 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 *Duty Hours and Moonlighting* for additional details.

PGY2 residents are required to staff two 8-hour shifts up to every third weekend throughout the residency year. Residents are incorporated into the weekend staffing schedule beginning the first weekend after completion of the orientation learning experience, although the orientation period will require training over one weekend. Early commit PGY2 residents are scheduled to begin working weekends as scheduled following their elected start date.

If a resident does not gain Ohio pharmacist licensure prior to planned 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).

Duty Hour Tracking

Residents must keep record of their own duty hours, including all moonlighting hours. 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. Residents should track their hours electronically via an Excel spreadsheet (located on the Q drive) and within PharmAcademic. Printed, signed copies must be provided to the RPD every four weeks. Residents are also to maintain record of their duty hours within their residency portfolio.

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), and 2) the RPD.

Residents are to maintain their obligation to all scheduled weekend shifts. If time off is necessary, the requesting resident must find a co-resident or IM CPS 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 Days

Paid Time Off accrued throughout the residency year is to be used for sick and personal days. Residents are required to notify the RPD, the current rotation preceptor, and the Inpatient Pharmacy Manager as soon as possible should a sick or personal day need to be taken. 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. Please see the policies *Time off and Leave of Absence* and *Effects of Leave* for additional information.

Extended Leave

Unpaid leave may be available under certain circumstances with advanced approval of the RPD 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 HRCentral 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 HRCentral on the TriHealth Intranet.

Good Samaritan TriHealth Hospital PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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 Senior Manager of Pharmacy Services 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/infracton or repeating of the same behavior/infracton 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.

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

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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 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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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, pharmacist-precepted learning experience that is 4-weeks or longer 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-in-training of learning experiences they co-precept 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-in-training.

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-in-training of learning experiences they co-precept 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-in-training.

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

Overview

Development plans are addressed within Accreditation Standards 3.4.b, 3.4.b.(1), 3.4.b.(2), 3.4.e., 3.4.e.(1), 3.4.e.(2), and 3.4.e.(3). The purpose of the resident development plan is to modify the design and conduct of the program to address each resident's unique learning needs and interests. In addition, development plans are a tool for monitoring, tracking and communicating about residents overall progress throughout the residency, and adjustments made to meet their learning needs. Resident progress is an agenda item of each RAC meeting to allow for discussion regarding resident progress and development plan adjustments needed, which are reflected in the quarterly updates to the plan. Resident development plans are documented by the RPD (or designee).

Initial Development Plans

The initial development plan will take into account the resident's self-reported strengths, weaknesses, and previous experiences (as documented within the completed Entering Interests & Objective-Based Self-Evaluations), which must be validated by the RPD by the end of the orientation period for non-Early Commit residents. For early-commit PGY2 residents, strengths, weaknesses, and previous experience may be validated through information obtained by during the PGY1 year.

The following information will be documented within the initial development plan:

- Professional strengths & areas for growth;
- Short- and long-term career goals, including goals for the PGY2 year;
- Interests;
- Quarterly Plans (rotations, assignments, projects); and
- Customization of program delivery, which may include:
 - Modification of residents' schedules
 - Preliminary determination of elective learning experiences
 - Educational goals & objectives to be emphasized in learning experiences
 - Addition of goals, objectives, and/or activities evaluated within learning experiences
 - Changing/increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas of improvement
 - Modification of preceptors' use of preceptor roles (modeling, coaching, and facilitation)

Quarterly Updates

At least quarterly, residents will meet with the RPD to review and update resident development plans. During this time, residents and the RPD will review overall progress towards completion of goals, and the resident will be permitted to review and request changes to the residency schedule of learning experiences. Quarterly updates will include:

- Adjustments based on review of resident performance, including the effectiveness of the previous plan, with input from preceptors and residents;
- The identification of new strengths or areas of improvement;
- Changes to the development plan, and;
- A review of resident's progress related to the achievement of the competencies, goals, and objectives of the program

The schedule of resident development plan updates is as follows:

- Entering Interests Form & Objective-Based Self-Evaluation: Prior to beginning program
- Development Plan Update 1: Finalized by end of the orientation period
- Development Plan Update 2: October 1 (or approximately 90 days following update 1)
- Development Plan Update 3: January 1 (or approximately 90 days following update 2)
- Development Plan Update 4: April 1 (or approximately 90 days following update 3)

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 and an objective-based self-evaluation at the beginning of the residency year, then complete self-reflections as part of the IM II, III & IV learning experiences. 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" and an "Entering Objective-Based Self-Evaluation" prior to or at the beginning of the residency year. These assessments will be utilized by the RPD as one of the tools to assess each resident's entering knowledge, experience, strengths, weaknesses and personal professional goals. These assessments will be documented within the resident's initial development plan, to be completed by the end of the

orientation period, which will include the initial rotation schedule, learning activities, and individualized customizations made to the program structure and/or learning objectives.

- The resident's second, third and fourth self-reflection will be completed in PharmAcademic and will be scheduled within the IM II, III, and IV learning experiences, to coincide with the evaluation of objective R3.1.2. These will be due by the end of the 4th week of each IM rotation. The self-reflections will provide the RPD and preceptors with information to determine the resident's ability to accurately self-assess by identifying strengths and opportunities for growth. In addition, the information will be used to highlight changes in personal professional goals and interests through the residency year, which will assist in providing the RPD and preceptors with a means to modify activities and to offer individualized learning opportunities to help residents get the most out of future rotations to achieve career goals.

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Residency Portfolio

Residents will maintain a hardcopy residency portfolio as well as an electronic version, which shall be a complete record of the resident's program activities. The portfolio should include the following:

- **Orientation Checklist** (if applicable)
- **A printed copy of all Duty Hours (signed by the RPD)**
- **All residency-based evaluations including:**
 - Entering Interest Form
 - Goal-based evaluations
 - Summative (by preceptor and self-evaluations)
 - Preceptor Evaluations
- **Quarterly Development Plans**
- **Journal Club Write-Ups**
- **Presentations (GME/MGR/PGR)**
 - Evaluations received from all attendees of in-services/presentations/seminars
- **Residency Project Materials**
 - Proposal (and submission form)
 - IRB submission form
 - Project Timeline Checklist (signed by project advisor)
 - Data collection & analysis (posters/PP slides from resident conferences)
 - Final manuscript
- **Examples of patient care documentation (de-identified in compliance with HIPAA regulations)**
- **Complete "Requirements for Graduation Checklist," signed by the RPD.**
 - All projects listed on the "Requirements for Graduation Checklist," including drug monograph and MUE, as well as Quality Improvement Project

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

PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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 TriHealth PGY2 residency training. In addition, documentation of completion of these items must be documented within the *Requirements for Successful Completion Checklist* (Appendix M) by the RPD and resident, as applicable, prior to graduation.

- In accordance with the ASHP Accreditation Standard for Postgraduate Year 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 PGY2 resident must gain pharmacist licensure in the state of Ohio within 30 days of the official program start date.
- 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.
- The resident must earn Achieved for the Residency (ACHR) for at least 85% of all ASHP required educational outcomes and goals for PGY2 Pharmacy Residency Programs and program specified elective goals and objectives. The resident must receive Achieved (ACH) or Satisfactory Progress (SP) for the remaining 15% of 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 is expected to complete a major project that is approved by the RAC, which includes at minimum:
 - Submission of project proposal through the TriHealth Institutional Review Board
 - Presentation of the project results/summary at the Great Lakes Residency Conference
 - Preparation of the project findings 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. This includes working every third weekend. Days missed due to sick leave are addressed by various residency program policies.
- The resident must participate in recruitment of future residents. Specific recruitment assignments will be made by the RPD. These assignments will include at least one of the following: the ASHP Midyear Clinical Meeting Residency Showcase, University of Cincinnati

James L. Winkle College of Pharmacy Residency Showcase, the OSHP All-Ohio Residency Showcase, and/or the KSHP Residency Showcase. The resident is also expected to participate in the interview process for PGY1 and PGY2 residency program applicants.

- The resident will conduct and complete one process improvement project (i.e. order set revision, establishment of a new pharmacy service, EMR changes to improve patient care, etc).
- The resident shall conduct at least one medication use evaluation and complete one drug monograph.
- The resident must participate in at least one community outreach event (see page 43 for details).
- The resident must complete several major formal presentations, including:
 - Four GME lectures provided to the GSH IM Medical Residents
 - One Medical Grand Rounds presentation
 - One Pharmacy Grand Rounds Presentation
 - Presentation of the residency project results/summary at Medical Grand Rounds
- 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.

Good Samaritan TriHealth Hospital PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Qualifications and Selection of PGY2 Residents

The Good Samaritan TriHealth Hospital PGY2 Pharmacy Residency programs participate in and abide 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 local and regional residency showcases and the ASHP Midyear Clinical Meeting. 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), and must be currently enrolled in or previously successfully completed an ASHP-accredited PGY1 residency program (or one in candidate status for accreditation).

GSH offers an early commit process for PGY2 programs to current PGY1 residents. The program reserves the right to fulfill any amount of offered positions through the early commit process. Any positions not filled through the early commit process will be offered through the Match.

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
13. Residents accepted into the program through the Early Commit process will be required to provide the PGY2 IM RPD a copy of their PGY1 residency certificate as soon as it is available to verify successful completion of their PGY1 residency prior to the start of the PGY2 IM program.

GSH maintains a standardized applicant screening and selection process for the Match, 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 PGY2 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

- 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 or 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 candidates.
 - i. See Appendix H "PGY2 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 the rank list determined by the RAC 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 submit a rank order list of top candidate(s) 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 a 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.
6. Residents accepted into the program through the Match will be required to provide the PGY2 IM RPD a copy of their PGY1 residency certificate as soon as it is available to verify successful completion of their PGY1 residency prior to the start of the PGY2 IM program.

Good Samaritan TriHealth Hospital PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Program Delivery: Rotations, Projects, and Other Activities

The Internal Medicine PGY2 residency program at Good Samaritan TriHealth Hospital is designed and conducted in a manner to support residents in achieving the required educational competency areas, goals, and objectives described in the ASHP Accreditation Standard for PGY2 programs, and the following purpose:

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The Internal Medicine PGY2 residency program at Good Samaritan TriHealth Hospital employs activities to enable residents to achieve competence in the required areas in the Accreditation Standards for PGY2 training. Below are overviews of required competency areas defined by ASHP specific to the program.

Full detail of the ASHP required competency areas, goals, and objectives can be found [online](#).

PGY2 – Internal Medicine

Competency Area R1: Patient Care

- | | |
|-----------|---|
| Goal R1.1 | In collaboration with the health care team, provide safe and effective patient care to internal medicine patients following a consistent patient care process |
| Goal R1.2 | Ensure continuity of care during internal medicine patient transitions between care settings |

Competency Area R2: Advancing Practice and Improving Patient Care

- | | |
|-----------|--|
| Goal R2.1 | Demonstrate ability to manage formulary and medication-use processes for internal medicine patients, as applicable to the organization |
| Goal R2.2 | Demonstrate ability to conduct a quality improvement or research project |

Competency Area R3: Leadership and Management

- Goal R3.1 Demonstrate leadership skills for successful self-development in the provision of care for internal medicine patients
- Goal R3.2 Demonstrate management skills in the provision of care for internal medicine patients

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

- Goal R4.1 Provide effective medication and practice-related education to internal medicine patients, caregivers, health care professionals, students, and the public (individuals and groups)
- Goal R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in internal medicine

Goals and objectives of these competency areas can be found [online](#). Activities assigned to each objective are learning experience dependent. Please see the Teach/Evaluate Grid or individual learning experience descriptions in PharmAcademic..

Learning Experiences

The residency year is twelve consecutive months comprised of required, elective, and longitudinal learning experiences. Required rotations are four to five 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.

PGY2 Internal Medicine Rotations

Required Rotations	Elective Rotations*	Longitudinal Experiences
Orientation** Internal Medicine (I-IV) Cardiology/Advanced Heart Failure Infectious Diseases Medical Intensive Care	Emergency Medicine Diabetes Management Informatics Nephrology Neurovascular Intensive Care Palliative Medicine Population Health Bone Marrow Transplant (BMT) Malignant Hematology Medical Oncology	Addiction Management [‡] Administration – Clinical Operations Literature Evaluation & Education Pharmacy Practice/Staffing Research Project

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

**Not required for early commit PGY1 residents; [‡]Elective Longitudinal

Residency Schedule

PGY2 Internal Medicine residents' schedule will be constructed to alternate residents on individual internal medicine rotations (I-IV). While one resident is on internal medicine, the other resident will be on another required or elective learning experience. PGY1 residents may overlap on services with PGY2 residents. When this occurs, preceptors and PGY2 residents will employ a layered learning approach in precepting the PGY1 resident.

PGY2 residents' schedules are impacted depending on their status as an early commit from the PGY1 program or if they were matched from an external program. Early commit residents are exempt from a formal orientation learning experience, thereby opening access to a third elective learning experience during the residency year. PGY2 residents matching from an external PGY1 program have a four-week, dedicated orientation learning experience. By default these residents receive two elective learning experience choices. Any alterations to the resident schedule outside of the aforementioned program structure must be discussed with the RPD and documented within the resident's individual development plan.

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: 4 weeks

Available to: Required for all residents (exempt – PGY2 residents early committing from PGY1 program*)

*Early-Commit PGY2 residents will complete Orientation on day 1 of the PGY2 residency year

Location: GSH Central Pharmacy (primary), various inpatient settings (secondary)

Preceptor: Jacob Cannan, PharmD, BCPS, BCCCP, Corey Wirth, PharmD, BCPS

A formal orientation program for all incoming residents is scheduled for 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. Additionally, the resident will become proficient in use of all pharmacy department software (EPIC, DrFirst MedHx, etc) 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. Further, the resident will become familiar with all 'pharmacy-to-dose' consultative services, and will be required to pass all competency exams.

During this time, the resident will meet with the Program Director to establish the individual Resident Development Plan, which will be finalized by the end of the orientation period. In addition, the resident will review the Residency Manual, all policies relating to the residency program, ASHP PGY2 Accreditation Standards, competency area goals and objectives, evaluation strategies and requirements for successful completion of the program with the RPD or designee. The final week of the orientation

experience will be spent on rounds with the IM Hospitalist Teaching Service and the RPD or orientation preceptor to orient the resident to the duties and expectations associated with the IM I experience.

Cardiology/Advanced Heart Failure – Required

Duration: 4 weeks

Location: BNH

Preceptor: Alex Gray, PharmD, BCPS, BCCP; Mark Albright, PharmD

Advanced Heart Failure is a required, 4-week learning experience at TriHealth Bethesda North Hospital and Thomas Comprehensive Care Center. This experience will be a split experience between inpatient morning rounds with the team and outpatient afternoon clinics (heart failure, pulmonary hypertension, amyloidosis, ventricular assist devices (VAD)). The resident will gain experience taking care of Advanced Heart Failure patients which includes patients with cardiac amyloidosis, VAD, pulmonary hypertension, cardio-oncology, and advanced/end stage heart failure. The clinical pharmacist/resident works regularly with the advanced heart failure physician, nurse practitioner, other specialist groups (cardiothoracic surgeons), clinical dietitian, case manager, and nursing to identify and resolve medication-related problems, education, transition of care, for all patients.

Diabetes Management – Elective

Duration: 2 weeks

Location: GSH Inpatient wards

Preceptor: Non-pharmacist led experience; Resident Independent.

Coordinated by: Taha Alhayani, PharmD

Non-pharmacist contact: Elissa Pleshinger, Diabetes Advisory Team CNP

Residents on the diabetes management rotation will participate on the Inpatient Diabetes Advisory Team. The resident will have the opportunity to broaden their understanding of blood glucose management techniques through their care for patients with insulin pumps, surgical ICU patients on tube feeds, patients with uncontrolled diabetes, and newly diagnosed diabetics. The resident will also gain experience in patient education regarding use of diabetic supplies and insulin injection, use of oral agents, as well as lifestyle and diet modification.

Emergency Medicine - Elective

Duration: 4 weeks

Location: GSH Emergency Department

Preceptor: TBD

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 – Required

Duration: 4 weeks

Location: GSH

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 more narrow focus of practice. Residents will proactively review patients for response to antimicrobial treatment and recommend adjusting care plans based on culture data and other patient factors. Several days per week the resident will participate on the Antimicrobial Advisory Team 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. Additional opportunities exist to advance therapeutic knowledge through topic discussions and case presentations.

Internal Medicine I through IV – Required

Duration: 5 weeks per each rotation

Location: GSH inpatient wards

Preceptor: Corey Wirth, PharmD BCPS (IM I-IV); Taha Alhayani, PharmD (IM II, III, PiT); Amneh Alzatout, PharmD (IM IV, PiT)

The internal medicine rotations serve as the core of the PGY2 program. Each experience is 5 weeks in length, and each experience focuses on medical care of adult inpatients. The primary responsibility of the resident during these learning experiences 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. Each individual IM experience (i.e. I through IV) will have a different focus within the underlying themes of the experience, so as to optimally address residency objectives as depicted in the teach/evaluate grid.

In brief, IM I & II will address the goals related to patient care (Competency Area R1), IM III will focus on teaching, education, and dissemination of knowledge (Competency Area R4), and IM IV will focus on practice advancement, improvement in patient care, and leadership (Competency Areas R2 & R3).

Informatics - Elective

Duration: 4 weeks

Location: Norwood Campus - primary

Preceptor: Mike Friebe, PharmD

The pharmacy informatics rotation is a four-week elective available to PGY1 and PGY2 residents. The goal of this learning experience is to introduce the resident to expand the resident's understanding of clinical pharmacy management and 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:

- Medication record build and maintenance within the Electronic Health Records (HER) and various automation systems.
- Computerized Prescriber Order Entry (CPOE) for electronic medication ordering integrated with 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.
- Reporting and analytics with healthcare data.

Medical Intensive Care – Required

Duration: 4 weeks

Location: GSH MSICU

Preceptor: Nancy Wuestefeld, PharmD, BCCCP

The critical care rotation is a 4-week required learning experience for PGY2-IM 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.

Nephrology – Elective

Duration: 2 weeks

Location: GSH

Preceptor: Nancy Wuestefeld, PharmD, BCCCP

Through rounding with the nephrology team, the pharmacy resident will gain better understanding of the anatomy & physiology of the kidneys and the pharmacokinetic effects varying degrees of kidney dysfunction create. Residents will play a key role in the management of fluid and electrolyte imbalance, the proper dosing of renally eliminated medications, and management of parenteral nutrition. Residents may also spend time rounding with the medical ICU team with specific focus on the care of patients requiring different modalities of renal replacement therapy (e.g. hemodialysis, CRRT, etc.), or admitted with acute kidney injury of specific etiologies. In addition to clinical responsibilities, a significant portion of this learning experience is dedicated to educational understanding of the anatomy & physiology of the kidneys, including the renin-angiotensin-aldosterone system.

Neurovascular Medicine – Elective

Duration: 4 Weeks

Location: GSH

Preceptor: Jacob Cannan, PharmD, BCPS, BCCCP

The resident will gain experience rounding with the multidisciplinary Neuro-Critical Care team, led by a Neuro-Intensivist. The Neurosurgical ICU is a twelve bed unit serving an urban, community and/or tertiary-referred patient population. Of note, GSH is recognized as a Comprehensive Stroke Center as of 2019. The PGY2 resident will gain knowledge regarding the pathophysiology and management of the following disease states, among others: Stroke (ischemic, hemorrhagic and TIA), epilepsy and status

epilepticus, sodium disorders (SAIDH & Diabetes insipidus), hepatic encephalopathy, central nervous system infections , and venous embolism and thrombosis.

The PGY2 resident will round each weekday with the team and be responsible for reviewing all patient medications, identifying and addressing medication-related problems, facilitating the medication use process when necessary, and optimizing medication therapy. The ultimate goal of the rotation is to facilitate the PGY2 resident to perform the responsibilities of the neurosurgical ICU pharmacist as an independent practitioner.

Palliative Medicine - Elective

Duration: 4 weeks

Location: GSH

Preceptor: Non-pharmacist led experience; Resident Independent.

Coordinated by: Corey Wirth, PharmD, BCPS

Physician Contact: Steve Robinson, MD

The resident will gain experience through participation in daily rounds with the Palliative Care Team. Many disease states and settings will be observed, assessed, and managed including end of life care, cancer, substance abuse and addiction, chronic pain, and hospice care. Education to patients, their caregivers, and clinical staff are crucial elements of the rotation as pain management may have a direct impact on a patient's overall outcome. Perception of pain, definitions of types of pain, patient safety, and hospital performance as they relate to patient outcomes will be an integral theme of the rotation.

Population Health – Elective

Duration: 4 weeks

Location: GSH (primary), TriHealth Baldwin (Secondary)

Preceptor: Kimberly Arvin, PharmD, BCACP

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.

Bone Marrow Transplant – Elective

Duration: 2- 4 weeks

Location: GSH

Preceptor: Melvi Chacko, PharmD, BCOP

This rotation is a four-week elective learning experience at Good Samaritan TriHealth Hospital. This experience is designed to provide the resident with clinical experience in managing patients undergoing a bone marrow transplant or cellular therapy. This includes understanding certain hematologic conditions, chemotherapy preparative regimens and their side effects, supportive care considerations, infectious disease implications, and oncologic emergencies.

During the Inpatient/Outpatient Bone Marrow Transplant & Cellular Therapy elective rotation at Good Samaritan TriHealth Hospital, the PGY2 Internal Medicine Pharmacy Resident will provide clinical pharmacy support to providers caring for inpatients and outpatients with a hematologic disease requiring bone marrow transplant or cellular therapy. This experience will encompass intensive, direct patient care of those on the consultation service with a focus on malignant hematology. The service is comprised of an oncologist, mid-level practitioner, pharmacist, registered nurse(s), social worker, dietician, and may include medical residents.

Malignant Hematology – Elective

Duration: 4 weeks

Preceptor: Nate Miller, PharmD, BCPS, BCOP

The Inpatient malignant hematology rotation is a four-week elective learning experience at Good Samaritan TriHealth Hospital. This experience is designed to provide the resident with experience in management of hematologic malignancies including the management of side effects and adverse reactions of treatment and oncologic emergencies. During the Malignant Hematology elective rotation at Good Samaritan TriHealth Hospital, the PGY2 Pharmacy Resident will provide clinical pharmacy support to providers caring for inpatients with a variety of oncologic and hematologic disease states. The experience will encompass intensive, direct patient clinical care of those on the malignant hematology consultation service. The service is comprised of an oncologist, a mid-level practitioner, and may include students and/or medical residents.

Medical Oncology – Elective

Duration: 4 weeks

Preceptor: Nate Miller, PharmD, BCPS, BCOP

The Inpatient medical oncology rotation is a four-week elective learning experience at Good Samaritan TriHealth Hospital. This experience is designed to provide the resident with experience in management of solid tumor malignancies including the management of side effects and adverse reactions of

treatment, oncologic emergencies, as well as benign hematologic disease state management. During the Medical Oncology elective rotation at Good Samaritan TriHealth Hospital, the PGY2 Pharmacy Resident will provide clinical pharmacy support to providers caring for inpatients with a variety oncologic and hematologic disease states. The experience will encompass intensive, direct patient clinical care of those on the Med Onc consultation service, with focus on solid tumor malignancies. The service is comprised of an oncologist, a mid-level practitioner, and may include students and/or medical residents.

Longitudinal Learning Experiences

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

Addiction Management – Elective

Duration: 3 months

Location: GSH (Primary), BrightView (Secondary)

Preceptor: Colin Fitzgerald, PharmD, BCPS, BCIDP

The addiction management longitudinal rotation is offered as a two-part experience. First, residents will assist in the management of emergency department patients seeking addiction treatment. In the face of the opioid epidemic, patients are relying on local emergency departments for both acute overdoses and as a resource for when they are ready to seek the help they need to overcome their addiction. Residents will take call from the emergency department when patients with opioid use disorder present and assist with the initiation of Medication-Assisted Therapy, as well as provide patient education regarding available addiction management resources.

The second part of the learning experience is conducted through a partnership with BrightView Health, the Cincinnati-area leader in the provision of comprehensive addiction services. Residents will spend one afternoon a week at a BrightView clinic working alongside physicians and nurse practitioners as they assess patients undergoing medication assisted therapy. Residents will gain better insight into the etiology of addiction, and the medical, psychosocial, and social needs of patients battling the disease.

Clinical Administration – Required

Duration: August-May

Location: GSH (primary), various TriHealth (secondary)

Preceptor: Colin Fitzgerald, PharmD, BCPS, BCIDP

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.

Literature Evaluation & Education – Required

Duration: July - June

Location: GSH Inpatient Pharmacy

Preceptor: Colin Fitzgerald, PharmD, BCPS, BCIDP

Throughout the residency year, pharmacy residents will lead journal club discussions each Thursday. Residents are expected to select appropriate articles for an inpatient pharmacy audience, lead presentations, and engage attendees in thought-provoking discussion. Typically, residents can expect to lead at least one journal club discussion every six weeks on a rotating basis. The goals of this longitudinal experience are to build primary literature evaluation skills, presentation skills, and knowledge of emerging evidence-based medicine. The journal club schedule for the entire residency year can be found on the Q drive (Q > Pharmacy > GSH PHARMACY > Journal Club).

Pharmacy Practice (Staffing) – Required

Duration: July – June

Location: GSH Inpatient Pharmacy

Preceptor: Corey Wirth, PharmD, BCPS; Amneh Alzatout, PharmD (PiT)

The pharmacy practice/staffing learning experience is a requirement of the PGY2 Program. After the orientation process and once competent in the use of pharmacy software systems, PGY2 residents will provide clinical staffing services up to every third weekend. The PGY2 resident's weekend staffing responsibilities include:

- Active participation on interdisciplinary rounds on the internal medicine team on service
- Provision of clinical pharmacy services to all patients of internal medicine teams off service
- Management of transitions of care for all internal medicine team patients, focusing on admissions and discharges

The learning experience will aid the resident in refining skills required of an independent practitioner, such as communication, collaboration, and therapeutic applications. Staffing preceptors will coordinate feedback through direct and indirect oversight of the resident, and through review of resident medical chart documentation (e.g. Weekend i-Vents). 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 – Required

Duration: July-June

Location: GSH

PGY2 Residents – Corey Wirth, PharmD, BCPS plus project-specific advisors

Each resident is required to conduct a year-long project. The project can be of 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 residency 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 first month of the residency program 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 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.

Additional Residency Activities/Responsibilities

Presentations

Residents shall form and present topics in the interest of departmental staff development as directed by the RPD and preceptors. There are no maximum limits on assigned presentations, but at minimum one will be done quarterly. Presentations fall into the following categories:

1. Formal, academic presentations to the Pharmacy Department, or other healthcare professionals (e.g. Medical Grand Rounds, once per year per resident; Medical resident morning lecture, 4 presentations per year per resident)
2. American Council of Pharmaceutical Education (ACPE) approved presentations (Pharmacy Grand Rounds) for the purpose of pharmacy staff development (pharmacists and/or pharmacy technicians) on a topic area pertinent to the resident's current learning experience or of an area identified as relevant to current departmental needs. The continuing education presentation is subject to ACPE guidelines and must be approved of by the system ACPE coordinator – Colin Fitzgerald. Each resident will prepare and present one Pharmacy Grand Rounds presentation annually.
3. Journal clubs and/or patient case presentations can be presented to pharmacy staff as assigned by preceptors (as part of or in addition to longitudinal journal club experience).
 - a. One ACCP Journal Club is offered to each resident per year, but not required. This is a national, virtual presentation given in PowerPoint format. You will be assigned a mentor through ACCP.
4. Residency project presentation will ultimately be given at the Great Lakes Residency Conference in the spring; preceding this conference, the resident will be scheduled multiple practice sessions with pharmacy staff and the RAC. In addition, the resident will give a presentation of their research at the end of the residency year (May or June) at Medical Grand Rounds.
5. Lecture(s) at the University of Cincinnati James L Winkle College of Pharmacy in conjunction with the Teaching Certificate Program will be conducted as opportunities become available (i.e. not required). Approval and guidance will be available from the RPD and the course coordinator of the Teaching Certificate Program.

Community Outreach and Wellness

TriHealth Pharmacy participates in several outreach programs on a continual basis, and pharmacy residents (PGY1 & PGY2) are included in these efforts. Pharmacy residents are required to participate in at least one community outreach program annually. Options include:

- GE Clinic annual flu shot program
- Faculty Medical Center brown bag days
- Cincinnati Reds Family & Friends health fair
- St. Xavier High School Faculty & Alumni health fair
- Brightview, Inc. Saturday Morning Outreach program
- Participation with TriHealth Volunteer Services (various activities)
- Participation with the University of Cincinnati outreach programs (e.g. Drop-in Clinic)

Any time residents arrange for community outreach programs will be excused absences from residency duty hours, although all scheduled activities should be clearly communicated with program preceptors as far in advance as possible.

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 | ▪ Medication Safety |
| ▪ Critical Care | ▪ Order Set Committee |
| ▪ Diabetes Committee | ▪ Pain Committee |
| ▪ Heart Failure Committee | ▪ Pharmacy/Nursing Council |
| ▪ Medication Reconciliation Task Force | ▪ 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 of 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.

Board Certification

Board certification through the Board of Pharmacy Specialties identifies pharmacists most qualified to contribute at advanced practice levels. TriHealth Pharmacy Leadership recognizes the importance of board certification to individuals and to the profession, and specifically how it reflects on the department in regards to perception of pharmacists within Good Samaritan Hospital. PGY2 residents are eligible to sit for the BPS Pharmacotherapy exam and may do so either in the fall or spring of their PGY2 year (although this is not required). Those successfully passing the exam will have the testing fee reimbursed by the department.

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 - Required

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 – Required

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 – Required

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 – Required

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.

Great Lakes Pharmacy Residency Conference – Required

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, an additional option for attendance at conferences of particular interest to an individual resident are to 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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Accreditation Standard Experiential Requirements

The ASHP Accreditation Standard specifies competency areas, goals, and objectives which PGY2 residents must experience during residency training. For Internal Medicine programs, topic areas are described in which residents must gain experience through direct patient care, case-based applications, or elective review. The table below is provided so residents are aware of all that must be experienced during the residency year, along with which learning experience it applies to.

Residents are referred to the Microsoft Excel spreadsheet on the pharmacy share drive to track when each topic is reviewed. Residents are expected to keep track of their own progress on the disease state appendix throughout the year. They will share their progress with the preceptor of record at the beginning of each rotation, and this should be a regular part of the orientation process prior to the start of each learning experience. The preceptor will sign off on disease states covered via direct patient care or topic discussion by the conclusion of the learning experience. In addition, appendix progress will be tracked within PharmAcademic. Appendix items can be added by the resident, RPD, and preceptors. If the resident has completed a handout or given a presentation on the disease state, this should also be uploaded into PharmAcademic.

Topic Area	Required – Direct Patient Care	Required – DPC or Case-based Application	Elective
Cardiovascular <i>C, CC, EM, IM</i>	<ul style="list-style-type: none"> • Acute coronary syndromes (STEMI, NSTEMI, unstable angina) • Atrial arrhythmias • Atherosclerotic cardiovascular disease, primary prevention • Atherosclerotic cardiovascular disease, secondary prevention • Cardiogenic/hypovolemic shock • Heart failure, acute decompensated & chronic • Hypertensive crises • Stroke (ischemic, hemorrhagic, and transient ischemic attack) • Venous embolism and thrombosis 	<ul style="list-style-type: none"> • Advanced Cardiac Life Support (ACLS) • Basic Life Support (BLS) • Peripheral arterial (atherosclerotic) disease • Pulmonary arterial hypertension • Valvular heart disease • Ventricular arrhythmias 	<ul style="list-style-type: none"> • Aneurysm • Drug-induced cardiac disease
Critical Care <i>AM, CC, ID</i>	<ul style="list-style-type: none"> • Drug/alcohol overdose/withdrawal 	<ul style="list-style-type: none"> • PK/PD Considerations • Stress Ulcer Px 	<ul style="list-style-type: none"> • Acute respiratory distress syndrome • Hemodynamic Support • Pain, agitation, and delirium in ICU patients • Respiratory support • Shock syndromes (including cardiogenic, hypovolemic, vasogenic)
Endocrine <i>EN, IM</i>	<ul style="list-style-type: none"> • Diabetes mellitus, Type 1 • Diabetes mellitus, Type 2 • Syndrome of inappropriate antidiuretic hormone secretion (SIADH) • Thyroid disorders 	<ul style="list-style-type: none"> • Adrenal gland disorders (e.g., adrenal insufficiency, hypercortisolism) • Hyperglycemic crises (diabetic ketoacidosis [DKA], hyperosmolar hyperglycemic state [HHS]) • Parathyroid disorders 	<ul style="list-style-type: none"> • Diabetes insipidus (renal/electrolyte) • Drug-induced endocrine disorders • Transgender health

Gastrointestinal <i>CC, EM, ID, IM, PL</i>	<ul style="list-style-type: none"> • Cirrhosis, end-stage liver disease, and complications (e.g., portal hypertension, ascites, spontaneous bacterial peritonitis, varices, hepatic encephalopathy, hepatorenal syndrome) • Constipation • Diarrhea (including traveler’s diarrhea) • Hepatitis (including viral) • Inflammatory bowel disease (Crohn’s disease, ulcerative colitis) • Nausea/vomiting, simple (e.g., acute viral gastroenteritis, overindulgence, motion sickness) • Nausea & vomiting, complex (e.g., postoperative, chemotherapy-induced) • Pancreatitis (acute, chronic, and drug-induced) • Upper gastrointestinal bleeding 	<ul style="list-style-type: none"> • Gastroesophageal reflux disease • Motility disorders 	<ul style="list-style-type: none"> • Celiac disease • Drug-induced hepatic disorders • Irritable bowel syndrome • Nonalcoholic steatohepatitis
Genitourinary <i>IM</i>	<ul style="list-style-type: none"> • Benign prostatic hyperplasia • Urinary incontinence 		<ul style="list-style-type: none"> • Sexual dysfunction
Geriatrics <i>C, IM, PL, PS</i>	<ul style="list-style-type: none"> • Medication use in older adults (e.g., polypharmacy, potentially inappropriate medications [PIMs], Beers criteria, dose de-escalation) 		
Hematologic <i>EM, IM</i>	<ul style="list-style-type: none"> • Anemias (e.g., iron deficiency, vitamin B12 deficiency, folic acid deficiency, chronic disease/inflammation) • Drug-induced hematologic disorders • Reversal of anticoagulants 	<ul style="list-style-type: none"> • Coagulation disorders (e.g., hemophilia, von Willebrand disease, antiphospholipid syndrome, clotting factor deficiencies) • Disseminated intravascular coagulation • Platelet disorders (e.g., idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura) • Sickle cell disease 	<ul style="list-style-type: none"> • Aplastic anemia • Porphyrias
Immunologic <i>CC, EM, IM</i>	<ul style="list-style-type: none"> • Allergies/drug hypersensitivities (e.g., anaphylaxis, desensitization) 	<ul style="list-style-type: none"> • Stevens-Johnson syndrome • Systemic lupus erythematosus • Toxic epidermal necrolysis 	<ul style="list-style-type: none"> • Angioedema • Immunodeficiency diseases • Solid organ transplantation • Immunosuppressive therapy

<p>Infectious Diseases <i>AS, CC, ID, IM</i></p>	<ul style="list-style-type: none"> • Antimicrobial stewardship and infection prevention • Bloodstream and catheter-related infections • Bone and joint infections (e.g., osteomyelitis, prosthetic joint infections) • Central nervous system infections (e.g., meningitis, encephalitis, brain abscess) • Fungal infections, invasive (e.g., hematogenous candidiasis, aspergillosis) • Gastrointestinal infections (infectious diarrhea, <i>C. difficile</i>, enterotoxigenic infections) • Human immunodeficiency virus infection • Infective endocarditis • Infections in immunocompromised patients (e.g., febrile neutropenia, opportunistic infections in AIDS) • Influenza virus infection • Intra-abdominal infections (peritonitis, abscess, appendicitis, etc.) • Lower respiratory tract infections • Sepsis and septic shock • Skin and soft tissue infections • Tuberculosis • Urinary tract infections (complicated and uncomplicated) 	<ul style="list-style-type: none"> • Bacterial resistance • Fungal infections, superficial (e.g., vulvovaginal and esophageal candidiasis, dermatophytoses) • Immunizations (including vaccines, toxoids, and other immunobiologics) • Microbiological testing (including rapid diagnostic tests) 	<ul style="list-style-type: none"> • Spirochetal diseases (e.g., treponematosi s, leptospirosis) • Tickborne illnesses (e.g., Lyme borreliosis, Ehrlichiosis, Rocky Mountain spotted fever, relapsing fever) • Prostatitis • Sexually transmitted infections (e.g., syphilis, gonorrhea, chlamydia, trichomoniasis, human papilloma virus, pelvic inflammatory disease; refer to CDC Guidelines) • Upper respiratory tract infections (e.g., otitis media, sinusitis, pharyngitis, bronchitis) • Viral infections (e.g., Varicella, cytomegalovirus, Herpes simplex, measles [rubeola], mumps, rabies)
<p>Musculoskeletal and Connective Tissue Disorders <i>IM</i></p>	<ul style="list-style-type: none"> • Gout/Hyperuricemia 	<ul style="list-style-type: none"> • Osteoarthritis • Osteoporosis • Rhabdomyolysis • Rheumatoid arthritis 	<ul style="list-style-type: none"> • Mixed connective tissue disease • Myopathies (e.g., dermatomyositis, polymyositis)
<p>Neurological <i>CC, EM, IM, PL, PS</i></p>	<ul style="list-style-type: none"> • Epilepsy • Neurocognitive disorders (e.g., Alzheimer disease, vascular and frontotemporal dementia) • Pain, neuropathic (e.g., diabetic, post-herpetic) • Pain, nociceptive (acute and chronic) • Parkinson disease • Peripheral neuropathy 	<ul style="list-style-type: none"> • Status epilepticus 	<ul style="list-style-type: none"> • Fibromyalgia • Multiple sclerosis
<p>Nutritional Disorders <i>CC, IM</i></p>	<ul style="list-style-type: none"> • Overweight and obesity 	<ul style="list-style-type: none"> • Nutrition support 	<ul style="list-style-type: none"> • Malabsorptive syndrome

<p>Oncology CC, EM, IM, PH, PL</p>	<ul style="list-style-type: none"> • Oncologic emergencies (e.g., tumor lysis syndrome, hypercalcemia, coagulopathy) • Supportive care (e.g., preventing/treating complications associated with malignancy or treatment, myelosuppression, nausea/vomiting, pain, mucositis, secondary malignancies) 		
<p>Psychiatric and Behavioral Disorders AM, IM, PS</p>	<ul style="list-style-type: none"> • Alcohol use disorder • Anxiety disorders (e.g., generalized anxiety, panic, social anxiety disorder) • Depressive disorders (e.g., major depressive disorder) • Delirium/acute agitation (non-ICU) • Opioid use disorder • Sleep disorders (e.g., insomnia.) • Tobacco/nicotine use disorder (including smoking cessation) 	<ul style="list-style-type: none"> • Bipolar disorders (e.g., mania, bipolar depression, maintenance therapy) • Schizophrenia • Substance abuse (e.g., hallucinogens, stimulants, depressants, performance-enhancing drugs) 	<ul style="list-style-type: none"> • Attention deficit disorders (with or without hyperactivity) • Obsessive-compulsive disorders • Posttraumatic stress disorder (PTSD)
<p>Renal C, CC, EM, ID, IM, N</p>	<ul style="list-style-type: none"> • Acid-base disorders • Acute kidney injury (prerenal, intrinsic, and postrenal) • Drug dosing considerations in renal dysfunction and renal replacement therapy • Drug-induced renal disorders • Electrolyte abnormalities (sodium, potassium, calcium, phosphorus, magnesium) • Evaluation of renal function 	<ul style="list-style-type: none"> • Chronic kidney disease and complications (anemia, bone & mineral disorders) • Dialysis and renal replacement therapies 	<ul style="list-style-type: none"> • Fluid balance
<p>Respiratory IM, PH</p>	<ul style="list-style-type: none"> • Asthma • Chronic obstructive airway disease (other than asthma) 		<ul style="list-style-type: none"> • Cystic fibrosis • Drug-induced respiratory disorders • Interstitial lung disease • Obstructive sleep apnea

*AM = Addiction Management, AS = Antimicrobial Stewardship, C = Cardiology, CC = Critical Care, EM = Emergency Medicine, EN = Endocrinology, ID = Infectious Diseases, IM = Internal Medicine, N = Nephrology, PL = Palliative Medicine, PH = Population Health, PS = Psychiatry/Neurologic Medicine

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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

Individual PGY2 RPDs are qualified pharmacists dedicated to the area of practice related to the PGY2 program. The PGY2 RPD is the co-chair of the combined PGY1 /PGY2 Residency Advisory Committee.

Program Director responsibilities include, but are not limited to:

- Ensure compliance of program conduct and design with the ASHP Accreditation Standards
- Maintain qualifications to personally conduct the program in accordance with Accreditation Standards
- Establish criteria for screening, interviewing, and accepting applicants
- Arrange for incoming residents' orientation to the Pharmacy Department and the residency program
- Appoint and reappoint preceptors for learning experiences
- Assess and develop skills of preceptors in the program

- Schedule resident rotations & assist in the development and execution of resident development plans
- Monitor resident progress through discussion with preceptors and review of evaluations
- Assist in the resolution of problems or difficulties which residents or preceptors may encounter
- Maintain lines of communication between residents and other members of the department
- Ensure timely and effective evaluations are conducted
- Certify all requirements of the residency have been completed prior to certification
- Conduct continuous residency program improvement initiatives in conjunction with the RAC

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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 Standards 4.7, 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 4.8 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 (2) above, but all other criteria are satisfied, the pharmacist can be designated as a preceptor-in-training, and will be assigned a mentor, who is a fully-qualified preceptor. If this is the case, the pharmacist must exhibit willingness and effort to meet full preceptor qualifications, as outlined in the Preceptor Development Plan, within 2 years. In addition, some progress to fulfill full preceptor qualifications must be established within 1 year. Of note, preceptors-in-training will be responsible to fill out evaluations for residents, but these evaluations will need to be co-signed by 1) the fully-qualified co-preceptor for the rotation, and, if different, 2) their mentor.

Preceptors and preceptors-in-training must seek reappointment to the program on an annual basis. Preceptors and preceptors-in-training 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 and preceptors in-training 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 the 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 2022-2023	
Number of Pharmacist Preceptors	9
Number of Pharmacist Preceptors in Training	2
Residency Trained	10
Doctor of Pharmacy Degree	11
Preceptors w/Additional Certification (e.g. BPS, MBA)	8

Preceptor	Learning Experience(s)	Position
Taha Alhayani, PharmD*	IM II, DAT	IM Clinical Pharmacy Specialist
Amneh Alzatout, PharmD*	IM IV, Rx Practice Staffing	IM Clinical Pharmacy Specialist
Kimberly Arvin, PharmD, BCACP	Population Health	Ambulatory Clinical Pharmacist
Colin Fitzgerrel, PharmD, BCPS, BCIDP	Administration - Clinical	Clinical Manager – Pharmacy Services
Jacob Cannan, PharmD, BCPS, BCCCP	Orientation Neurovascular Medicine	Clinical Coordinator – Neurovascular Medicine
Melvi, Chacko, PharmD, BCOP	BMT	BMT Clinical Pharmacist
Michael Friebe, PharmD, EWC**	Pharmacy Informatics	Informatics Pharmacist
Colin Fitzgerrel, PharmD, BCPS, BCIDP	Infectious Diseases Literature Evaluation Clinical Administration	Pharmacy Clinical Coordinator PGY1 Residency Program Director PGY2 Residency Program Coordinator

	Addiction Management	
Nate Miller, PharmD, BCPS, BCOP	Malignant Heme Medical Oncology	Clinical Pharmacist
Joe Schum, PharmD, BCPS*	Pending Am Care rotation	Am Care Clinical Pharmacy Specialist
Corey Wirth, PharmD, BCPS	Orientation Internal Medicine (I-IV) Residency Project Palliative Medicine Pharmacy Practice/Staffing	Clinical Coordinator – Internal Medicine PGY2 Residency Program Director
Nancy Wuestefeld, PharmD, BCCCP	Medical Intensive Care Nephrology	Clinical Coordinator – Critical Care

*Preceptor-in-Training

** Epic Willow Certified

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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.

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.d., 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*.

Annual Preceptor Retreat

Preceptors of the residency program will hold an annual retreat at the end of each residency year. The intent of this retreat is to reflect on the residency year and program, hold dialogue about the upcoming residency year, build camaraderie, and to discuss preceptor development plans. All preceptors, preceptors-in-training, residents, and pharmacy leadership team members are invited.

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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-in-training to grow and maintain precepting skills. Preceptors will be designated as either a full preceptor or a preceptor-in-training 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-in-Training 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-in-training
- Annual assessment of preceptor needs
- Creating a schedule of activities to address identified needs
- Periodic review of effectiveness of the preceptor development plan

In accordance with accreditation standard 4.4.e, 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
- 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 May and June RAC meetings. 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 RPD (or a designee) will develop a tentative preceptor development plan 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
<ul style="list-style-type: none"> ▪ Annual updating of the Academic & Professional Record 	Review of annual appointment/ reappointment by RPD at May RAC meeting
<ul style="list-style-type: none"> ▪ Annual completion of at least two hours of preceptor development continuing education. One hour must be from a live presentation <ul style="list-style-type: none"> ▪ Annual review and acknowledgement of preceptor/resident burnout syndrome, the risks, and mitigation strategies 	TriHealth Residency Programs Continuing Education Program (ACPE-approved, sponsored by the UC College of Pharmacy) Review of Resident Well-being & Resilience resources at June RAC meeting; continuing education programming
<ul style="list-style-type: none"> ▪ Annual updating of learning experience descriptions 	Annual review of Teach/Evaluate grid at June RAC meeting

Development Process for Preceptors-in-Training:

Any preceptor not meeting requirements for full preceptor status will be designated as a preceptor-in-training. Preceptors-in-training 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-in-training 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-in-training will be responsible for preparing midpoint and summative evaluations in PharmAcademic for the learning experiences they co-precept. These evaluations will be submitted for editing and 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.

Identification of new preceptors/preceptors-in-training for the residency program

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-in-training status will be determined by the RPD.

Required Preceptor Training for New Preceptors and Preceptors-In-Training:

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year Two (PGY2) Pharmacy Residency Programs" with RPD
- Read the Good Samaritan TriHealth PGY2 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 ACPE program series related to preceptor development. Programs will be offered quarterly. All preceptors of the program are encouraged to attend. Preceptors-in-training 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

PGY2 Internal Medicine Pharmacy Residency Program

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, and co-chaired by PGY2 RPD. Standing committee members include PGY1 & PGY2 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 by that program's RPD.

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 2022-2023

Chair

- Colin Fitzgerrel, PharmD, BCPS, BCIDP

Co-Chair

- Corey Wirth, PharmD, BCPS

Members

- All PGY1 & PGY2 program preceptors

Preceptors in Training

- Taha Alhayani, PharmD
- Amneh Alzatout, PharmD

PGY2 Internal Medicine Residents

- Megan Kosch, PharmD
- Alyson Rohrer, PharmD

PGY1 Residents

- Taylor Waggoner, PharmD
- Jeff Mezzone, PharmD

Good Samaritan TriHealth Hospital PGY2 Internal Medicine Pharmacy Residency Program

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 PGY2 Internal Medicine Pharmacy Residency program was last surveyed and accredited in August 2020.

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 coordinator 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 coordinators 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 Pyxis 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.

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.

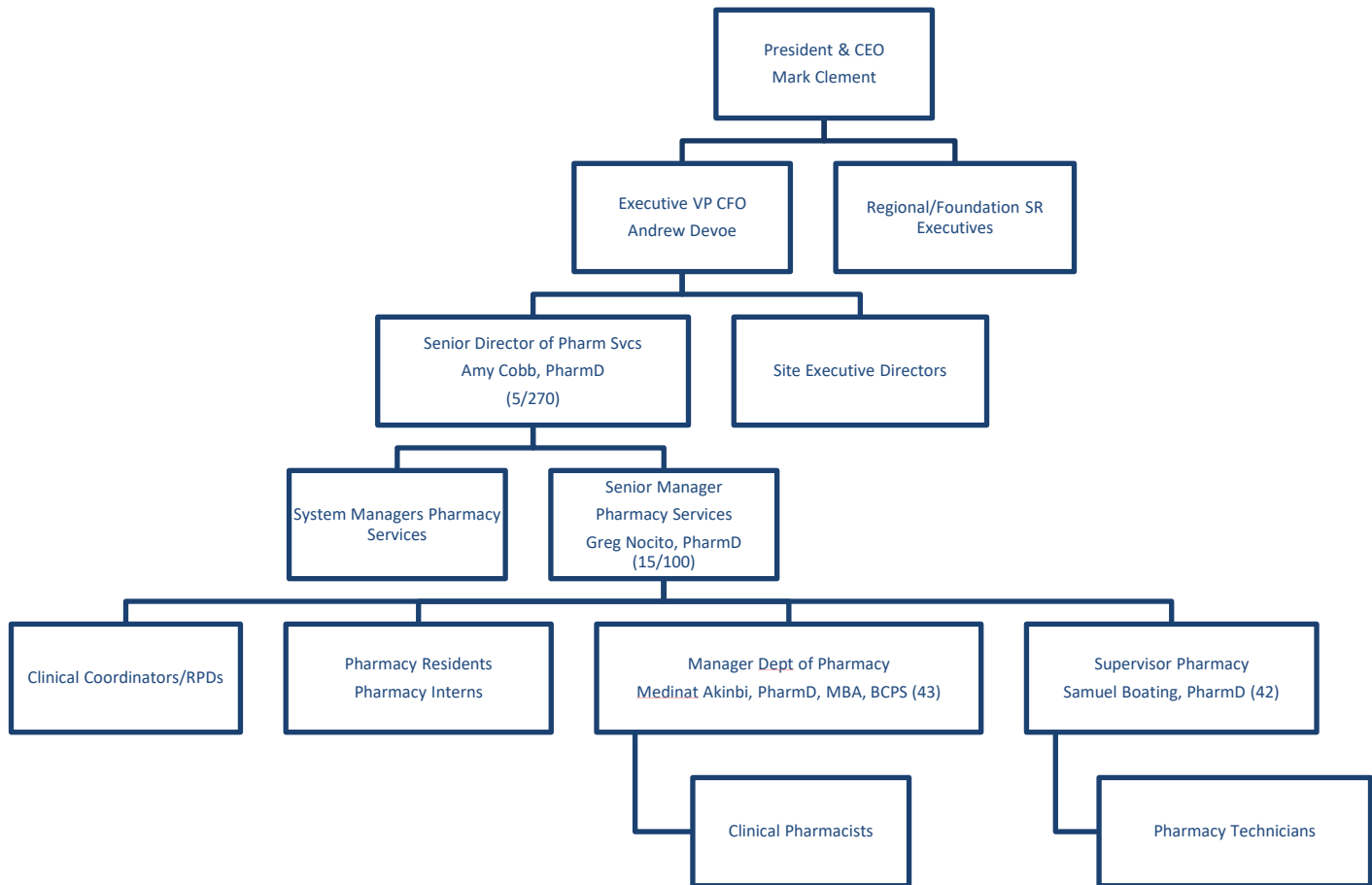
The Department of Pharmacy supports TriHealth's mission and values by providing high quality pharmaceutical care to all patients for the purpose of achieving positive patient outcomes and improving the health status of our patients. This is accomplished through the effective integration of clinical practice 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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

TriHealth Organizational Structure



TriHealth Facilities

Hospitals

Good Samaritan Hospital
Bethesda North Hospital
Bethesda Butler Hospital
TriHealth Evendale 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; ED; CDU
7Q1/Q2	Neurovascular ICU
7AB	Med/Surg ICU
7H	CDU
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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Graduate Tracking

Residents completing the PGY2 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 internal medicine patients with a wide range of conditions, as well as eligibility for board certification.

Resident	College of Pharmacy	Year	Placement History/BPS Certification
Mitchell Brinkworth, PharmD, BCPS	Purdue University	2018-2019 2019-2020	2019: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2020: Clinical Pharmacist, Good Samaritan TriHealth Hospital, Cincinnati, OH 2020: BCPS Certification 2022: IM Clinical Pharmacy Specialist UChicago, Chicago, IL
Stephanie Gurren, PharmD, BCPS	University of Kentucky	2020-2021	2020: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH Jul – Sept 2021: Clinical Pharmacist, Good Samaritan TriHealth Hospital, Cincinnati, OH 2021: BCPS Certification Oct 2021: Internal Medicine Clinical Pharmacy Specialist, University of Cincinnati Medical Center, Cincinnati, OH
Joseph Schum, PharmD, BCPS	University of Cincinnati	2020-2021	2020: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2020: BCPS Certification 2021: Clinical Pharmacist, Good Samaritan TriHealth Hospital, Cincinnati, OH March 2022: Clinical Pharmacist - Ambulatory Care, Faculty Medical Center, Good Samaritan Hospital TriHealth Hospital, Cincinnati, OH
Taha Alhayani, PharmD	University of Cincinnati	2021-2022	2022: IM CPS; GSH, Cincinnati, OH
Kenil Patel, PharmD	University of Cincinnati	2021-2022	2022: Clinical Pharmacist, GSH, Cincinnati, OH

Appendix A

Pharmacy Resident Job Descriptions

Good Samaritan TriHealth Hospital

PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

PGY2 Pharmacy Resident Job Description

Security / Safety / Privacy Standards: TriHealth team members may have access to potentially hazardous medications and/or protected health information regarding patients in the course of their work. Medications must be kept within strict control, and team members must secure medications from access and exposures and follow applicable policies and safety precautions. Patient information must also be kept within strict control, and team members must secure their modes of communication (i.e. conversations, documents, computer screens, passwords) as well as their work environments (i.e. offices, work stations, desks) to avoid breaching confidentiality. Patient information may not be disclosed or discussed by team members unless required for their jobs, nor discussed in public areas such as hallways, stairwells, elevators, or cafeterias.

About Education Requirements: All educational requirements for positions at TriHealth must be fulfilled with courses taken at a school, college, or university accredited by the Council for Higher Education Accreditation and the US Department of Education.

Full Job Title:	PHARMACY RESIDENT - POSTGRADUATE YEAR 2		
HR System Title:	PHARMACY RESIDENT-PGY 2		
Job Code:	2546	Pay Grade:	T30
This Data Last Updated:	5/12/2021	FLSA Status:	S S = Salaried (Exempt) / H = Hourly (Nonexempt)

Principal Accountabilities:

The pharmacy resident provides all the functions of a clinical pharmacist as part of a one year structured training program to develop the resident's skills and knowledge. Residents are supervised by program preceptors for each of their assigned learning experiences. The primary source for ongoing development is continual two-way feedback between residents and preceptors; as such, the resident is required to complete all assigned evaluations through the use of PharmAcademic. The residency program director determines program requirements in adherence to the American Society of Health-System Pharmacists accreditation standards, and is responsible for the overall training program. All responsibilities of the resident are fully documented in the residency manual. As part of this training program, the resident will complete a major research project. Additionally, the resident is required to provide ongoing pharmaceutical care in the form of staffing the central pharmacy every third weekend for the duration of the residency year.

Minimum Education: Currently enrolled in an approved program for specific field of study
Field of Study: Pharmacy
Field of Study (Other): Must be a graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy degree program (or one in process of pursuing accreditation). Must have completed a PGY1 residency.

Equivalent Experience Is Acceptable in Lieu of Minimum Education: No ***Equivalent experience is defined as 1.5 years of service for each year of post high-school education, and 1.0 years of service for each year of high school education.***

Desired Education:
Field of Study:
Field of Study (Other):

	<u>Minimum</u>	<u>Desired</u>
<i>Primary</i>	Years of Experience: None Type: Clinical Field: Pharmacy Other:	Years of Experience: Type: Field: Other:
<i>Secondary</i>	Years of Experience: Type: Field: Other:	Years of Experience: Type: Field: Other:

Full Job Title: PHARMACY RESIDENT - POSTGRADUATE YEAR 2
HR System Title: PHARMACY RESIDENT-PGY 2
Job Code: 2546 **Pay Grade:** T30
This Data Last Updated: 5/12/2021 **FLSA Status:** S S = Salaried (Exempt) / H = Hourly (Nonexempt)

Minimum

Desired

Specialized Knowledge:

Nursing Cert:

Other:

Non-Nrsng Cert:

Other:

Licensure:

Other: Must be eligible for licensure as a pharmacist in the state of Ohio. Must be licensed as a pharmacist in the state of Ohio within 90 days of the start of the residency.

Nursing Cert:

Other:

Non-Nrsng Cert:

Other:

Licensure:

Other:

Professional Membership(s)

Working Conditions / Physical and Mental Requirements:

Climbing:	Climbing - Rarely	Pulling:	Pulling - Rarely
Concentrating:	Concentrating - Consistently	Pushing:	Pushing - Rarely
Continuous Learning:	Continuous Learning - Consistently	Reaching:	Reaching - Rarely
Fine Motor Skills:	Use of Hands - Occasionally	Reading:	Reading - Consistently
Hearing:	Hearing: Conversation - Frequently	Sitting:	Sitting - Frequently
Interpersonal Communication:	Interpersonal Communication - Consistently	Standing:	Standing - Frequently
Kneeling:	Kneeling - Rarely	Stooping and Twisting:	Stooping - Rarely
Lifting <10 Pounds:	Lifting <10 Lbs - Rarely	Thinking/Reasoning:	Thinking/Reasoning - Consistently
Lifting 10 - 50 Pounds:	Lifting 11-50 Lbs - Rarely	Vision Color:	Color Vision - Rarely
Lifting 50+ Pounds:	Lifting 50+ Lbs - Rarely	Walking:	Walking - Frequently

Position Structure:

Direct Report FTE:

None

Indirect Report FTE: None

Other position-related information and/or critical functions:

Essential functions of the pharmacy resident include, but are not limited to: Performs all the essential functions of a Clinical Pharmacist. Solves problems in the medication use process for patients and the organization. Identifies and engages in organizational and department quality improvement activities to improve patient care, medication use process, and pharmacy operations. Educates and trains pharmacy and medical residents, students, interns, colleagues and other health care professionals as well as supervises pharmacy technicians, residents, interns, or trainees in their job tasks. Responsible for the medication use process of preparing and dispensing medications following medication use policy and all laws, regulations, and standards applicable to pharmacy practice. Assesses appropriate drug

Full Job Title: PHARMACY RESIDENT - POSTGRADUATE YEAR 2
HR System Title: PHARMACY RESIDENT-PGY 2
Job Code: 2546 **Pay Grade:** T30
This Data Last Updated: 5/12/2021 **FLSA Status:** S S = Salaried (Exempt) / H = Hourly (Nonexempt)

Job Outcomes: **Total Weight: 60.00%**

NOTE: This job description is a generic summary of core work responsibilities; minor differences that may exist between different departments and environments can be reflected in the individual employee's Job Outcomes in the Performance Management system.

- Job Outcome 1:** Provides direct patient care assessment and treatment to patients in critical care areas. Participates in multidisciplinary patient care teams and assists in pathway and protocol development.
- Job Outcome 2:** Provides clinical information and education to a wide variety of disciplines through one-on-one and group discussion.
- Job Outcome 3:** Drug distribution skills including order entry, clarification if needed, accuracy of checking, technician supervision and timely delivery.
- Job Outcome 4:** Documents monitoring activities and interventions including the clinical and economic impact of patient care monitoring.
- Job Outcome 5:** Demonstrates initiative in accepting additional projects. Seeks areas of improvement.
- Job Outcome 6:** Communicates relevant information to other department members.
- Job Outcome 7:** Assumes personal responsibility for professional development, particularly in the area of ongoing clinical education.

TriHealth SERVE Standards and Always Behaviors

At TriHealth, we believe there is no responsibility more important than to SERVE our patients, our communities, and our fellow team members. TriHealth's vision to be the leading health care system in the region, and to be the place where people want to work, physicians want to practice, and most importantly where the community wants to go when they need the best quality, service, safety and value in healthcare, requires accountability to Serve, Excel, Respect, Value, and Engage by committing to the following:

Patient/Customer Satisfaction Ratings **Weight: 15.00%**

Serve: **Weight: 5.00%**

- Always welcome everyone by making eye contact, greeting with a smile, and saying "hello".
- Always acknowledge when patients/guests are lost and escort them to their destination or find someone who can assist.
- Always refrain from using cell phones for personal reasons in public spaces or patient care areas.

Excel: **Weight: 5.00%**

- Always recognize and take action when a customer's expectations have not been met.
- Always offer patients and guests priority when waiting (lines, elevators).
- Always work on improving quality, safety, and service.

Respect: **Weight: 5.00%**

- Always respect cultural and spiritual differences and honor individual preferences.
- Always take personal responsibility to address and recover from service breakdowns.
- Always respect everyone's opinion and contribution, regardless of title/role.
- Always speak positively about my team members and other departments in front of patients and guests.

Value: **Weight: 5.00%**

- Always value the time of others by striving to be on time, prepared and actively participating.
- Always pick up trash, ensuring the physical environment is clean and safe.
- Always be a good steward of our resources, using supplies and equipment efficiently and effectively, and will look for ways to avoid waste.

Engage: **Weight: 5.00%**

- Always acknowledge wins and frequently thank team members and others for contributions.
- Always be courteous and compassionate with customers, team members and the community

Appendix B

Duty Hours Log



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 - Due Process, Grievance, Failure to Progress, Licensure	
SECTION: Pharmacy	POLICY NUMBER: PHAR-34
EFFECTIVE DATE: July 1, 2016	REVIEWED/REVISED DATE(S): January-2017; May-2019; October-2020
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 general expectations in terms of licensure and performance, as well as the procedures for residents to follow when filing a grievance, or when a grievance is filed against a resident.

BACKGROUND

The Sponsoring Institution must provide residents with fair, reasonable, and readily available written policies and procedures for disciplinary actions and the adjudication of grievances.

POLICY

The American Society of Health-System Pharmacists (ASHP) requires the establishment and implementation of fair institutional policies and procedures for academic or other disciplinary actions taken against residents and the establishment and implementation of fair institutional policies and procedures for adjudication of resident complaints and grievances related to actions which could result in dismissal of a resident's contract or other actions that could significantly threaten a resident's intended career development. Additionally, ASHP requires programs ensure residents practice under pharmacist licensure for a minimum of two thirds of the residency year. Specifically, this policy addresses the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Standard 2, sections 1.5, 1.6, and 1.6.a. and Postgraduate Year Two (PGY2) Standard 1, sections 1.6, 1.7, and 1.7.a:

PGY1 Residents

1.5 Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

PGY2 Residents

1.6 Consequences of residents' failure to obtain appropriate licensure (or equivalent process) either prior to or within 90 days after the start date of the residency must be addressed in written policy of the residency program.

1.7 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leave; consequences of any such leave on residents' ability to complete the residency program; and for dismissal from the residency program.

1.7.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

Grievance filed against a pharmacy resident

During the term of the Resident Agreement, the resident's appointment is expressly conditioned upon satisfactory performance by the resident of all Program requirements. While faculty/staff input is part of the resident review process, resident appointment is ultimately at the discretion of the Program Director. The Program Director, in conjunction with the pharmacy department Manager or their designee (e.g. Senior Manager of Inpatient Pharmacy Services or Senior Director of Pharmacy Services), may recommend corrective action for conduct falling below the requirements of the Program, including but not limited to: unsatisfactory academic or clinical performance; failure to comply with the rules and regulations of the Program, hospital, or other sites where the resident is trained; failure to obtain, revocation, or suspension of license; theft; acts of moral turpitude; insubordination; use of professional authority to exploit others; conduct that is detrimental to patient care; harassment; and unprofessional or disruptive behavior. Extension of the resident contract is not permitted under any circumstance as it relates to resident conduct falling below the requirements of the Program.

Regarding licensure, PGY1 pharmacy residents are required to be licensed pharmacists in the state of Ohio within 90 days of the program start date. If a resident should fail either or both of the required licensure examinations on 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 signals unsatisfactory academic or clinical performance, and is grounds for 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. 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 is grounds for dismissal from the program.

In regards to resident academic and/or clinical performance and professional conduct, concern for such can be communicated by any Program preceptor or any pharmacy staff member to the Program Director. It is at the sole discretion of the Program Director to impose corrective actions related to academic and/or clinical performance. The Program Director and/or the Pharmacy Manager (or their designee) may initiate corrective actions related to professional conduct and behavior. The Program Director and/or the Pharmacy Manager (or their designee) may take any of the following corrective actions:

1. Issue a warning or reprimand, verbal and/or written consistent with TriHealth Human Resources policies and procedures
2. Impose terms of a remediation plan or a requirement for additional training, consultation or treatment. Terms of a remediation plan are established specific to the needs of the individual resident.
3. Institute, continue, or modify an already imposed summary suspension of the resident's appointment.
4. Place the resident on probation, suspend, or terminate the resident's appointment or privileges.
5. Take any other action deemed appropriate by the Program Director under the circumstances.

The Pharmacy Manager and the Senior Manager of Inpatient Pharmacy Services must be notified in advance of any decision made by the Program Director to institute items 1-5 above through a meeting that outlines the reason(s) or finding(s) of such action.

If probation (including removal from meaningful patient contact), suspension, termination, or non-reappointment is issued during the term of a resident's contract, a meeting will be held with the Program Director and the resident to discuss the reasons for such action. Additionally, at this meeting, the resident will receive the Program Director written determination. If the resident wishes to object to the Program Director determination, the resident must object to the Program Director action within seven (7) business days ("business days" will be calculated by counting Monday through Friday) after receiving the written determination. This objection by the resident must be in writing and provided to the Program Director, the Pharmacy Manager, and the Senior Manager of Inpatient Pharmacy Services within the seven (7) business day period. Failure to submit the written objection to the Program Director, the Pharmacy Manager, and the Senior Manager of Inpatient Pharmacy Services within the seven (7) business day (Monday - Friday) period will result in a waiver of the resident's right to invoke the remaining provisions of this section and the Program Director decision will be final. If a timely written objection is submitted, the following process will apply:

1. The Pharmacy Manager will convene a hearing panel. The panel which will conduct the hearing will consist of three pharmacy faculty/staff members, including one selected by the Program Director, one selected by the resident, and a third selected by the Pharmacy Manager. Such selection of members must occur within ten (10) business days from the Program Director and Pharmacy Manager's receipt of the resident's written objection. If the Pharmacy Manager and Program Director did not receive the written objection on the same date the 10 day period shall begin on the date of the Pharmacy Manager's receipt of the

objection. If the Program Director and/or resident fail to confirm a faculty/staff member within the ten (10) day period then the Pharmacy Manager shall appoint the remaining faculty/staff member or members.

2. At such hearing, the Program Director and the resident each holds the right to present written and oral evidence, present witnesses, submit a written statement to the hearing body, request the hearing be recorded by tape recorder or other means, and obtain a copy of the transcript of the hearing at the requesting party's expense and all under the procedures established by the hearing panel. The hearing is not an evidentiary hearing and court rules and the rules of evidence will not apply. The Program Director and the resident each may choose to invite an advisor to be present during the hearing. The advisor will not participate in the hearing, except to advise the Program Director or resident. The hearing panel also may utilize an advisor. The advisor may be an attorney or anyone of their choosing. As a result of the hearing, the panel may recommend the Program Director's decision be upheld, overturned, or modified in some way.
3. Within thirty (30) days after the conclusion of the hearing, the hearing panel will issue its written recommendation to the Pharmacy Residency Advisory Committee (RAC) through the Pharmacy Manager, together with any supporting documentation submitted by any party to the hearing panel, a transcript of the hearing (if one was made) and a copy of the original decision of the Program Director. A meeting will be scheduled with the majority of RAC members, excluding the Program Director, and including at minimum one (1) pharmacy resident who is not directly involved in the grievance. The RAC shall review such documentation and thereafter shall issue its written decision to the resident and the Program Director within thirty (30) days of the RAC meeting. The decision of the RAC shall be final and binding.

Summary Suspension

Any hospital official of the Pharmacy Staff, the Chief Executive Officer, the Program Director, or their designees each shall have the authority to summarily suspend, without prior notice, all or any portion of the resident's appointment and/or privileges granted by the Program, whenever it is in good faith determined the continued appointment of the resident places the safety or health of hospital patients or personnel in jeopardy, or to prevent imminent or further disruption of the Hospital Operations.

If the resident desires to appeal a summary suspension, the resident must follow the above appeal process.

Exclusive Process

Because the Program is academic in nature, the provisions for resolution of disputes set forth in this policy are the exclusive method for resolving disputes between the Program and its residents. Resident acknowledges (a) that resident is not a member of the Pharmacy Staff with respect to non-reappointment, remediation, or termination of privileges and the Pharmacy Staff grievance and appeal process do not apply, and (b) that resident is not subject to the human resource policy regarding grievances or appealing disciplinary action and/or termination by which other hospital employees are

bound. Residents shall not have recourse to any of the hospital's grievance procedures, except as set forth in this policy.

Where specified above as a responsibility or action of the Program Director, the Program Coordinator can serve in the same function.

Grievance filed by a pharmacy resident

Grievances of a resident are categorized as being either of Residency Program Conduct & Design/Accreditation Standard compliance or personnel/Human Resources.

Residency Program Conduct & Design/Accreditation Standard Compliance Grievances:

The Program Director is responsible for Program conduct and design and adherence to accreditation standards set forth by The American Society of Health-System Pharmacists. Resident concerns over Program non-adherence to accreditation standards, perceived or otherwise, are to be discussed between the resident and Program Director prior to any other action. Constructive resolution of concerns for program conduct and design is the desired outcome. Should discussion between resident and Program Director fail to resolve the concern, the issue may be escalated to review by the Pharmacy Manager.

Should the resident's concern remain after corrective actions taken by the Program Director or Pharmacy Manager, the resident may follow the formal complaints procedure as outlined by The American Society of Health-System Pharmacists.

Personnel/Human Resources Grievances

Any resident grievance not directly related to Program Conduct & Design or Accreditation Standard Compliance is deemed an issue of personnel matters. Grievances of residents of these matters are to follow TriHealth Human Resources policies and procedures.



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
<u>AFFECTED AREAS</u> All TriHealth pharmacy residency programs	
POLICY OWNER: Residency Program Coordinator(s)	
APPROVED BY: Pharmacy Administrator	DATE: June 30, 2016

PURPOSE

Full-time commitment to the pharmacy residency program is required for successful completion of all goals, objectives, and competency areas. 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 Year One (PGY1) and Postgraduate Year Two (PGY2) Pharmacy Residency Programs Standard 2, section 2.2:

2.2 Programs must comply with the ASHP duty-hour standards.

<Q:\Pharmacy\GSH PHARMACY\Pharmacy Residency Program\Policies\ASHP - Duty-Hours.pdf>

DEFINITIONS

Moonlighting – Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or working at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

Scheduled Duty Periods – any didactic or work hours spent on campus at a TriHealth hospital or facility or sanctioned hours spent off campus serving as an official representative of TriHealth.

Duty Hours – All hours inclusive of moonlighting and scheduled duty periods.

POLICY

Maximum Hours of Work per Week and Duty-Free Times

Duty hours must not exceed 80 hours per week, averaged over a four-week period, inclusive of all residency program activities and all moonlighting.

Mandatory time free of duty: 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 seven or more days in a row.

Maximum Duty-Period Length: Continuous duty periods for residents shall not exceed 16 hours. Should In-House or At-Home Call Programs be developed, they will adhere to the ASHP Duty Hours policy.

Moonlighting

It is the expectation the resident's primary professional obligation is to fulfillment of all responsibilities of the residency program. However, external moonlighting is permissible during the residency year if the following procedure is adhered to:

- The resident must notify the Program Director/Coordinator in writing the terms of external employment and anticipated hours worked
- Any external working hours are not to interfere with requirements of the residency program
- All moonlighting hours worked must be reported to the Program Director/Coordinator
- Moonlighting hours must not exceed 16 per week, or lead to total duty hours worked exceeding 80 per week
- The expectations of each resident successfully completing residency program goals, objectives, and evaluations remain unchanged

If the resident's participation in moonlighting affects their judgment or performance while on scheduled program duty hours, action will be taken under the scope of the Due Process, Grievance, Failure to Progress, Licensure policy.

REFERENCES

Good Samaritan & Bethesda North TriHealth Hospital Postgraduate Year One Residency Manuals
American Society of Health-System Pharmacists Accreditation Standard for Postgraduate Year One Pharmacy Residency Programs
American Society of Health-System Pharmacists Accreditation Standard for Postgraduate Year Two Pharmacy Residency Programs
American Society of Health-System Pharmacists Duty Hours Policy



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
<u>AFFECTED AREAS</u> 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.

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 for Postgraduate Year One (PGY1) sections 1.6 and 1.6.a and Postgraduate Year Two (PGY2) sections 1.7 and 1.7.a:

PGY1 Residents

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents’ ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization’s human resources policies.

PGY2 Residents

1.7 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leave; consequences of any such leave on residents’ ability to complete the residency program; and for dismissal from the residency program.

1.7.a. These policies must be reviewed with residents and be consistent with the organization’s human resources policies.

POLICY

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 learning experience or three days for any six-week learning experience. Use of PTO

includes sick time, vacation or personal time, bereavement time, and interview days. Attendance at sanctioned, off-site professional meetings or other activities associated with the Program will not count as time away from work.

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 not required to staff holidays, unless they fall on scheduled weekend assignments. PGY2 residents are permitted to internally moonlight on holidays if they have a secondary PRN position within TriHealth Pharmacy.

Major Holidays

Thanksgiving Day

Christmas Day

New Year's Day

Minor Holidays

Martin Luther King Jr Day

Memorial Day

July 4th (excluded for PGY1 programs)

Labor Day

Denial of 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, the department scheduler, 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 learning experience or three days per six-week learning experience) must be scheduled with the Program Director/Coordinator so the time away 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 department scheduler as necessary. Vacation time is not to be used for longitudinal weekend staffing coverage. Residents are not permitted to take time off during the July orientation month.

Sick Time: Residents may take up to two sick days per four-week learning experiences or up to three days per six-week learning experience. 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 five continuous days is addressed by the Extended Leave of Absence section. In the event of a resident needing sick leave during a longitudinal staffing weekend, the resident is encouraged 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 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 week (i.e. the project week will be cancelled or abbreviated, and rotation schedules will be adjusted accordingly).

Leave of Absence: Unpaid leave may be available, under certain circumstances, with advanced approval of the Program Director/Coordinator and Pharmacy Department Manager. Residency program length will not be affected if the resident's leave does not utilize more PTO than accrued. Leave beyond accrued PTO requires an extension to the length of the training program consistent with guidelines established by ASHP. A leave request to include documentation of the type of leave and length of the leave must be submitted at least 30 days in advance, or as soon as reasonably practicable for emergent situations. 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 approved leave duration is less than or equal to accrued PTO: the resident and Program Director will adjust the learning experience schedule as necessary. Residents remain responsible for all requirements for successful completion of the program.
- If leave duration is in excess of accrued PTO: the Program Director and Department Manager will review the leave request to determine if leave will be granted. If leave is granted, the program will be extended in an amount equal to the time of the leave. Residents remain responsible for all requirements for successful completion of the program.
 - PGY1 residents early committed to a TriHealth PGY2 program must also have leave request approved by the PGY2 Program Director
 - 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.

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

Educational Seminars: If a program director/coordinator specifies certain seminars, meetings, or courses as part of the educational experience, residents may be granted time away from work with pay (without using accrued PTO). If a resident wishes to attend a meeting, symposium, etc., which is not normally approved for resident training, the program director/coordinator can approve attendance, but the resident must use accrued PTO. All educational leaves are at the discretion of the program director/coordinator and no additional pay or compensating time off will be granted. Each program's Pharmacy Manager determines whether expenses will be provided for attending pharmacy conferences based on the department budget.

Attendance requirements at various sanctioned professional conferences and meetings are outlined in the Residency Manual. Time spent at these conferences will not require usage of PTO.

Leave of Absence: The TriHealth Leave of Absence Policy is developed to serve the best interests of all employees.

Key Provisions:

TriHealth provides eligible employees with two types of leaves of absence: a standard leave of absence, and a family/medical leave of absence in accordance with the Family and Medical Leave Act of 1993 (FMLA).

Generally, full-time residents may be granted up to six weeks leave for bona fide events including: Short-term disability or sick leave, and maternity/parental leave. The Program Director/Coordinator, Department Manager, and representatives from TriHealth Human Resources will determine what constitutes a bona fide leave and the length of leave on a case-by-case basis.

Eligible residents (who have worked for TriHealth at least twelve months and at least 1250 hours during the twelve-month period prior to the first day of leave) are entitled by law to a maximum of twelve weeks of FMLA leave with full benefits for the following qualifying events: the birth, adoption or placement for foster care of a child of an employee; or for a serious health condition of an employee, or the employee's spouse, child or parent. The resident may return to work after the leave of absence, but will be expected to complete all of the requirements of the residency program before receiving a certificate of completion. This may result in the residency extending longer than the contractual 12-month period. All requests for leaves of absence will be made in writing to the Program Director/Coordinator at least thirty days in advance, or as soon as reasonably practicable, and FMLA paperwork is to be submitted for processing through HR.

The amount of paid time off under FMLA leave is dependent upon the amount of paid time off and short-term disability available at the time leave begins (see TriHealth Human Resources policies for additional information).

Make-Up Time: For a leave of absence extending beyond the maximum allowed by the program, the department has the responsibility to see the best interest of the educational program, as well as the interest of the resident is served. In order to assure the highest quality education and training, the department may decide making up absent time would not be satisfactory. The Program Director/Coordinator will ultimately decide how to resolve these situations. However, potential problems involving makeup time do not grant the Program Director/Coordinator the authority to deny FMLA leave to someone lawfully entitled to it.

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. In effect, the resident's graduation from the program will extend beyond June 30 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 June 30 completion date shall be responsible for notifying their future employer or residency program directors.

Military Leave of Absence

Short Tours of Military Duty

A resident will receive fifteen days of paid leave for military training in the National Guard or military reserves in any one military year (October 1 to September 30). Available vacation time may be taken to receive pay for military training that exceeds fifteen days. All fringe benefits will continue to be provided

for up to six weeks of military leave. Written military orders must be submitted to the Program Director/Coordinator as soon as possible to allow for revision of the rotation and on-call schedules.

Extended Active Military Duty

A resident inducted to active military duty through Selective Service, voluntary enlistment, or called through membership in the National Guard or military reserves will be granted leave without pay. A resident, who is on leave of absence for military duty, and eligible dependents, may continue participating in the TriHealth medical and dental plans for up to 24 months following the beginning of the employee's leave of absence for military duty. To continue coverage, the resident must pay the total monthly premium for the continuation coverage period.

A military leave of absence may extend to four years. An additional year of leave may be taken at the request of or for the convenience of the federal government, even if the additional year is voluntary. Upon return from military leave of absence the resident may be reinstated in his/her former position, provided the resident meets all conditions for eligibility. Military leaves may result in extension of training periods based on the requirements of any accreditation body.

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 are to be communicated verbally to the Program Director/Coordinator and the Senior Pharmacy Manager.
2. Residents must meet with their Program Director/Coordinator to discuss any leave of absence at least 30 days in advance (or as reasonably 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. Residents must complete all paperwork related to a leave of absence per department policy. The Program Director/Coordinator, Pharmacy Manager, and an HR representative must approve the leave of absence. The birth or adoption of a child should be reported to the Benefits Office immediately to add the child to the insurance coverage.



TITLE: Pharmacy Resident Effects of Leave	
SECTION: Pharmacy	POLICY NUMBER: PHAR-33
EFFECTIVE DATE: July 1, 2016	REVIEWED/REVISED DATE(S): January-2017; May-2019; October-2020
<u>AFFECTED AREAS</u> 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 ensure TriHealth Pharmacy residency programs comply with standards set forth by the American Society of Health-System Pharmacists (ASHP) requirement to address vacation and extended leave from the program, specifically ASHP Accreditation Standard for Postgraduate Year One (PGY1) sections 1.6 and 1.6.a and Postgraduate Year Two (PGY2) sections 1.7 and 1.7.a:

PGY1 Residents

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents’ ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization’s human resources policies.

PGY2 Residents

1.7 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leave; consequences of any such leave on residents’ ability to complete the residency program; and for dismissal from the residency program.

1.7.a. These policies must be reviewed with residents and be consistent with the organization’s human resources policies.

This policy ensures each ASHP-accredited pharmacy residency program provides its residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s ability to successfully complete the program.

POLICY

Unpaid leave may be available under certain circumstances with advanced approval of the Program Director/Coordinator and Pharmacy Manager. Residency program length will not be affected if the

resident's leave does not utilize more PTO than accrued. Leave beyond accrued PTO requires an extension to the length of the training program consistent with guidelines established by ASHP. A leave request to include documentation of the type of leave and length of the leave must be submitted at least 30 days in advance, or as soon as reasonably practicable for emergent situations. 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 approved leave duration is less than or equal to accrued PTO: the resident and Program Director will adjust the learning experience schedule as necessary. Residents remain responsible for all requirements for successful completion of the program.
- If leave duration is in excess of accrued PTO: the Program Director and Department Manager will review the leave request to determine if leave will be granted. If leave is granted, the program will be extended in an amount equal to the time of the leave. Residents remain responsible for all requirements for successful completion of the program.
 - PGY1 residents early committed to a TriHealth PGY2 program must also have leave request approved by the PGY2 Program Director
 - 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.

PROCEDURE

1. Effect of Leave of Absence on Residency Program Completion:

Approval of a leave of absence request is granted by the Program Director and Department Manager. A leave of absence request may be denied. If granted, depending on the length of leave and the requirements for successful completion of the pharmacy residency program set forth by TriHealth and/or the Standards for Accreditation by ASHP, residents may be required to extend their appointment to make up for time lost from their training program. The resident will make up the time immediately and consecutively and without delay as reasonably possible. There is no guarantee that after a Leave of Absence a resident will complete their training program as originally planned.

If a leave of absence request is denied, or if an extension to the program is not granted, the resident may withdraw from the residency program if he/she decides it is in his/her best interest.

2. ASHP Requirements:

It is the responsibility of the Program Director/Coordinator, program, and resident to be in compliance with the Accreditation Standards concerning the effect of leaves of absence on

satisfying the criteria for completion of the training program. Prior to granting leave, ASHP requirements should be reviewed by the Program Director/Coordinator and resident to assure the resident is familiar with the possibility of having to make up time away from training. If extended leave results in the requirement for additional training in order to satisfy requirements for completion of the program, financial support for the additional training time must be determined when arrangements are made for the leave and the makeup activity. Additional information regarding Leaves of Absence can be found in the TriHealth policy (#13_ER17.00).

References:

American Society of Health-System Pharmacists Accreditation Standard for Postgraduate Year One Pharmacy Residency Programs.

American Society of Health-System Pharmacists Accreditation Standard for Postgraduate Year Two Pharmacy Residency Programs.

Appendix D

Teach/Evaluate Grid

PGY2 – Internal Medicine

TE: Experience to be taught & evaluated in only one rotation
 TE+: Experience to be taught & evaluated in more than one rotation

TE 1
 TE+ 1

Required - Dedicated	Offline Rotation
Required - Longitudinal	Elective Longitudinal

TE-Required	Required													Electives											TE-Total		
	Orient	Admin Clin	Abx Stewardship	Lit Eval & Education	Residency Project	Rx Practice/ Staffing	Internal Med - I	Internal Med - II	Internal Med - III	Internal Med - IV	Medical ICU	Cards	ID	Adv Heart Failure	DM Mgmt	Heme/ Onc	Informatics	Nephrology	Emergency Medicine	Pall Care	Psych	Addiction Mgmt	Neurosc Med	Pop Health			
Competency Area R1: Patient Care																											
	6	5	7	4	8	6	7	9	9	7	6	6	6	6		6	7	6	6	6	5	7	8	8	8		
	GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to internal medicine patients following a consistent patient care process.																										
1	4					TE+	TE+		TE+				TE+	TE+	TE+					TE+					TE+		9
2	2							TE+					TE+	TE+						TE+	TE+	TE+	TE+			TE+	8
3	4	TE+		TE+					TE+						TE+										TE+		6
4	5	TE+							TE+						TE+				TE+				TE+	TE+			9
5	2				TE+								TE+											TE+			3
6	4								TE+					TE+	TE+	TE+		TE+					TE+	TE+			11
7	3			TE+					TE+					TE+	TE+			TE+	TE+								6
8	5	TE+		TE+					TE+	TE+																	5
9	4							TE+	TE+				TE+			TE+									TE+	TE+	8
	GOAL R1.2 Ensure continuity of care during internal medicine patient transitions between care settings.																										
10	3					TE+			TE+					TE+			TE+			TE+	TE+	TE+	TE+	TE+	TE+	TE+	11
Competency Area R2: Advancing Practice and Improving Patient Care																											
	GOAL R2.1: Demonstrate ability to manage formulary and medication-use processes for internal medicine patients, as applicable to the organization.																										
11	3		TE+	TE+									TE+										TE+				4
12	2		TE+								TE+						TE+								TE+		4
13	3		TE+						TE+		TE+				TE+	TE+	TE+								TE+		7
14	3	TE+	TE+									TE+							TE+					TE+			5
15	2		TE+	TE+																			TE+				3
	GOAL R2.2 Demonstrate ability to conduct a quality improvement or research project																										
16	2					TE+							TE+					TE+									3

17	Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of internal medicine patients, or a topic for advancing the pharmacy profession or internal medicine pharmacy practice	1				TE+													TE+						2	
18	Objective R2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of internal medicine patients or for a topic for advancing the pharmacy profession or internal medicine pharmacy practice.	1				TE+																			1	
19	Objective R2.2.4: (Applying) Implement quality improvement or research project to improve care of internal medicine patients or implement an idea/project intended to advance the pharmacy profession or internal medicine pharmacy practice.	2				TE+					TE+									TE+					3	
20	Objective R2.2.5: (Evaluating) Assess the implemented project and determine whether changes are required.	1																						TE+	2	
21	Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for internal medicine patients or for a topic for advancing the pharmacy profession or internal medicine pharmacy practice at a local, regional, or national conference. (The presentation can be virtual.)	1				TE+																			1	
Competency Area R3: Leadership and Management																										
GOAL R3.1 Demonstrate leadership skills.																										
22	Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for internal medicine patients.	3					TE+														TE+	TE+	TE+		TE+	7
23	Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for internal medicine patients.	3																	TE+	TE+	TE+					4
GOAL R3.2 Demonstrate management skills in the provision of care for internal medicine patients.																										
24	Objective R3.2.1: (Applying) Contribute to internal medicine departmental management.	3	TE+		TE+																				TE+	4
25	Objective R3.2.2: (Applying) Manage one's own internal medicine practice effectively.	3	TE+					TE+																		3
Competency Area R4: Teaching, Education, Dissemination of Knowledge																										
Goal R4.1: Provide effective medication and practice-related education to internal medicine patients, caregivers, health care professionals, students, and the public (individuals and groups).																										
26	Objective R4.1.1: (Creating) Design effective educational activities related to internal medicine.	4				TE+	TE+		TE+		TE+				TE+			TE+	TE+			TE+		TE+	9	
27	Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to internal medicine.	4				TE+	TE+		TE+		TE+				TE+	TE+		TE+		TE+		TE+	TE+	TE+	TE+	11
28	Objective R4.1.3: (Creating) Use effective written communication to disseminate knowledge related to internal medicine.	3			TE+	TE+					TE+															3
29	Objective R4.1.4: (Evaluating) Appropriately assess effectiveness of education related to internal medicine.	2									TE+	TE+														2
Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in internal medicine.																										
30	Objective R4.2.1: (Evaluating) When engaged in teaching related to internal medicine, select a preceptor role that meets learners' educational needs.	2									TE+	TE+														2
31	Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to internal medicine.	2									TE+	TE+														2

Appendix E

Resident Project Information

Good Samaritan TriHealth Hospital PGY2 Internal Medicine Pharmacy Residency Program 2022-2021

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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

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

Appendix K

Preceptor Development Plan Form

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Preceptor Development Plan – Gap Analysis

Preceptor/in-Training: _____

Residency Year: _____

Mentor/Advisor: _____

Completion by: _____

Area(s) to Precept: _____

Accreditation Standard 4.6.a & 4.6.b: Pharmacist Preceptors' Eligibility (check all that apply)

- Pharmacist licensed in the state of Ohio
- Completed an ASHP-accredited PGY2 residency followed by a minimum of one year in the advanced practice area; or
- Without completion of an ASHP-accredited residency, have three or more years of practice in the advanced area

Accreditation Standard 4.7: 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 Standards 4.6 & 4.7 by the preceptor-in-training, a preceptor development plan will be established.

Initial Preceptor Development Plan

<u>ASHP Standard</u>	<u>Current Qualifications</u>	<u>Goals/Planned Activities</u>	<u>Target Completion Date</u>
Standard 4.8.a: 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 4.8.b: Demonstrates ability to assess residents' performance			
Standard 4.8.c: Recognition in the area of practice for which they serve as preceptors			
Standard 4.8.d: Preceptor is in an established, active practice area for which they serve as preceptor			
Standard 4.8.e: Maintains continuity of practice during the time of residents' learning experiences			
Standard 4.8.f: Maintains ongoing professionalism, including a personal commitment to advancing the profession			

Preceptor-in-Training

Date

Residency Program Director

Date

Preceptor Development Plan Updates

<u>ASHP Standard</u>	<u>Status Update 1</u>	<u>Status Update 2</u>	<u>Status Update 3</u>
<u>Standard 4.8.a:</u> 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;			
<u>Standard 4.8.b:</u> Demonstrates ability to assess residents’ performance			
<u>Standard 4.8.c:</u> Recognition in the area of practice for which they serve as preceptors			
<u>Standard 4.8.d:</u> Preceptor is in an established, active practice area for which they serve as preceptor			
<u>Standard 4.8.e:</u> Maintains continuity of practice during the time of residents’ learning experiences			
<u>Standard 4.8.f:</u> Maintains ongoing professionalism, including a personal commitment to advancing the profession			
Program Director/Advisor Signature			
Preceptor-in-Training Signature			
Date Reviewed			

ASHP Defined Preceptor Qualifications:

- Standard 4.8.a:** Preceptor demonstrates the 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 4.8.b:** Preceptor demonstrates ability to assess residents' performance
- Standard 4.8.c:** Recognition in the area of practice for which they serve as preceptors
 - Active BPS certification
 - Fellow at a state or national level organization
 - Certificate of completion from a state or nationally available program that relates to the area of practice in which they precept (e.g. Epic Willow certification, Six Sigma/LEAN certification, ISMP sponsored Medication Safety certification, ASHP-sponsored certificates). Excluding health-system/local programs.
 - Post-graduate fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g. MBA, MHA, etc.)
 - Formal recognition by peers as a model practitioner
 - Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and peer review
 - Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept
- Standard 4.8.d:** Preceptor is in an established, active practice area for which they serve as preceptor
 - Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site
 - Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site
 - Actively participates on a multidisciplinary or pharmacy committee or task force responsible for patient care or practice improvement
 - Demonstrates leadership within the practice area
- Standard 4.8.e:** Maintains continuity of practice during the time of residents' learning experiences
- Standard 4.8.f:** Maintains ongoing professionalism; personal commitment to advancing the profession (evidence of at least 3 activities within the last 5 years)
 - 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
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Program Continuous Quality Improvement Form

This form is to be used by the RPD and RAC annually in assessment of the PGY2 Internal Medicine Residency Program. Review of individual learning experiences is conducted separately.

Preceptors	Current Year	Appointed/Re-appointed		
Full Preceptors				
Preceptors-in-Training				
Residents	Current Year	Historical		
Percent ACHR of total				
% Successful Completion of Program				
Resident Placement		<input type="checkbox"/> Updated tracking form		
Learning Experiences (count of)	Current Year	Upcoming Year		
Required				
Elective				
Longitudinal				
Learning Experience Summative Evaluations				
Required Experiences		True	Part True	False
<p><i>RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."</i></p> <ul style="list-style-type: none"> ▪ 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 	<ol style="list-style-type: none"> 1. Orientation 2. IM-I 3. IM-II 4. IM-III 5. IM-IV 6. Cardiology 7. Infectious Disease 8. Medical Intensive Care 			
Learning Experiences Identified for Subsequent Review:				
Elective Experiences		True	Part True	False
<p><i>RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."</i></p> <ul style="list-style-type: none"> ▪ Any designation of partially true by both residents of the program, or single false designation will serve to initiate a RAC 	<ol style="list-style-type: none"> 9. Emergency Medicine 10. Informatics 11. Nephrology 12. Palliative Medicine 13. Population Health 14. Psychiatry/Neurologic Medicine 			

<i>review of the learning experience description</i>				
Learning Experiences Identified for Subsequent Review:				
Longitudinal Experiences <i>RPD to complete. Inventory all residents' summative learning experience evaluations for general marks of "consistently true," "partially true," or "false."</i> <ul style="list-style-type: none"> ▪ 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 	15. Addiction Management 16. Clinical Administration 17. Antimicrobial Stewardship 18. Literature Evaluation & Education 19. Pharmacy Practice/ Staffing 20. Residency Project	True	Part True	False
Learning Experiences Identified for Subsequent Review:				
Accreditation Standards Compliance		New Items		Plan for Compliance
<i>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.</i>				
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	
<i>RPD to provide any additional narrative commentary about any planned changes for the upcoming residency year initially noted above</i>	<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪ ▪
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 PGY2 _____ 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

Appendix M

Requirements for Successful Completion Checklist

Good Samaritan TriHealth Hospital
PGY2 Internal Medicine Pharmacy Residency Program 2022-2023

Requirements for Successful Completion of the Residency Program Checklist

To be completed by the PGY2 RPD and PGY2 Resident, as applicable, as requirements are completed during the residency year:

1. In accordance with the ASHP Accreditation Standard for Postgraduate Year Two Pharmacy Residency Programs, residents must satisfactorily demonstrate aptitude in all required and elective competency areas.
Date: _____ RPD initials: _____
2. The resident must complete corporate orientation training, pharmacy orientation manual checklists, and all departmental pharmacist competencies. Check if not applicable (Early Commit) and resident completed above during PGY1 Residency year:
Date: _____ RPD initials: _____
3. The PGY2 resident must gain pharmacist licensure in the state of Ohio within 60 days of the official program start date.
License #: _____ Date: _____ RPD initials: _____
4. 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.
 Completed ASHP Entering Interests Form, Objective-Based Self-Evaluation & GSH Entering Interests Form.
Date: _____ RPD Initials: _____
 Q1 Development plan & initial rotation calendar completed based on information provided.
Date: _____ RPD initials: _____ PGY2 Resident Initials: _____
5. The resident must earn Achieved for the Residency (ACHR) for at least 85% of all ASHP required educational outcomes and goals for PGY2 Pharmacy Residency Programs and program specified elective goals and objectives. The resident must receive Achieved (ACH) or Satisfactory Progress (SP) for the remaining 15% of required and elective objectives, with no areas marked as Needs Improvement (NI) on the final time in which it is evaluated.
Actual Objectives ACHR % _____ Date: _____ RPD initials: _____
6. The resident shall complete all assigned PharmAcademic evaluations in a timely manner.
Date: _____ RPD initials: _____
7. The resident will participate in at least one formally sanctioned community outreach event.
Name of event: _____ Date: _____ RPD initials: _____
8. The resident is expected to complete a major project that is approved by the RAC, which includes at minimum:
 - a. Submission of project proposal through the TriHealth Institutional Review Board
 Date: _____ RPD initials: _____
 - b. Presentation of the project results/summary at the Great Lakes Residency Conference

Date: _____ RPD initials: _____

c. Preparation of the project findings in manuscript form suitable for publication

Date: _____ RPD initials: _____

9. The resident must work their assigned hours. Residents will abide by guidelines set by the ASHP Duty-Hour Requirements for Pharmacy Residencies policy.

Date: _____ RPD initials: _____

10. The resident must complete all staffing shifts as assigned. This includes working every third weekend. Days missed due to sick leave are addressed by various residency program policies.

Date: _____ RPD initials: _____

11. The resident must participate in recruitment of future residents. Specific recruitment assignments will be made by the RPD. These assignments will include at least one of the following: the ASHP Midyear Clinical Meeting Residency Showcase, University of Cincinnati James L. Winkle College of Pharmacy Residency Showcase, the OSHP All-Ohio Residency Showcase, and/or the KSHP Residency Showcase. The resident is also expected to participate in the interview process for PGY1 and PGY2 residency program applicants.

Recruitment event attended: _____ Date: _____ RPD initials: _____

12. The resident shall conduct at least one medication use evaluation and complete one drug monograph.

MUE Title: _____ Date: _____ RPD initials: _____

Drug Monograph Title: _____ Date: _____ RPD initials: _____

13. The resident will conduct and complete one process improvement project (i.e. order set revision, establishment of a new pharmacy service, EMR changes to improve patient care, etc).

Process Improvement Title: _____ Date: _____ RPD initials: _____

14. The resident must complete several major formal presentations, including:

a. Four GME lectures provided to the GSH IM Medical Residents:

1. Title: _____ Date: _____ RPD initials: _____

2. Title: _____ Date: _____ RPD initials: _____

3. Title: _____ Date: _____ RPD initials: _____

4. Title: _____ Date: _____ RPD initials: _____

b. One Medical Grand Rounds presentation:

Title: _____ Date: _____ RPD initials: _____

c. One Pharmacy Grand Rounds Presentation:

Title: _____ Date: _____ RPD initials: _____

d. Presentation of the residency project results/summary at Medical Grand Rounds:

Date: _____ RPD initials: _____

15. 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.

Date: _____ RPD initials: _____

All requirements for successful completion of the residency program have been satisfied, as documented above.

PGY2 RPD signature: _____ Date: _____

PGY2 Resident signature: _____ 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: August 2022

PGY2 Accreditation Standard April 2017