



Postgraduate Year One Residency Program Manual

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

Cincinnati, Ohio

2022-2023

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Dear Residents:

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

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

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

Best wishes for a successful and rewarding residency year!

Sincerely,

Colin

Colin Fitzgerald, PharmD, BCPS, BCIDP
Department of Pharmacy
Pharmacy Clinical Coordinator
PGY1 Pharmacy Residency Program Director



Accredited

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Good Samaritan TriHealth Hospital

PGY1 Pharmacy Residency Program 2022-2023

Purpose

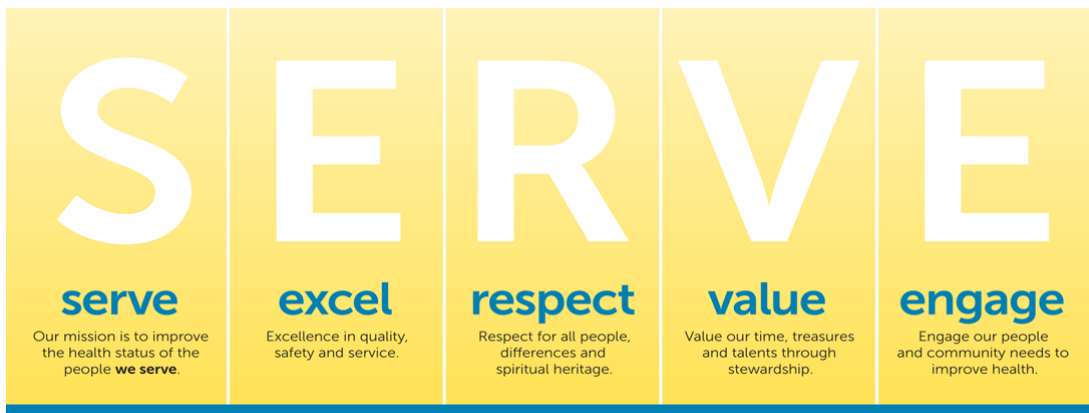
The pharmacy residency programs at Good Samaritan TriHealth Hospital (GSH) are designed to provide twelve consecutive months of graduate professional education and training structured to meet the accreditation standards of the American Society of Health-System Pharmacists (ASHP) by employing a systems-based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

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

Mission Statement

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



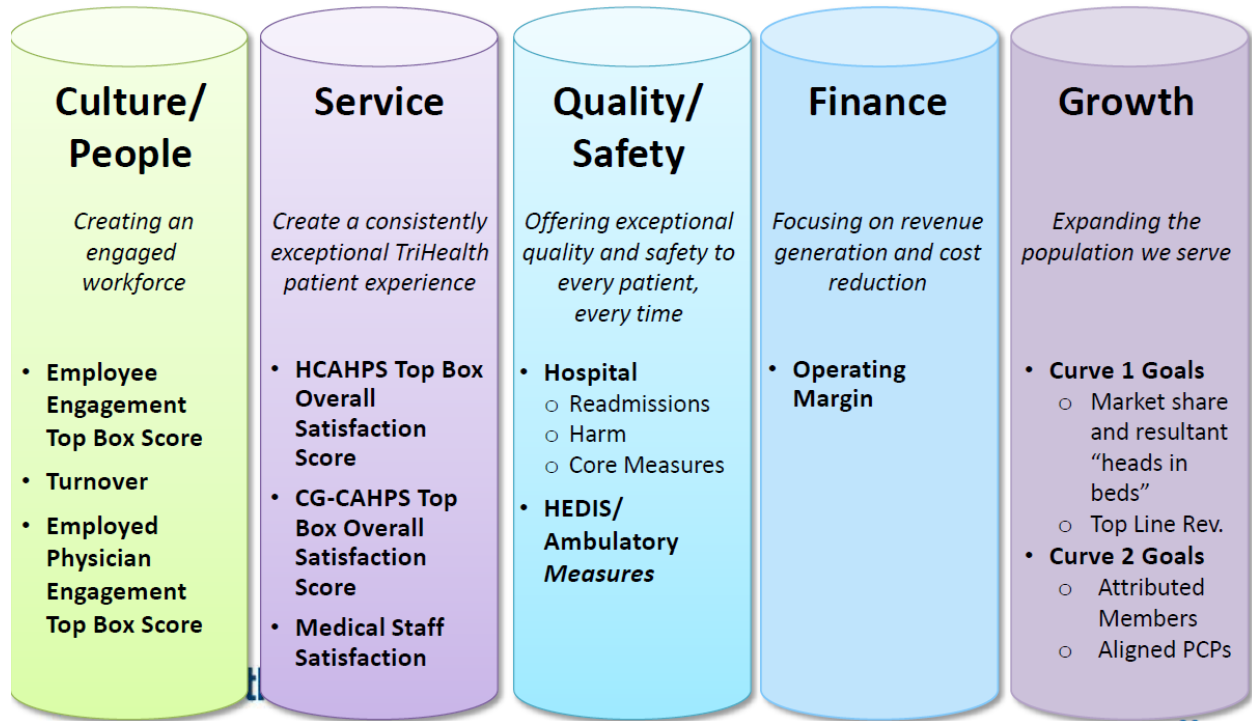
Pharmacy Mission

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

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

Pillars

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



Goals

This residency program is designed to fulfill all required competency areas, goals, and objectives set forth by the ASHP Accreditation Standard for 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

PGY1 Pharmacy Residency Program 2022-2023

General Information

General Employment Terms

Postgraduate year one residents are classified as regular, full-time, exempt employees of Good Samaritan TriHealth Hospital and are eligible for benefits as such. See resident job description available on the TriHealth Intranet (Bridge → 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.

Compensation

PGY1 residents will receive a salary of \$50,502 for the 2022-23 residency year, paid out evenly every two weeks on Thursdays. Per diem shifts are available once approved by the RPD and department manager. These shifts are paid at the standard hourly rate of inpatient pharmacists.

Benefits

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

Orientation

TriHealth Corporate Orientation is required before residents may begin work. Corporate orientation is a two-day experience designed to highlight the mission, values, and culture of TriHealth. It is offered as a

series of two consecutive Mondays. The first of these two consecutive Mondays may only be offered prior to the official July start date of the residency program. Residents will be notified in advance if their attendance is required prior to July their elected start date. Residents having early committed from the PGY1 program are exempt from corporate orientation as they transition into the PGY2 program.

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

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 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.

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

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

Professional Conduct

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

Professional Dress

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

Employee Badges

Good Samaritan TriHealth Hospital requires all personnel to wear badges at all times while on campus. Badges will be obtained from the hospital security office located on the 5th floor. If the resident does not bring his/her badge to work on a given day, he/she is to receive a temporary badge from Security before conducting any work. If the employee badge is lost the resident must report the loss immediately to Security, and render any applicable fees for replacement.

Communication

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

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

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. HIPPA training is integrated into corporate orientation and completed before beginning work at GSH. Residents will not discuss patient-specific information with other patients, family members, or other persons not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where discussion may be overheard. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents should understand inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action.

Technology

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

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

Clinical Resources

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

Reporting Structure

Pharmacy residents directly report to the Good Samaritan Hospital Senior Manager of Pharmacy Services (Greg Nocito, PharmD). 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.

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

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

Duty Hour Tracking

Residents must keep record of their own duty hours, including all moonlighting hours. Compliance with duty hour regulations will be assessed 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 have the option to track hours manually on the Duty Hours Log Form, or electronically via an Excel spreadsheet. Both of these documents are available in the residency folder of the pharmacy share drive. 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) 2) the RPD, and 3) the Senior Manager of Pharmacy Services.

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

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

Sick and Personal 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 Senior Manager of Pharmacy Services 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 PGY1 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 pharmacy department manager by any staff member, regardless of whether or not they are faculty of the residency program.

Disciplinary Action Will Be Initiated if a Resident

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

Disciplinary Action Policy and Procedure

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

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

- d. The action plan will be documented in the resident's personnel file and in PharmAcademic by the RPD.
2. The resident will be given a second warning if satisfactory improvement has not been made within the determined time period specified in the action plan.
3. Failure to correct the initial behavior/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.

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

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

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

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

be documented within PharmAcademic.

2. The resident will be required to complete a self-reflection at the end of the two-week plan detailing how they feel they have progressed in correcting the observed deficiencies.
3. If after the initial two-week plan deficiencies have not been improved upon satisfactorily (as determined by the RPD and the resident's current preceptor in conjunction with review of the resident's self-reflection), the resident will be entered into a formal remediation plan. If the resident has satisfactorily progressed, they will continue on with the program uninterrupted.
4. The RPD will create an individualized remediation plan for the resident, which serves as a formal pathway to correct deficiencies noted in performance or other elements of practice which preclude the resident from meeting expectations of the residency program, residency program director, and/or residency program preceptor(s). The intent of the formal remediation plan is to promote resident success. In no way is the remediation plan meant to serve as punishment or as anything other than what is in the best interest of the resident.
5. The formal remediation plan will clearly outline the following:
 - a. Evidence of need for entrance into a remediation plan
 - b. Timeline of remediation plan
 - c. Specific actions/assignments/responsibilities/expectations of the resident during the remediation plan
 - d. Definitions of successful completion of the remediation plan
 - e. Definitions of failure to progress
 - f. Potential outcomes of remediation plan
 - i. Three potential outcomes exist upon entrance into this remediation plan:
 1. Successful completion of remediation plan – continuation of normal responsibilities and duties
 2. Extension of the residency program
 3. Dismissal from the residency program
 - ii. Extension of or dismissal from the program will follow TriHealth Human Resources policies, and will be coordinated by the RPD and Senior Manager of Pharmacy Services

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Pharmacy Resident Well-Being & Resilience

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

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

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

Employee Assistance Program

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

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

Resident Burnout & Awareness

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

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

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

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

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

Social

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

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2022-2023

Resident-Mentor Program

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

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

- Mentor eligibility
 - Mentors must 1) meet qualifications of full preceptor status per ASHP accreditation standards, and 2) report their desire to serve as a mentor to the RPD
 - To maintain eligibility on an annual basis, the mentor must demonstrate the ability to establish a successful mentor-mentee relationship (e.g. based on feedback received from the previous year)
- Roles of the mentor
 - Meet with the resident on an ongoing basis to discuss the trajectory of the residency year, personal and professional goals, wins, and areas for continued growth
 - Offer to serve as a reviewer or reminder for major residency-year milestones (e.g. residency project deadlines, major presentations, post-residency job search, etc.)
 - Review and co-sign of quarterly resident reflections in PharmAcademic
 - Contribute to resident development plans
 - Serve as a guide for matters the resident does not feel requires the RPD/department manager to review
- Timeline
 - An initial mentor will be assigned to each resident at the beginning of the residency year
 - A list of available mentors will be presented to new residents during the orientation learning experience
 - Residents are to choose a mentor by September 1 – it can be the initially assigned mentor or one of their choice
 - The mentor-mentee relationship is meant to last the duration of the residency year
 - Residents are permitted to ask for a different mentor at any time
 - While the formal commitment concludes at the end of the residency year, mentor-mentees are strongly encouraged to continue the relationship beyond this time
- Determining mentors
 - Residents are to choose their own mentor by September 1 annually
 - Residents may choose more than one mentor

- Residents may request of the RPD to change or remove mentors at any time
 - In this scenario, a new mentor must be identified within 30 days
- Continual Quality Improvement
 - Review of the mentor program will be incorporated into annual program CQI
 - The Preceptor Development Subcommittee will offer at least one hour of preceptor development continuing education annually

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

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 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 PGY1 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 learning experience has a midpoint evaluation scheduled on the Friday of the second week of four-week rotations or the third week of six-week rotations. Midpoint evaluations serve to provide residents with appraisal and feedback of performance to date and to make specific plans to improve performance over the remaining time on the learning experience. The resident and preceptor(s) will review these evaluations in a face to face meeting. For rotations with more than one preceptor, a primary preceptor will be designated to collaborate with any co-preceptors to provide one evaluation in PharmAcademic. A co-preceptor may choose to complete separate evaluations of residents, but will only complete areas of the evaluation he or she was directly responsible for instructing. Preceptors-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

At least quarterly, residents will meet with the RPD to review and update resident development plans. The resident development plan is a tool to formally document areas of strengths and needs for improvement, planned short and long-term goals, and identified steps to implement to complete said goals. 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. The schedule of resident development plan updates is:

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

To be completed by the Resident

Preceptor Evaluation

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

Evaluation of the Learning Experience

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

Self-Assessments

Self-assessments/self-reflections are required to be completed at minimum four times per year. Residents complete an entering interests form at the beginning of the residency year, then complete self-reflections at the end of quarters 2, 3, & 4. These self-reflections are designed to allow the resident to honestly and candidly review their performance to date, and to self-identify areas for improvement.

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

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

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

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PGY1 Pharmacy Residency Program 2022-2023

Residency Portfolio

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

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

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

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

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 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 a TriHealth residency program.

- In accordance with the ASHP Accreditation Standard for Postgraduate Year One and Two Pharmacy Residency Programs, residents must satisfactorily demonstrate aptitude in all required and elective competency areas.
- The resident must complete corporate orientation training, pharmacy orientation manual checklists, and all departmental pharmacist competencies.
- The resident must gain licensure in the state of Ohio by the date defined in the Residency Manual.
- The resident shall perform an initial evaluation of career interests, areas of strengths, and opportunities for growth. The RPD and the resident will agree upon a development plan and rotation calendar for the residency year. The plan will be reviewed and updated quarterly.
- **For PGY1 residents** – the resident must earn Achieved for the Residency (ACHR) for at least 85% of all ASHP required educational outcomes and goals for PGY1 Pharmacy Residency Programs and program specified elective goals and objectives. The resident must receive Achieved (ACH) or Satisfactory Progress (SP) ratings on the remaining 15% of the required and elective objectives, with no areas marked as Needs Improvement (NI) on the final time in which it is evaluated.
- **For PGY2 residents** – 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) for the remaining 15% of required and elective objectives, with no areas marked as Satisfactory Progress (SP) or Needs Improvement (NI) on the final time in which it is evaluated.
- The resident shall complete all assigned PharmAcademic evaluations in a timely manner.
- The resident will participate in at least one formally sanctioned community outreach event.
- The resident is expected to complete a major research project that is approved by the RAC, which includes at minimum:
 - Submission of project through the TriHealth Institutional Review Board
 - Presentation of the project results/summary at the Great Lakes Residency Conference
 - Preparation of the research project in manuscript form suitable for publication
- The resident must work their assigned hours. Residents will abide by guidelines set by the ASHP Duty-Hour Requirements for Pharmacy Residencies policy.

- The resident must complete all staffing shifts as assigned, including distributive pharmacist functions. This includes working every third weekend and one evening shift every three weeks during the residency year, including some holidays. Days missed due to sick leave are addressed by various residency program policies.
- The resident must participate in recruitment of future residents. This includes attending the ASHP Midyear Clinical Meeting Residency Showcase, University of Cincinnati James L. Winkle College of Pharmacy Residency Showcase, and the OSHP All-Ohio Residency Showcase. The resident is also expected to participate in the interview process for residency program applicants.
- The resident shall conduct at least one medication use evaluation and complete one drug monograph.
- The resident will create and maintain a residency portfolio. A complete residency portfolio must be submitted to the RPD by the end of the residency year.

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 2022-2023

Qualifications and Selection of PGY1 Residents

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

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

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

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

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

PGY1/PGY2 Early Commitment Process

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

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

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 2022-2023

Program Delivery: Rotations, Projects, and Other Activities

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

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

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

Full detail of the ASHP required competency areas, goals, and objectives can be found [online](#). Detail of elective competency areas may be found [here](#); note, this PGY1 program only teaches and evaluates the elective Competency Area E5.

PGY1 – Acute Care

Competency Area R1: Patient Care

- Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
- Goal R1.2: Ensure continuity of care during patient transitions between care settings.
- Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Competency Area R2: Advancing Practice and Improving Patient Care

- Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills

Goal R3.2: Demonstrate management skills.

Competency Area R4: Teaching, Education, Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.

Goal R4.2: Effectively employs appropriate preceptors' roles when engaged in teaching.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

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 the Rotation Manual.

Development Plan

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

Learning Experiences

The residency year is twelve consecutive months comprised of required, elective, and longitudinal learning experiences. Required rotations are four to six weeks in duration, and electives are all four-week blocks. Longitudinal experiences vary in duration from 3 to 12 months. Project weeks are scheduled at various points throughout the year to permit the resident to dedicate time to longitudinal experiences or outstanding assignments.

PGY1 Rotations

Required Rotations	Elective Rotations*	Longitudinal Experiences
Orientation Ambulatory Care Critical Care Emergency Medicine Infectious Diseases Internal Medicine	Behavioral Health (Inpatient) Bone Marrow Transplant Cardiology Hematology/Oncology - Inpatient Informatics Medication Safety** Neonatal Intensive Care Neurovascular Critical Care Palliative Medicine Pharmacogenomics	Administration - Clinical Administration - Operations Pharmacy Practice/Staffing Research Project University of Cincinnati Teaching Certificate Program

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

Residency Schedule – PGY1 Program

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

Rotation Overview

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

Residency & Department Orientation

Duration: PGY1 – 5 weeks + one project week

Available to: Required for all residents

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

Preceptor: Colin Fitzgerrel, PharmD, BCPS, BCIDP; Beth Dunkel, PharmD, BCPS

A formal orientation program for all incoming residents is scheduled for late June/early July each year. New residents are to attend all corporate orientation dates as required per the terms of employment. This orientation period is designed to introduce residents to the Good Samaritan TriHealth Hospital (GSH) Department of Pharmacy policies and procedures and various practice settings throughout the

hospital. During this time, the residents will meet with the Program Director to establish the individual Resident Development Plan. Additionally, the resident will become proficient in use of all pharmacy department software (EPIC, Thera-Doc, 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. Week five of the residency year is a dedicated project week designed to allocate early time for the resident to draft their residency project proposal. Additional time during this project week may be used to focus on specific areas of practice not sufficiently addressed during the orientation month.

Ambulatory Care

Duration: 4 weeks

Available to: PGY1 (Required)

Location: GSH Faculty Medical Center

Preceptor: Joseph Schum, PharmD, BCPS

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

Cardiology

Duration: 4 weeks

Available to: PGY1 (Elective)

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

Preceptor: TBD for 22-23 Residency Year

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

Critical Care

Duration: PGY1 – 6 weeks

Available to: PGY1 (Required)

Location: GSH MSICU

Preceptor: Nancy Wuestefeld, PharmD, BCCCP & Divya Thomas, PharmD

The critical care rotation is a 6-week required learning experience for PGY1 residents and a 4-week elective 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.

Emergency Medicine

Duration: 4 weeks

Available to: PGY1 (Required)

Location: GSH Emergency Department

Preceptor: Marissa Guillen, PharmD, BCCCP

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

Infectious Diseases

Duration: 4 weeks

Available to: PGY1 (Required)

Location: GSH inpatient wards, Preferred Lab Partners Microbiology Lab

Preceptor: Colin Fitzgerald, PharmD, BCPS, BCIDP

The infectious diseases rotation is a 4-week required rotation with three aspects of practice. The resident will provide direct patient care through daily rounding with the infectious diseases medical

team. Through this, the resident will refine his/her approach to daily preparation to align oneself with a narrower focus of practice. Residents will proactively review patients for response to antimicrobial treatment and learn to make adjustments to care plans based on culture data and other patient factors. At least twice per week the resident will participate 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. Finally, the resident will spend one half-day per week in the Preferred Lab Partners microbiology lab learning basic functionality of its services and how it relates to pharmacy practice. Additional opportunities exist to advance therapeutic knowledge through topic discussions and case presentations.

Internal Medicine

Duration: 6 weeks

Available to: PGY1 (Required)

Location: GSH inpatient wards

Preceptor: Corey Wirth, PharmD, BCPS

The internal medicine rotation is a 6-week required learning experience, focusing on medical care of adult inpatients. The primary responsibility of the resident during this learning experience is to provide pharmaceutical services to the medical team through interdisciplinary rounds. This rotation stresses the importance of accurate application of therapeutics in patient care, and requires the resident to develop skills in proper drug therapy selection, patient monitoring, pharmacokinetics, patient education, drug administration, and delivery of pharmaceutical care. Core content will be covered by way of patient interactions, discussion of reading material and guidelines, and case presentations. Additional responsibilities include ensuring continuation of appropriate care through transitions of patients through the healthcare system.

Hematology/Oncology

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH

Preceptor: Nate Miller, PharmD, BCPS, BCOP

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

adult hematologic malignancies (acute and chronic leukemia, myelodysplastic syndrome, Hodgkin's and Non-Hodgkin's Lymphoma, and myeloma) and the comorbid conditions affecting admitted patients.

Pharmacy Informatics

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH (primary), other TriHealth sites (secondary)

Preceptor: Mike Friebe, PharmD, EWC

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

The resident will have the opportunity to explore common practice areas under the scope of an informatics pharmacist, such as:

- Computerized Prescriber Order Entry (CPOE) for electronic medication ordering integrated with Electronic Health Records (EHRs) and pharmacy information systems.
- Clinical decision support tools that bring best practice information and guidelines to clinicians at the time it is needed and rules-based systems for monitoring, evaluating, responding, and reconciling medication-related events and information.
- Pharmacy information systems that allow electronic validation of medication orders in real time, provide the data flows needed to update both the medication administration record (MAR) and order-driven medication dispensing systems, and support such operational activities as supply chain management and revenue compliance.
- Automated dispensing cabinets and robotics integrated and/or interfaced with pharmacy information systems.
- Integrated medication administration management systems that enable bar code medication administration and use of "smart" infusion pumps.
- Integrated medication surveillance applications for medication incident and adverse event reporting.

Medication Safety

Duration: 4 weeks

Available to: PGY1 (Elective)

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

Preceptor: Colin Fitzgerald, PharmD, BCPS, BCIDP

The medication safety learning experience is a dedicated elective rotation of this PGY1 program. The pharmacy department at GSH is committed to ensuring the safe and appropriate use of all medications. As such, residents on this rotation will participate in identifying ways to improve the medication-use system and to minimize the risk of adverse drug events. This rotation will provide residents the opportunity to develop and participate in various initiatives designed to positively impact medication use within our health system. Additionally, projects, presentations, and meetings will be assigned to increase the resident's knowledge of various strategies utilized in medication safety including surveillance tools, reports, and interdepartmental communications.

Neonatal Intensive Care

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH Neonatal Intensive Care Unit

Preceptors: Beth Dunkel, PharmD, BCPS

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

Neurovascular Critical Care

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH NSICU

Preceptor: Jacob Cannan, PharmD, BCPS, BCCCP

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

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

Palliative Medicine

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH

Preceptor: Physician-led experience; Resident Independent. RPD to coordinate.

Physician Contact: Steven 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, trauma, 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

Duration: 4 weeks

Available to: PGY1 (Elective)

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.

Inpatient Behavioral Health

Duration: 4 weeks

Available to: PGY1 (Elective)

Location: GSH

Preceptor: Rebecca McKinney, PharmD, BCPS; Jinal Choksi, PharmD (preceptor-in-training)

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

Longitudinal Learning Experiences

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

Administration - Operations

Duration: August-December or January-May

Available to: PGY1 (required)

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

Preceptor: Samuel Boateng, PharmD, BCPS

The pharmacy practice management experience is designed to ensure residents have continual exposure to the plethora of pharmacy services and leadership skills required to successfully navigate a multidisciplinary environment. Residents will gain insight into how to manage an inpatient pharmacy department as well as view how it operates within a hospital on a systems level. Residents will attend and participate in intra and interdepartmental meetings as assigned by the preceptor or RPD. Residents will be exposed to personnel management, maintenance of operational processes, legal requirements of operating an inpatient pharmacy, and budgetary review.

For PGY1 residents, this required longitudinal experience is paired with the longitudinal clinical operations rotation. One resident will serve on the Administration Operations rotation while the other is on the Clinical Operations experience. Midway through the residency year, the residents will switch to the opposite rotation. For PGY2 residents, this experience may be scheduled at any time as an elective.

Administration – Clinical Operations

Duration: August-December or January-May
Available to: PGY1 (required)
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.

Pharmacy Practice (Staffing)

Duration: August-June
Available to: PGY1 (required)
Location: GSH Inpatient Pharmacy
Preceptor: Beth Dunkel, PharmD, BCPS
Weekend Block Point Contacts:

Weekend Point Contacts	First Shift	Second Shift
Rotation 1	Jinal Choksi, PharmD	Sarah Morelock, PharmD
Rotation 2	Nate Miller, PharmD, BCPS, BCOP	Katie Lippard, PharmD
Rotation 3	Beth Dunkel, PharmD, BCPS	Rebecca McKinney, PharmD, BCPS

The pharmacy practice/staffing learning experience is a requirement of the PGY1 programs. After the orientation process and once competent in the use of pharmacy software systems, PGY1 residents will provide staffing services in the central pharmacy up to every third weekend plus one evening shift every three weeks. The PGY1 resident will perform all duties expected of staff pharmacists, as well as build upon the knowledge and experience gained during other learning experiences throughout the year. The staffing experience will focus on the drug distribution system and consultative pharmacy services. PGY2 residents will provide pharmaceutical care through interdisciplinary rounds on the internal medicine service once every third weekend.

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

Residency Project

Duration: July-June

Location: GSH

Preceptors: PGY1 Residents – Colin Fitzgerald, PharmD, BCPS, BCIDP; plus project-specific advisors

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

Teaching & Education

Duration: July-June

Available to: PGY1 (Required)

Location: GSH (Primary), University of Cincinnati College of Pharmacy (secondary)

Preceptor: Joseph Schum, PharmD, BCPS

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

Additionally, as a supplemental experience which is not formally evaluated by GSH preceptors, PGY1 residents are required to enroll in the Teaching Certificate Program hosted by the University of Cincinnati College of Pharmacy. PGY2 residents who did not earn a teaching certificate during PGY1 training also have this opportunity. The curriculum of the teaching certificate program provides the resident a broad understanding of issues in pharmacy education and opportunities to enhance his/her

teaching skills. The resident will attend seminars on the University of Cincinnati campus to review theories in education and develop his/her own teaching philosophy. The resident will provide instruction in Pharmacy Practice Skills Development and/or recitations at the College of Pharmacy. Additionally, course rubrics will be met by giving formal continuing education presentations at GSH. Creation and maintenance of a teaching portfolio is required to earn the teaching certificate.

Meetings and Committee Participation

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

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

Examples of committees include:

- Anticoagulation Committee
- Critical Care
- Diabetes Committee
- Heart Failure Committee
- Medication Reconciliation Task Force
- Medication Safety
- Order Set Committee
- Pain Committee
- Pharmacy/Nursing Council
- Sepsis Committee

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

Conference Attendance, Recruitment

There are multiple pharmacy conferences throughout the residency year. While in attendance, residents are to act in accordance to TriHealth professional conduct policies as they are serving as a representative of the organization. In addition to the annual stipend, travel allowances are made for residents to have the opportunity to attend professional meetings including the ASHP Midyear Clinical

Meeting, the Great Lakes Pharmacy Residency Conference, and local residency showcases. Travel expenses incurred (e.g. conference registration, airfare, hotel, etc.) are paid for by TriHealth upon resident fulfillment of specified responsibilities while traveling as a TriHealth representative.

University of Cincinnati James L Winkle College of Pharmacy Residency Showcase

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

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

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

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

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

ASHP Midyear Clinical Meeting

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

Great Lakes Pharmacy Residency Conference

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

Other Professional Meetings/Conferences

In addition to those listed above, residents may attend other professional meetings if approved by the department senior manager. Residency programs have a finite travel budget, so additional travel may not be approved. If funding cannot be approved by the residency program, additional options for attendance at conferences of particular interest to an individual

resident are 1) to forego attendance at the ASHP Midyear Clinical Meeting, or 2) utilize PTO and personally fund travel. If a resident wishes to pursue attendance at another professional meeting/conference, they are to notify their RPD and the department senior manager as far in advance as possible so arrangements can be made.

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 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

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

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

Good Samaritan TriHealth Hospital PGY1 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 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	17
Number of Pharmacist Preceptors in Training	6
Residency Trained	15
Doctor of Pharmacy Degree	22/23
Preceptors w/Additional Certification (e.g. BPS, MBA)	18

Preceptor	Learning Experience(s)	PGY1/PGY2	Position
Taha Alhayani, PharmD	Internal Medicine	PGY1*, PGY2*	Clinical Pharmacy Specialist – Internal Medicine
Kimberly Arvin, PharmD, BCACP	Population Health	PGY1	Ambulatory Care Population Health Pharmacist
Emily Beasley, PharmD, BCPS	TBD	PGY1	Clinical Pharmacist
Shirin Bigdeli, PharmD, MBA	Pharmacogenomics	PGY1	Clinical Coordinator – Pharmacogenomics
Samuel Boateng, PharmD, BCPS	Administration – Operations	PGY1	Pharmacy Supervisor
Jacob Cannan, PharmD, BCPS, BCCCP	Neurovascular Critical Care	PGY1, PGY2	Clinical Pharmacist
Melvi Chacko, PharmD, BCOP	Bone Marrow Transplant	PGY1, PGY2	Clinical Coordinator – Bone Marrow Transplant
Jinal Choksi, PharmD	Inpatient Psychiatry	PGY1*	Clinical Pharmacist
Beth Dunkel, PharmD, BCPS	Orientation, Staffing Neonatal Intensive Care	PGY1	Clinical Pharmacist
Colin Fitzgerrel, PharmD, BCPS, BCIDP	Infectious Diseases Residency Research Project	PGY1, PGY2 PGY1	Pharmacy Clinical Coordinator PGY1 Residency Program Director
Mike Friebe, PharmD, EWC	Informatics	PGY1, PGY2	Clinical Informatics Pharmacist
Marissa Guillen, PharmD, BCCCP	Emergency Medicine	PGY1	Clinical Pharmacist
Rebecca McKinney, PharmD, BCPS	Inpatient Psychiatry	PGY1	Clinical Pharmacist
Nate Miller, PharmD, BCPS, BCOP	Hematology/Oncology	PGY1, PGY2	Clinical Pharmacist
Joe Schum, PharmD, BCPS	Internal Medicine	PGY1*	Clinical Pharmacist
Divya Thomas, PharmD	Critical Care	PGY1, PGY2	Clinical Pharmacy Specialist – Critical Care
Corey Wirth, PharmD, BCPS	Internal Medicine Residency Research Project	PGY1, PGY2 PGY2	Clinical Coordinator – Internal Medicine
Nancy Wuestefeld, PharmD, BCCCP	Critical Care Nephrology	PGY1, PGY2	Clinical Coordinator – Critical Care

*Denotes Preceptor-in-Training; EWC = Epic Willow Certified

Good Samaritan TriHealth Hospital
PGY1 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
PGY1 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
- 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. The Preceptor Development Subcommittee may assist when requested.
- Consistent positive or neutral feedback of an individual preceptor will qualify said preceptor to remain within the group preceptor development plan
- The RPD is also responsible for reviewing updated accreditation standards and accreditation standards guidance documents as they pertain to preceptor qualifications and apprising preceptors of the program.

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

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

Individual Preceptor Requirements	Corresponding Group Activities
<ul style="list-style-type: none"> ▪ Annual completion of the <i>Preceptor Needs Survey</i> ▪ Annual updating of the Academic & Professional Record ▪ Annual completion of at least three 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 ▪ Annual updating of learning experience descriptions 	<p style="text-align: center;">Review at January RAC meeting</p> <p style="text-align: center;">Review of annual appointment/ reappointment by RPD at May RAC meeting</p> <p style="text-align: center;">TriHealth Residency Programs Continuing Education Program (ACPE-approved, sponsored by the UC College of Pharmacy)</p> <p style="text-align: center;">Review of Resident Well-being & Resilience resources at June RAC meeting; continuing education programming</p> <p style="text-align: center;">Annual review of Teach/Evaluate grid at June RAC meeting</p>

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 summative evaluations in PharmAcademic for the learning experiences they co-precept. These evaluations will be submitted for co-signature by the full/primary preceptor of the learning experience and the RPD.

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

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 program series related to preceptor development. Programs will be offered monthly. 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 PGY1 Pharmacy Residency Program 2022-2023

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

Standing Members

- Beth Dunkel, PharmD, BCPS
- Marissa Guillen, PharmD, BCCCP
- Greg Nocito, PharmD
- Joseph Schum, PharmD, BCPS
- Nancy Wuestefeld, PharmD, BCCCP

Preceptors in Training

- Jinal Choksi, PharmD

Pharmacy Residents

- Megan Kosch, PharmD (PGY2-IM)
- Alyson Rohrer, PharmD (PGY2-IM)
- Jeff Mezzone, PharmD (PGY1)
- Taylor Waggoner, PharmD (PGY1)

Ad Hoc

- All other program preceptors

Good Samaritan TriHealth Hospital **PGY1 Pharmacy Residency Program 2022-2023**

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 is in candidate status for accreditation for the residency year beginning July, 2019, and anticipates a full survey by ASHP in the spring of 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 pharmacy specialist practice model. As such, pharmacy services extend to all areas of the hospital in which medications for patients are prescribed, dispensed, administered, and monitored. Decentralized pharmacists provide clinical services in a unit-based model, clinical specialists provide care through dedicated rounding teams or specialty practice settings (i.e. emergency department, ambulatory care clinics), and centralized pharmacists ensure appropriate patient care through maintaining the drug distribution system and provide clinical services to areas without decentralized or specialist pharmacists. TriHealth facilities use the electronic health record (EHR) Epic for storage of patient medical data and as an interface for Computer Provider Order Entry (CPOE). This system permits pharmacists to review all medication orders for appropriateness of use and safety for all patients under our care. Decentralized and specialist pharmacists are responsible for providing drug information and clinical services including pharmacokinetic drug management, renal dose adjustments, evaluating patients for IV to oral therapy conversion, and monitoring of targeted medications. Centralized pharmacists conduct similar services for patient care areas without an assigned decentral or specialist pharmacist. This practice model ensures appropriate medication use for all our patients, from adult and geriatric populations to premature and full-term infants. The

department provides 24-hour drug distribution services from the central pharmacy and automated dispensing units throughout the hospital. The department utilizes state of the art technology including 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.

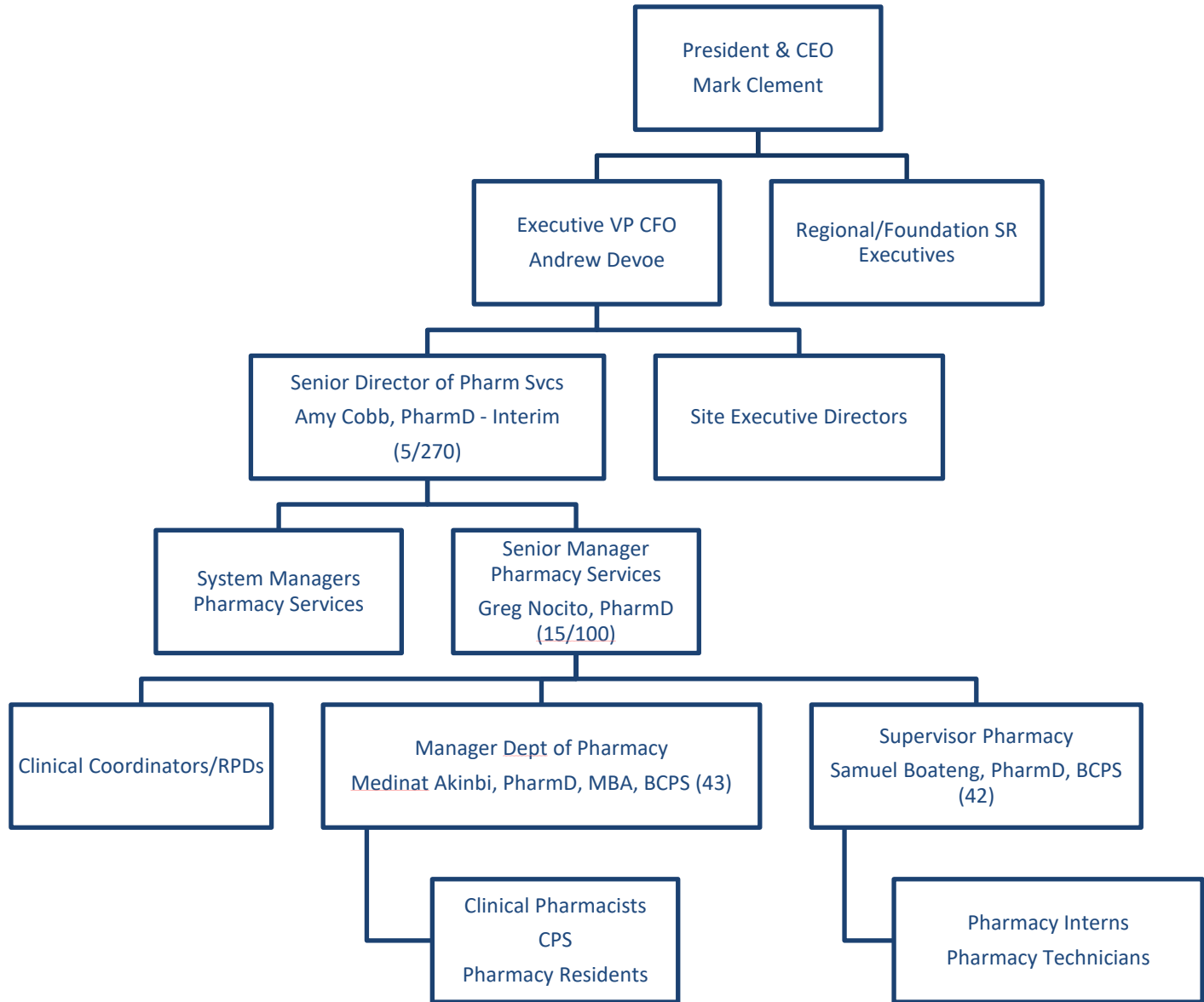
The Department of Pharmacy supports TriHealth's mission and values by providing high quality pharmaceutical care to all patients for the purpose of achieving positive patient outcomes and improving the health status of our patients. This is accomplished through the effective integration of clinical practice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

Operating Principles

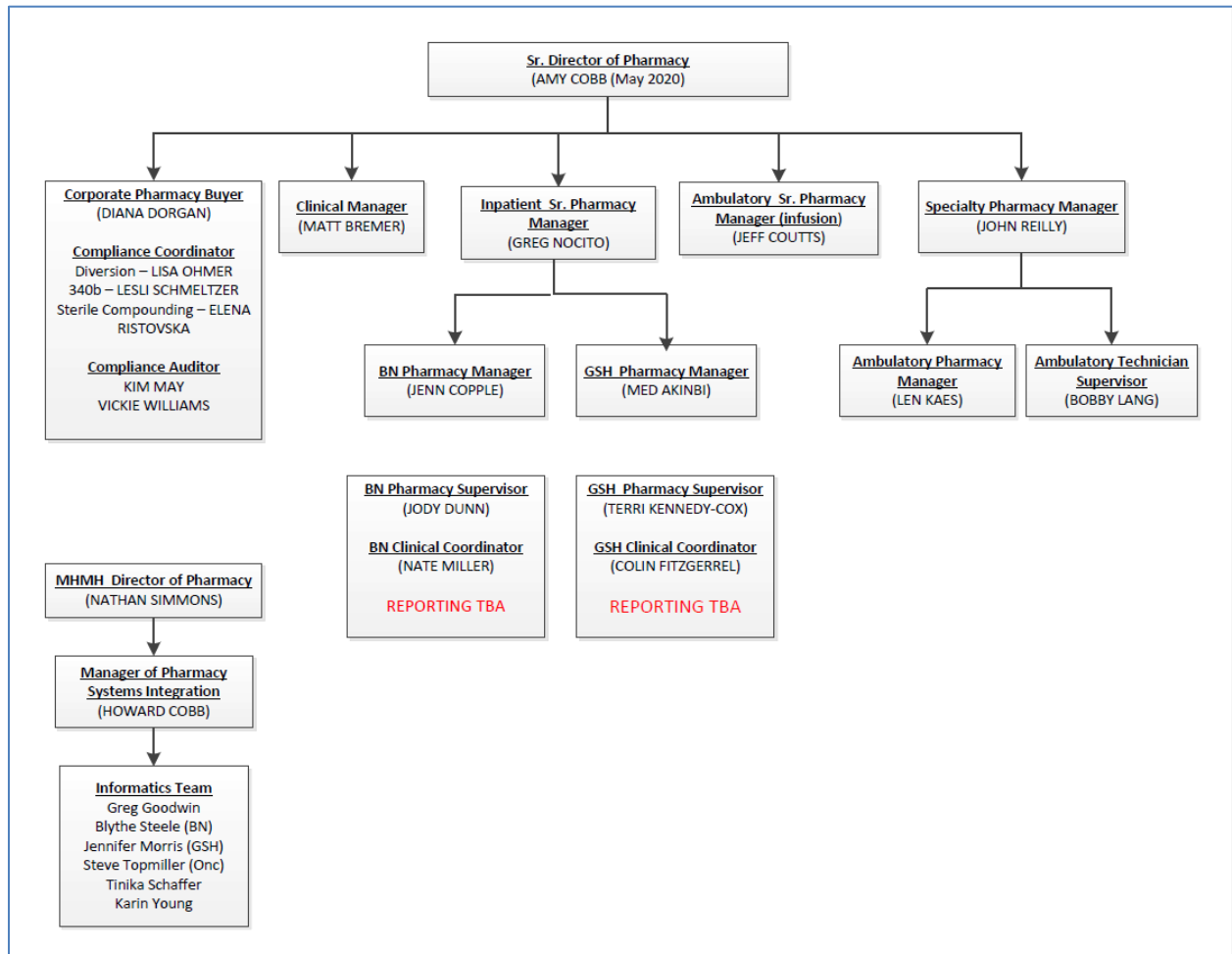
- To remain patient-focused in all our efforts
- To provide pharmaceutical care safely, responsibly, and professionally at all times
- To continually evaluate systems and procedures to optimize patient care outcomes and minimize possibilities for patient harm
- To advocate for the value pharmacists and 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
PGY1 Pharmacy Residency Program 2022-2023

TriHealth Organizational Structure



Pharmacy leadership reporting structure, effective as of June 26, 2020:



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

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2022-2023

Graduate Tracking

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

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

Joseph Schum, PharmD, BCPS (PGY1 & PGY2-IM)	University of Cincinnati	2019-2020	2020: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH 2021: Clinical Pharmacist – Good Samaritan TriHealth Hospital, Cincinnati, OH 2022: Clinical Pharmacy Specialist Ambulatory Care – Faculty Medical Center GSH
Shirin Bigdeli, PharmD, MBA	University of Kentucky	2020-2021	2021: Clinical Coordinator – Pharmacogenomics, TriHealth Precision Medicine, Cincinnati, OH
Allison Poston, PharmD	Northeast Ohio Medical University	2020-2021	2021: Clinical Pharmacist – Southwest General Health Center (Akron, OH)
Megan Kosch, PharmD	University of Toledo	2021-2022	2022: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH
Alyson Rohrer, PharmD	Ohio Northern University	2021-2022	2022: PGY2-Internal Medicine Pharmacy Resident, Good Samaritan TriHealth Hospital, Cincinnati, OH

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2022-2023

Resident Research Projects

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

Appendix A

Pharmacy Resident Job Descriptions

Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 2022-2023

PGY1 Pharmacy Resident Job Description

Proposed Job Title: Pharmacy Resident – Postgraduate Year One

Reports to: Manager/Supervisor – Residency Program Director; Pharmacy Manager

Principal Accountabilities:

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

Job Requirements

Minimum Education: Doctorate Degree (Pharmacy)

Licensure: Pharmacist (eligible for licensure as a pharmacist in the state of Ohio)

Appendix B

Duty Hours Log



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 Director	
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's 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; 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

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.

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 resident staffing requirements are site and program specific. PGY2 residents are referred to their site and program-specific residency manuals which outline holiday requirements. 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 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 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
<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 Senior Pharmacy Manager. Additional leave may require an extension to the length of training program depending on guidelines established by the ASHP. A leave request to include documentation of the type of leave and length of the leave must be submitted in advance by the resident to the Program Director/Coordinator). 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/Coordinator.

PROCEDURE

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

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.

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

PGY1 – Acute Care

	Required												Electives										TE-Total		
	TE-Required	Orient	Admin Clin	Admin Ops	Teaching Cert. Program	Research Project	Staffing	Internal Med	Critical Care	Emerg Med	ID	Am Care	Cards	Crit Care II	Drug Policy Dev.	Emerg Med II	GE Clinic	Neuro ICU	Inpt Heme/Onc	OutptH eme/Onc	Infor-matics	NICU		Pain/Pall Care	Psych
Competency Area R1: Patient Care		9	8	6	7	8	8	8	7	8	6	7	8	6	7	6	7	6	5	8	7	6	5	6	
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.																									
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	3							TE+		TE+	TE+						TE+					TE+	TE+		6
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	2									TE+		TE+				TE+	TE+						TE+	TE+	6
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.	4	TE+						TE+		TE+		TE+						TE+				TE+			6
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	3	TE+								TE+			TE+	TE+	TE+		TE+		TE+	TE+					9
Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	3							TE+	TE+		TE+			TE+			TE+	TE+	TE+					TE+	8
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	2									TE+			TE+	TE+		TE+	TE+	TE+	TE+	TE+			TE+		10
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	5	TE+					TE+	TE+		TE+	TE+														5
Objective R1.1.8: (Applying) Demonstrate responsibility to patients.	2							TE+					TE+				TE+		TE+	TE+		TE+	TE+	TE+	9
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.																									
Objective R1.2.1: (Applying) Manage transitions of care effectively.	4							TE+	TE+	TE+		TE+						TE+							5
GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.																									
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	2	TE+					TE+								TE+					TE+					4
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.	3	TE+					TE+			TE+			TE+	TE+											5
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.	2	TE+					TE+								TE+					TE+					4
Competency Area R2: Advancing Practice and Improving Patient Care																									
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.																									
Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	1		TE+												TE+				TE+	TE+					4
Objective R2.1.2 (Applying) Participate in a medication-use evaluation.	1		TE+																						1
Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.	2		TE+	TE+																	TE+				3
Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.	3	TE+	TE+						TE+													TE+			4

Competency Area R3: Leadership and Management																				
GOAL R3.1 Demonstrate leadership skills.																				
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	3			TE+		TE+			TE+			TE+							4	
Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.	3				TE+		TE+		TE+			TE+	TE+						TE+	6
GOAL R3.2 Demonstrate management skills.																				
Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.	2	TE+		TE+										TE+				TE+	4	
Objective R3.2.2: (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.	2	TE+		TE+								TE+		TE+					4	
Objective R3.2.3: (Applying) Contribute to departmental management.	1			TE+									TE+					TE+	3	
Objective R3.2.4: (Applying) Manages one's own practice effectively.	2					TE+	TE+						TE+					TE+	TE+	5

Competency Area R4: Teaching, Education, Dissemination of Knowledge																				
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.																				
Objective R4.1.1: (Applying) Design effective educational activities.	2				TE+	TE+								TE+				TE+		5
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.	5				TE+	TE+		TE+		TE+		TE+						TE+		6
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.	2		TE+		TE+									TE+						3
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.	2				TE+	TE+								TE+						3
GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.																				
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	3				TE+			TE+				TE+								3
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.	2				TE+						TE+									2

Competency Area E5: Management of Medical Emergencies																				
Goal E5.1 Participate in the management of medical emergencies																				
Objective E5.1.1: (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures	3					TE+		TE+	TE+				TE+					TE+		5

T: Experience to be Taught (goal selected for program); TE: Experience to be taught & evaluated in only one rotation; TE+: Experience to be taught & evaluated in more than one rotation

Appendix E

Resident Project Information

Good Samaritan TriHealth Hospital PGY1 Pharmacy Residency Program 2022-2023

Residency Project Timeline

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

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

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

September 1st- October 1st: The resident will present the project proposal for final review at the September RAC meeting. After approved by the RAC, the resident is responsible for submission of the project for administrative review and to the TriHealth IRB. The resident is responsible for developing a personal project timeline to be reviewed and submitted to the project advisor and the RPD by

September 30th. The project timeline will include deadlines for data collection, data analysis and presentation preparation). Additionally, during this time period, the resident will prepare an abstract for submission to the ASHP Midyear Residency Poster Session (refer to the ASHP website for specific deadline). All abstracts must be submitted to the RPD and/or RAC for review at least 5 days prior to the ASHP abstract deadline.

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

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

Project Completion:

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

**Good Samaritan TriHealth Hospital
PGY1 Pharmacy Residency Program 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
PGY1 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 PGY1 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 G

Resident Application Screening Form

PGY1 Pharmacy Residency Program Pre-Interview Evaluation Form

Candidate _____

Reviewer _____

Total Score: _____
<input type="checkbox"/> Invite to Interview
<input type="checkbox"/> Wait List for Interview/Consider for Phase II
<input type="checkbox"/> Do Not Interview

REDACTED

- Mean scores from all reviewers will be used for individual applicants to determine who will be invited for an on-site interview.
- Maximum base score is 32. Maximum possible score is 36. Applicants scoring 25 or greater will be considered for an initial phone/Skype interview.
- If a sufficient number of candidates with scores of 25 and above are not identified, scores of less than 25 may be considered.
- A sufficient number of candidates will be interviewed so as to increase the likelihood of matching all offered positions.

Appendix H

PGY1 Resident Interview Assessment Form

PHARMACY RESIDENT INTERVIEW ASSESSMENT FORM

APPLICANT NAME

INTERVIEW DATE

Job Requisition No. 2223

NEW HIRE? TRANSFER? EE Number: _____

*RATING SCALE: 1 – NOT ACCEPTABLE 2 – BELOW AVERAGE 3 – AVERAGE 4 – ABOVE AVERAGE 5 – IDEAL

REDACTED

Appendix I

Preceptor to Preceptor Rotation Handoff Form

Good Samaritan TriHealth Hospital
PGY1 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

REDACTED

Appendix K

Preceptor Development Plan Form

Good Samaritan TriHealth Hospital
PGY1 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
PGY1 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 PGY1 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. Internal Medicine 3. Ambulatory Care 4. Infectious Diseases 5. Emergency Medicine 6. Critical 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 review of the learning experience description 				

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 		True	Part True
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 PGY1 positions to be offered in the next recruitment cycle is:_____.

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

Residency Program Director

Date

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

Last updated: September 2022

PGY1 Accreditation Standard September 2016