



# PHARMACY RESIDENCY MANUAL

Cleveland Clinic Akron General  
2022-2023

The residency manual will provide guidance to residents and preceptors who participate in pharmacy residency training at Cleveland Clinic Akron General. Where necessary, specific policies are referenced for further information. The manual is organized according to Standards 1 through 4 of the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Pharmacy Residencies accessible at <https://www.ashp.org/Professional-Development/Residency-Information>

# Cleveland Clinic Akron General Pharmacy Residency Program Manual

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This manual provides guidance for the conduct of pharmacy residencies at Cleveland Clinic Akron General and is up to date as of the date approved by the Residency Advisory Committees.

## 1. Standard 1: Requirements and Selection of Residents

### 1.1. Residency Applicants

#### 1.1.1. Resident Recruitment

Residency recruitment will be completed through various methods including an open house, residency showcases (this may include ASHP, OSHP, etc), job fairs at pharmacy schools, and distributing informational recruitment resources to pharmacy schools. A focus of the recruitment subcommittee will be individuals underrepresented in the profession of pharmacy, and engage students by providing residency recruitment materials for Cleveland Clinic Akron General.

#### 1.1.2. Candidate Criteria

Pharmacy Residency Applicants will be received through an online submission process with an established deadline in early January. All requested application material must be included to be considered for an onsite interview. Cleveland Clinic Akron General Pharmacy does not sponsor residents for employment-based non-immigration sponsorship. The following are required for an application to be considered:

- a. Pharm.D. degree from an ACPE-accredited school/college of pharmacy (or one in process of pursuing accreditation)
- b. Eligibility for licensure in the state of Ohio
- c. Ability to start residency on established start date
- d. Letter of intent
- e. College transcript
- f. Three (3) letters of recommendation

We request a minimum of one (two is preferred) of your three references come from a preceptor who you have worked with in a clinical setting, related to an APPE in acute or ambulatory care. The clinical preceptor should be able to comment on your scope of responsibility, total patient load, ability to function independently, clinical abilities, and organizational and time management skills. All 3 reference writers should use the standard PhORCAS template to submit their candidate recommendation and comment on a minimum of 7 of the 13 listed candidate characteristics.

- g. An essay response as stated in the application requirements listed in the ASHP Residency Directory is required for acceptance. The essay response should be no longer than one page in length. An application will not be reviewed if this statement is missing. Please note that the essay is separate from your letter of intent.

#### 1.1.3. Screening Procedure

All qualifying candidates' application materials will be screened by at least two (2) faculty screeners using a standardized rubric that takes into account scholarly activity, professional and community involvement, work /practice experience, learning experience rotations, letters of recommendation, letter of intent, and the applicant's essay. Any discrepancy in an evaluation criterion that is separated by more than one step on the rubric by the two (2) faculty screeners will be reviewed and adjudicated by the RPD. Interview offers will be extended to the top number of qualifying candidates.

### 1.2. Interview

Interviews will be offered to qualifying candidates via email within two (2) weeks of the application deadline. The interview offer email will include:

- (1) Residency Policies
  - a. Pharmacy Residency Successful Completion Policy
  - b. Pharmacy Residency – Licensure in Ohio Policy
  - c. Pharmacy Residency Leave of Absence Policy
  - d. Pharmacy Resident Duty Hours Policy
  - e. Resident Disciplinary Action – Dismissal Policy
  - f. COVID-19 Vaccine Policy
- (2) Stipend and Benefits information
- (3) Human Resources information

Once interview dates are confirmed, candidates will receive an email confirming the interview date along with an itinerary for the day. Candidates who are not offered an interview will also be notified via email within four (4) weeks of the application deadline.

Interviews may be conducted virtually or on-site. Each interviewer will submit an evaluation of the candidate using a standardized rubric. The interview itinerary will include representation from:

- (1) Residency leadership
- (2) Department leadership
- (3) Clinical faculty
- (4) Current residents
- (5) A clinical skills assessment

### **1.3. Scoring Rubric**

The scoring rubric for purposes of ranking candidates will consist of three components added together to determine a final rank score.

- (1) Screening rubric
  - The average score from the screening rubric will be factored in to the final rank score.
- (2) Interview evaluation
  - The average score from all interview evaluations will be added to the final rank score.
- (3) Score on clinical skills assessment
  - During the interview, candidates will complete a patient assessment of a case using a standardized format.
  - The candidate will conduct a face-to-face discussion with one or two clinical faculty who will ask standardized questions and assess the candidate's clinical thinking skills.

### **1.4. Rank Process**

#### **1.4.1. Initial Rank**

After completion of all interviews, interview evaluations, and clinical skills assessment evaluations, a committee meeting of all faculty involved (screeners, interviewers, clinical skills reviewers) will be scheduled. Items of business for the rank meeting will be to:

- (1) Determine which (if any) candidates should not be ranked. The reason for not ranking the candidate will be documented in meeting minutes with final decision made by the RPD.
- (2) Discuss the generated rank list based on the three evaluation components listed above. As necessary, specific components and evaluation will be reviewed during the discussion of the actual rank list.
- (3) A final rank list will be approved by the committee.

#### **1.4.2. Phase 2**

In the event the program does not match residency positions during Phase 1, the program may pursue candidates through the second phase of the match. Applications received during Phase 2 will be reviewed similarly to phase 1, with the exception of the review being completed by only 1 reviewer.

An opportunity to interview will be offered to the top candidates. The number of offers will depend upon the number of open resident positions.

Candidates in Phase 2 will undergo the same screening and clinical skills assessment as those in Phase 1. Given the shorter timeline, alternatives to an on-site interview may be permitted. Clinical skills assessment may be conducted by review of a case via appropriate technology.

#### **1.4.3. Scramble**

In the event the program does not match one or more residency positions in Phase 1 or Phase 2 of the match, the program may pursue residency candidates through the scramble.

Candidates will undergo the same selection and evaluation process as in Phase 2. Given the shorter timeline, alternatives to an on-site interview may be permitted.

### **1.5. Requirements for Successful Completion**

Requirements for successful completion of the Residency are provided to the Residency Candidate prior to the onsite interview and again after successfully matching as part of the residency position acceptance process. (see Pharmacy Residency Successful Completion Policy)

## **2. Standard 2: Responsibilities of the Program to the Resident**

### **2.1. Residency Policies**

Pharmacy residency policies may be accessed through the Cleveland Clinic Policy and Procedures Manager (PPM) from the Akron General homepage. The following six (6) policies are referenced to govern the administration of the Pharmacy Residency programs:

- (1) Pharmacy Residency Successful Completion Policy
- (2) Pharmacy Residency – Licensure in Ohio Policy
- (3) Pharmacy Residency Leave of Absence Policy
- (4) Pharmacy Resident Duty Hours Policy
- (5) Resident Disciplinary Action – Dismissal Policy
- (6) COVID-19 Vaccine Policy

### **2.2. Duty Hours**

Residents will adhere to duty hour restrictions as outlined in the Cleveland Clinic Akron General duty hours policy. Residents will track their hours and document in the duty hours spreadsheet that is part of the Successful Completion Tracker. Any resident in danger of a duty hours violation must notify the RPD to determine if a resolution plan is needed. Residents will also attest duty hours compliance through PharmAcademic as required. (see Pharmacy Resident Duty Hours Policy on PPM)

### **2.3. After The Match**

Once a candidate successfully matches for the pharmacy residency, the RPD will send an acceptance letter no later than 30 days from the match date that includes the following items:

- (1) Starting and ending date for the residency
- (2) Stipend
- (3) Days off
- (4) Benefits information
- (5) Staffing requirements
- (6) Successful Completion Requirements
- (7) Six (6) residency policies
- (8) Paid travel for specific conferences

The residency candidate will be required to sign and date the acceptance letter and return the signed letter to the RPD by the date requested in the letter and prior to beginning residency training.

### **2.4. Resident Workspace and Resources**

Each resident will be provided a dedicated workspace and equipment which includes a desk, chair, desktop phone, laptop computer, desktop computer, corporate mobile phone, and a shared printer.

### **2.5. Graduation Certificate**

Upon successful completion of the residency, each resident will be presented with a graduation certificate signed by the President of Cleveland Clinic Akron General; Cleveland Clinic Chief Pharmacy Officer; Cleveland Clinic Akron General Director of Pharmacy; and the Residency Program Director. The graduation certificate will be presented to the resident by the RPD or designee during the Cleveland Clinic Pharmacy Residency Graduation Ceremony.

### 3. Standard 3: Design and Conduct of the Residency Program

#### 3.1. Purpose and Structure of Residency Programs

##### 3.1.1. PGY1 Pharmacy Residency

###### 3.1.1.1. PGY1 Purpose

The PGY1 pharmacy residency program builds upon 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.

Pharmacists completing this residency will be competent and confident practitioners of direct patient care in multiple environments, equipped to meet the challenges of current and future pharmacy practice. They will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will exercise skill in educating other health care professionals, students, patients, and the community on drug-related topics. They will demonstrate a high level of professionalism by following a personal philosophy of independent practice, monitoring their own performance, and will contribute to the profession.

###### 3.1.1.2. PGY1 Program Structure/Curriculum

###### PGY1 Learning Experiences

The PGY1 Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences. There are seven (7) required block learning experiences and three (3) elective experiences.

**PGY1 Required block learning experience:** A one-month learning experience with a pharmacist attending who practices in that area. A primary preceptor month where the resident functions as the primary preceptor for an APPE student is also required and will be assigned to occur during one of the required experiences. This will be assigned at the beginning of the residency based on the APPE student schedule.

**PGY1 Elective block learning experience:** A one-month learning experience with a pharmacist attending who practices in that area or with a non-pharmacist clinician (typically a physician).

- See PharmAcademic for a complete list of possible pharmacist-precepted learning experiences.
- Any non-pharmacist precepted learning experiences will be coordinated between the RPD or resident's advisor and the non-pharmacist preceptor. Specific feedback on at least one residency objective relevant to that practice area will be provided by the non-pharmacist preceptor. The resident will also be required to write a reflection on the experience. Non-pharmacist precepted learning experiences will not be scheduled in the first half of the residency year and will be dependent upon adequate progress toward achieving the program objectives as determined by the resident's advisor and the RPD.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.
- **OFF-SITE LEARNING EXPERIENCES:** A PGY1 resident may complete a maximum of one (1) learning experience at another Cleveland Clinic facility as long as the experience is available. In order to be considered for an off-site experience, the resident must:
  1. Request the learning experience by July 31<sup>st</sup> by notifying the RPD
  2. Complete and submit the necessary application to the hosting institution

**Attendance for block learning experiences:** It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time



was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

- The Friday before each required staffing weekend will serve as a project day for residents. The residents will not have any clinical responsibilities on their project days. Projects days will not be counted as a missed day from rotation.

**PGY1 Longitudinal learning experience:** A learning experience that occurs over the course of the residency year (at least 6 months, but typically 12 months).

**PGY1 Pharmacy Residency Learning Experience Schedule Overview**

| July  | August-November  | December   | January-June  |
|---|--|--|---|
| <b>Block Learning Experience Overview</b>   |  |  |   |
| Orientation <ul style="list-style-type: none"> <li>• Medical Center</li> <li>• Department</li> <li>• Residency</li> <li>• Research</li> </ul>   | Four (4) required one-month block learning experiences from the following list: <ul style="list-style-type: none"> <li>• Internal Medicine 1</li> <li>• Internal Medicine 2</li> <li>• Family Medicine</li> <li>• Infectious Diseases</li> <li>• Critical Care (CVICU, NSICU, MICU, SICU)</li> <li>• Ambulatory Clinic</li> <li>• Unit Based Pharmacy</li> </ul> | <ul style="list-style-type: none"> <li>• ASHP Midyear</li> <li>• Projects</li> </ul> | <ul style="list-style-type: none"> <li>• Three (3) required one-month block learning experiences (those not completed during the August to November period)</li> <li>• Three (3) elective one-month block learning experiences</li> </ul> |
| <i>One (1) of the elective learning experiences may be scheduled between August and November based on availability, resident interest and to prepare for interviews at ASHP Midyear</i>   |  |  |   |
| <b>Longitudinal Learning Experience Overview</b>  |  |  |   |
| <ul style="list-style-type: none"> <li>• Research project</li> <li>• NEOMED Teaching Certificate or Cleveland Clinic Leadership Certificate</li> <li>• Weekend Staffing</li> <li>• Medication Policy</li> <li>• Medication Safety</li> <li>• Practice Management</li> <li>• Professional Presentations</li> </ul> |  |  |   |

**PGY1 Projects**

**PGY1 Research Project and PGY1 HSPAL Medication Use Evaluation (MUE)**

- Each PGY1 Pharmacy Resident will develop, conduct, and present a research project over the course of the academic year. Research ideas are generated by the pharmacist attendings who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a therapy related clinical or practice research question. A list of preliminary research ideas will be emailed to candidates in the spring, prior to the start of the residency year. The PGY1 HSPAL resident will complete a research project during the second year of their program. The PGY1 HSPAL resident will complete an MUE during the first year of their program. They will utilize the MUE for all deliverables and presentations in the research timeline.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience.
- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project. One (1) advisor should be designated as primary and will be responsible for oversight of the resident’s project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert.

- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

#### **Medication Use Evaluation (MUE)**

- The resident will conduct a Medication Use Evaluation as part of the Medication Policy Learning Experience.
- Please see MUE description in the Medication Policy Learning Experience Description in PharmAcademic for more details.

#### **Committee Involvement**

- The resident will attend and participate in Pharmacy and Therapeutics Committee meetings.
- Each resident will be assigned as a member of one of the four (4) residency subcommittees. The resident will be required to complete one project as determined by the particular subcommittee and needs of the program that year.

#### **PGY1 Professional Presentations**

All required presentations will be presented during the weekly dedicated didactic time. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

#### **Pharmacotherapy Conference**

- The resident will present one formal Pharmacotherapy Conference (PTC) to the pharmacy faculty.
- The purpose of the PTC is for the resident to deliver a high-quality didactic lecture to pharmacists, pharmacy residents and pharmacy students on a therapeutic topic that is current and relevant to the practice of pharmacy.
- Please see the Pharmacotherapy Guidance Document in PharmAcademic for more details (Located within the professional presentations learning experience description).

#### **Formal Case Presentation**

- The resident will present one (1) formal case presentation to pharmacy faculty during the residency year. The cases will be identified during patient care rotations and will have a faculty advisor to provide guidance.
- The purpose of the Case Presentation is for the resident to verbally present a patient case to pharmacists and pharmacy residents. This should be interactive with the audience and include a discussion of the primary disease state including primary literature, guidelines, and controversies/questions as appropriate. Please see the Resident Case Presentation Guidance Document in PharmAcademic for more details. (Located within the professional presentations learning experience description).

#### **Morbidity and Mortality Conference**

- The resident will present one (1) Morbidity and Mortality Conference (M&M) to the pharmacy department during a monthly staff meeting.
- The purposes of the M&M presentation are for the resident to discuss outcomes associated with an adverse event and/or medication error, and to analyze the circumstances surrounding the incident to identify ways to minimize the occurrence of future events within the health system.
- The case will be identified in collaboration with the medication safety pharmacist.
- Please see M&M Guidance Document on PharmAcademic for more details. (Located within the medication safety learning experience description).

#### **Journal Club Presentation**

- The resident will present two (2) Journal Club Presentations to pharmacy faculty during the residency year.
- The purpose of the journal club presentation is for the resident to verbally summarize, evaluate and critique new primary literature to pharmacists and pharmacy residents. Please see the Journal Club guidance document in PharmAcademic for more details. (Located within the professional presentations learning experience description).

#### **Topic Discussion**

- The resident will present one topic discussion to the pharmacy faculty during the residency year.
- The purpose of the topic discussion is to orally present a comprehensive review of a major disease state or specific area of interest for the resident. Topics may be selected from the list of didactics topics to be covered by a PGY-1 resident.
- Please see the Topic Discussion guidance document in PharmAcademic for more details. (Located within the professional presentations learning experience description).

**PGY1 Didactics**

A two hour block of time will be set aside on the same day each week for didactic learning. Residents will be required to attend. During this time, residents will present patient cases, journal clubs, topic discussions, and pharmacotherapy conferences. Residents will also present and participate in board review sessions. Each resident will be provided with study material for the Board Certified Pharmacotherapy Specialist Exam. Residents should also identify a faculty member with expertise in each topic and invite them to join the discussion. Monthly RPD-Resident meetings, preceptor development sessions, professional development sessions, and preceptor led topic discussions will be scheduled during didactics. At the end of each month, a short quiz reviewing material from didactics will be given in order to help with retention of material.

**3.1.1.3 PGY1 Orientation**

An orientation checklist will be provided to the resident and reviewed with the chief resident at the beginning of the residency year. It is the resident’s responsibility to make sure all items on the checklist are covered and ask for additional training if needed. Documentation of completion of orientation will be achieved via the Orientation Learning Experience in PharmAcademic and completion of the orientation checklist. The orientation checklist is updated annually and can be found on the pharmacy sharepoint site.

**PGY1 Medical Center Orientation**

Orientation to the medical center will occur at the start of residency. This will occur through Graduate Medical Education orientation.

**PGY1 Department of Pharmacy Orientation**

Orientation to the pharmacy department will occur at the end of June and throughout July. This will be coordinated by the current and incoming chief residents. Residents will receive a tour of the department, introduction to staff, training on hospital and computer systems, and training on pharmacy services. Residents will complete all computerized and written hospital and department competencies for employment.

**PGY1 Residency Program Orientation**

Orientation to the residency program will occur in June and July. Residents will be oriented to PharmAcademic, the evaluation process, timeline, residency policies, etc. Residents will be reoriented to the Pharmacy Residency Successful Completion Policy and introduced to the Successful Completion Tracker. Residents will complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation and Initial Development Plan to be completed before August 1<sup>st</sup>.

**PGY1 Research Orientation**

Residents will receive orientation to the research process in June and July. Residents will complete all required IRRB training during this time.

**3.1.2. PGY2 Critical Care Pharmacy Residency**

**3.1.2.1. PGY2 Critical Care Purpose**

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

**3.1.2.2. PGY2 Critical Care Program Structure/Curriculum**

**PGY2 Critical Care Learning Experiences**

The PGY2 Critical Care Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences. There are six (6) required block learning experiences.

**PGY2 Critical Care Required block learning experience:** A one-month learning experience with a pharmacist attending who practices in that area.

**PGY2 Critical Care Elective block learning experience:** A two or four week learning experience with a pharmacist attending who practices in that area or with a non-pharmacist clinician (typically a physician).

- See PharmAcademic for a complete list of possible pharmacist-precepted learning experiences.
- Any non-pharmacist precepted learning experiences will be coordinated between the RPD or resident’s advisor and the non-pharmacist preceptor. Specific feedback on at least one residency objective relevant to that practice area will be provided by the non-pharmacist preceptor. Non-pharmacist precepted learning experiences will not be scheduled in the first half of the residency year and will be dependent upon adequate progress toward achieving the program objectives as determined by the resident’s advisor and the RPD.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.
- **OFF-SITE LEARNING EXPERIENCES:** A PGY2 Critical Care resident may complete learning experiences at another Cleveland Clinic facility as long as the experience is available. In order to be considered for an off-site experience, the resident must:
  3. Request the learning experience by July 31<sup>st</sup> by notifying the RPD
  4. Complete and submit the necessary application to the hosting institution

**Attendance for block learning experiences:** It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.
- The resident comp days from working the weekend will not count as a missed day.

**PGY2 Longitudinal learning experience:** A learning experience that occurs over the course of the residency year (at least 6 months, but typically 12 months).

**PGY2 Critical care Pharmacy Residency Learning Experience Schedule Overview**

| July  | August-November  | December  | January-June  |
|---|--|---|---|
| <b>Block Learning Experience Overview</b>   |  |   |   |
| Orientation <ul style="list-style-type: none"> <li>• Medical Center</li> <li>• Department</li> <li>• Critical Care</li> <li>• Competencies</li> <li>• Residency</li> <li>• Research</li> <li>• Weekend</li> </ul> | Four (4) required one-month block learning experiences from the following list: <ul style="list-style-type: none"> <li>• MICU</li> <li>• SICU</li> <li>• NSICU</li> <li>• CVICU</li> <li>• Emergency Medicine</li> </ul> | <ul style="list-style-type: none"> <li>• ASHP Midyear</li> <li>• Research</li> <li>• Longitudinal projects</li> </ul> | <ul style="list-style-type: none"> <li>• One (1) required one-month block learning experiences (those not completed during the August to November period)</li> <li>• Critical Care Consult</li> <li>• Four (4) elective one-month block learning experiences</li> </ul> |

### **Longitudinal Learning Experience Overview**

- Research project
- Weekend Clinical Service
- Critical Care Medication Policy and Management
- Professional presentations

### **PGY2 Critical Care Projects**

#### **Research Project**

- Each PGY2 Critical Care Pharmacy Resident will develop, conduct, and present a research project over the course of the academic year. Research ideas are generated by the pharmacist attendings who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a therapy related clinical or practice research question. A list of preliminary research ideas will be emailed to candidates in the spring, prior to the start of the residency year.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience.
- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project. One (1) advisor should be designated as primary and will be responsible for oversight of the resident's project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert.
- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

#### **Medication Use Evaluation (MUE)**

- The resident will conduct a Medication Use Evaluation as part of the Critical Care Medication Policy and Management rotation
- Please see MUE guidance document on PharmAcademic for more details.

#### **Committee Involvement**

- The resident will attend and participate in the ICU committee meeting monthly
- The resident will be assigned to be a member to a critical care committee. Examples include but are not limited to sepsis committee or STAT page committee
- The resident will attend and participate in PGY2 RAC monthly and subcommittees as applicable

### **PGY2 Critical Care Professional Presentations**

All required presentations will be presented during the weekly dedicated didactic time. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

#### **Pharmacotherapy Conference**

- The resident will present one formal Pharmacotherapy Conference (PTC) to the pharmacy faculty.
- The purpose of the PTC is for the resident to deliver a high-quality didactic lecture to pharmacists, pharmacy residents and pharmacy students on a therapeutic topic that is current and relevant to the practice of pharmacy.
- Please see the Pharmacotherapy Guidance Document in PharmAcademic for more details.

#### **Formal Case Presentation**

- The resident will present one (1) formal case presentations to pharmacy faculty during the residency year. The cases will be identified during patient care rotations and will have a faculty advisor to provide guidance.
- The purpose of the Case Presentation is for the resident to verbally present a patient case to pharmacists and pharmacy residents. This should be interactive with the audience and include a discussion of the

primary disease state including primary literature, guidelines, and controversies/questions as appropriate. Please see the Resident Case Presentation Guidance Document in PharmAcademic for more details.

#### **Internal Medicine Pharmacy Lecture**

- The resident will present one (1) didactic pharmacy lecture to internal medicine residents
- The purpose of this presentation is to teach internal medicine residents a specific critical care pharmacy topic
- The presentation should include pathophysiology, guideline recommendations, and primary literature, as indicated
- Please see the Internal Medicine Guidance Document in PharmAcademic for more details.

#### **Morbidity and Mortality Conference**

- The resident will present one (1) Morbidity and Mortality Conference (M&M) to the pharmacy department during a monthly staff meeting.
- The purpose of the M&M presentation are for the resident to discuss outcomes associated with an adverse event and/or medication error, and to analyze the circumstances surrounding the incident to identify ways to minimize the occurrence of future events within the health system.
- The case will be identified in collaboration with the medication safety pharmacist.
- Please see M&M Guidance Document on PharmAcademic for more details. (Located within the professional presentations learning experience description).

#### **Journal Club Presentation**

- The resident will present two (2) Journal Club Presentations to pharmacy faculty during the residency year. One journal club will be presented during pharmacy residency didactics and the other will be presented to the regional PGY2 journal club.
- The purpose of the journal club presentation is for the resident to verbally summarize, evaluate and critique new primary literature to pharmacists and pharmacy residents.
- Please see the Journal Club guidance document in PharmAcademic for more details.

#### **PGY2 Didactics**

A two hour block of time will be set aside on the same day each week for didactic learning. Residents will be required to attend. During this time, residents will present patient cases, journal clubs, and pharmacotherapy conferences. Residents will also participate and lead topic discussions. Residents should also identify a faculty member with expertise in each topic and invite them to join the discussion. This time will also include meetings with the RPD and meetings of the research committee.

#### **3.1.2.3 PGY2 Critical Care Orientation**

An orientation checklist will be provided to the resident and reviewed with the chief resident at the beginning of the residency year. It is the resident's responsibility to make sure all items on the checklist are covered and ask for additional training if needed. Documentation of completion of orientation will be achieved via the Orientation Learning Experience in PharmAcademic and completion of the orientation checklist. The orientation checklist is updated annually and can be found on the pharmacy sharepoint site.

#### **PGY2 Critical Care Medical Center Orientation**

Orientation to the medical center will occur at the start of residency.

#### **PGY2 Critical Care Department of Pharmacy Orientation**

Orientation to the pharmacy department will occur at the end of June and throughout July. This will be coordinated by the current and incoming chief residents. Residents will receive a tour of the department, introduction to staff, training on hospital and computer systems, and training on pharmacy services. Residents will complete all computerized and written hospital and department competencies for employment.

#### **PGY2 Critical Care Residency Program Orientation**

Orientation to the residency program will occur in July. Residents will be oriented to PharmAcademic, the evaluation process, timeline, residency policies, etc. Residents will be reoriented to the Pharmacy Residency Successful Completion Policy and introduced to the Successful Completion Tracker. Residents will complete the

ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation and Initial Development Plan to be completed before August 1<sup>st</sup>.

#### **PGY2 Critical Care Research Orientation**

Residents will receive orientation to the research process in July. Residents will complete all required IRRB training during this time.

### **3.1.3. PGY2 Health-Systems Pharmacy Administration and Leadership (HSPAL) Pharmacy Residency**

*NOTE: The 1<sup>st</sup> year HSPAL will be enrolled into the PGY1 program and will be required to meet all requirements for graduation as specified in the PGY1 section of this manual. The descriptions below represent structure of the PGY2 HSPAL year.*

#### **3.1.3.1. PGY2 HSPAL Purpose**

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

**Additional focus:** A PGY2 health-system pharmacy administration and leadership residency builds upon PGY1 residency graduates' competence in the delivery of patient-centered care and in pharmacy operational services to prepare residents who can assume high level managerial, supervisory, and leadership responsibilities. Areas of competence emphasized during the program include safe/effective medication-use systems, quality assurance/improvement, human resource management, the financial resource management, technology optimization, and advanced leadership. The residency lays the foundation for continued growth in management and leadership skills.

**Our program:** Is designed to provide experiences/competencies to allow a graduate to assume clinical or operational leadership positions. In addition, our program provides experiences at the hospital and enterprise level to allow for a foundation that propels a graduate to enterprise position later in their career.

#### **3.1.3.2. PGY2 HSPAL Program Structure/Curriculum**

##### **PGY2 Learning Experiences**

The PGY2 HSPAL Pharmacy Residency at Cleveland Clinic Akron General consists of one-month block learning experiences and longitudinal learning experiences (6). There are nine (9) required block learning experiences (7-one month and 2 – two weeks), 1 month for concentrated project focus within the longitudinal research rotation and three (3) elective experiences.

**PGY2 Required block learning experience:** A one-month or two-week concentrated learning experience with a pharmacist attending who practices in that area. A primary preceptor month, facilitated by a qualified preceptor, where the resident functions as the primary preceptor for a PGY1 HSPAL pharmacy resident is also required as the last rotation of the PGY2 year.

**PGY2 Elective block learning experience:** A one-month learning experience with a pharmacist attending who practices in that area of leadership/management.

- See PharmAcademic (and listed in the table below) for a complete list of possible pharmacist-precepted learning experiences.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendations by the RAC when reviewing the resident's quarterly development plan.
- All elective learning experiences must be approved by the RPD.
- **OFF-SITE LEARNING EXPERIENCES:** A PGY2 resident will have four required rotations (2-one month; 2-two weeks concentrated) off CC AGMC campus. Elective rotations off-site will be restricted to within the CCHS.

These rotations will need to be coordinated based on availability of the hosting site in concert with the RPD. Residents will not be reimbursed for mileage to and from these CCHS sites.

**Attendance for block learning experiences:** It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >5 days from any one month block rotation or no more than 25% of any block rotation of a different duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident’s performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

**PGY2 Longitudinal learning experience:** A learning experience that occurs over the course of the residency year (at least 6 months).

**PGY2 HSPAL Pharmacy Residency Learning Experience Schedule Overview**

| July  | August-February  | March   | April - June   |
|---|--|---|--|
| <b>Block Learning Experience Overview</b>   |  |   |  |
| Leadership (required), CC AGMC <ul style="list-style-type: none"> <li>• Leadership philosophies for the year</li> <li>• Review of organizational structure</li> <li>• Reiterate Chief Pharmacy Resident responsibilities</li> </ul>   | Five (5) required one-month block learning experiences (see below) and one elective: <ul style="list-style-type: none"> <li>• Procurement &amp; Support Services, CC AGMC</li> <li>• Operations, CC AGMC</li> <li>• Technology Operations, CC AGMC</li> <li>• Clinical Operations</li> <li>• Health-System Pharmacy Administration, CPO CCHS</li> <li>• One (1) elective one-month block learning experiences</li> </ul> | <ul style="list-style-type: none"> <li>• Project finalized and MUE coordination completed.</li> <li>• One (1) elective one-month learning experience</li> </ul> | <ul style="list-style-type: none"> <li>• three (3) required learning experiences               <ul style="list-style-type: none"> <li>○ Enterprise Medication Safety (2 weeks)/Enterprise Formulary and Policy Support (2 weeks)</li> <li>○ PGY1 HSPAL transition month</li> <li>○ Regional Operations, CCHS</li> </ul> </li> <li>• One (1) elective one-month block learning experiences</li> </ul> |
| <i>Available elective rotations:</i> <ul style="list-style-type: none"> <li>• Unit-Based Pharmacist Practice</li> <li>• Change Management-Project Implementation</li> <li>• Operations Manager</li> <li>• Retail Pharmacy Operations and Clinical Services , CC AGMC</li> <li>• Specialty Pharmacy Management, CCHS</li> <li>• Advanced, rotation in an area of management that matches position secured post-graduation – if Learning experience not created already, it will be done before resident starts the rotation</li> <li>• Operations Management – Performance Improvement/Cleveland Clinic Improvement model</li> <li>• NEOMED Teaching Certificate (Longitudinal)</li> </ul> |  |   |  |
| <b>Longitudinal Learning Experience Overview</b>  |  |   |  |
| <ul style="list-style-type: none"> <li>• Research</li> <li>• Budget Performance/Variance Reporting, Regulatory and Continuous Quality Improvement</li> <li>• Medication Safety</li> <li>• Human Resource Management</li> <li>• Clinical Operations (6 month longitudinal)</li> <li>• Operations 2 (6 month Longitudinal)</li> <li>• University of Cincinnati Masters of Science in Hospital Pharmacy Administration course work</li> </ul>  |  |   |  |



## **PGY2 HSPAL Requirements for graduation**

### **Research Project**

- The PGY2 HSPAL Pharmacy Resident will develop, conduct, and present a research project over the course of the residency year. The research project planning will start in the final quarter of the PGY1 year, if not before. Project development and IRB submittal will be completed by August of their PGY2 year (this project will also fulfill the University of Cincinnati's Masters program research requirement). Research ideas are generated by pharmacist leaders who practice in different areas. The Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a practice research question. A list of preliminary research ideas will be emailed to the PGY1 HSPAL resident by December of their PGY1 year. The requirement for completion of their research project will be in the 2<sup>nd</sup> year of their HSPAL program.
- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience. In general, the research for the PGY2 HSPAL will expand over 10 months (or more) of the PGY2 year to allow for a project larger in scope than the project completed in the PGY1 year.
- **Project Advisors:** Each resident will choose at least two (2) project advisors to assist with the research project (a project advisor (3<sup>rd</sup>) may also be assigned from the University of Cincinnati). One (1) advisor should be designated as primary and will be responsible for oversight of the resident's project and for completing all assigned evaluations in PharmAcademic. When choosing advisors, consideration should be given to having one advisor as the content expert and another advisor as a research methods expert. All documents required during the research year, should also be sent to the RPD for review and comments.
- **Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

### **Leader/Manager of a define group in the pharmacy**

- **Intern Program**
  - The PGY2 HSPAL resident will be responsible for being the "manager" for our fifteen (plus) interns.
  - This includes hiring, engagement efforts, progressive discipline, coordinating their summer program and confirming availability.
  - The PGY2 HSPAL resident is responsible for surveying satisfaction with our intern program, continuous quality improvement and reporting out on metrics (number of interns that successfully secured a residency of their top two choices, the number of interns that apply to our PGY1 program).
- **Completes Chief Resident responsibilities**
  - Coordinates PGY1/PGY2 orientation (new class)
  - Assists the PGY1 HSPAL to conduct/summarizes SWOT analysis (graduating classes)
  - Along with the PGY1 RPD/PGY1 HSPAL (transition month) assists with creating the block schedule for each of the 7 new residents for the PGY1 year.
  - Guides the PGY1 HSPAL (Transition Month) to create the staffing schedule (holidays and weekends) for the incoming class of PGY1s.
  - Reviews travel/meeting expectations with all residents and assists to coordinate lodging
  - Member of House Staff Senate and attends all meetings virtually or in person.
  - Arranges at least a bi-monthly meeting with all PGY2 residents to determine if there is any support needed.
  - Attends (if on-site) all PGY1 RPD meetings – as needed; reports out on the following standing agenda items
    - Medication Safety PGY1 activities coordination and reiterating deadlines
    - Medication Use Evaluation Coordination and reiterating deadlines
  - Serves as liaison between residents and department leadership

- **Completes at least 2 Pharmacists' schedule (one with preceptor in a direct instructing/modeling role and the other in a facilitation/coaching role)**
  - The resident will be responsible for creating multiple 8-week pharmacist schedules during their Operations 2 Longitudinal Rotation. This will include navigating all schedule requests, creating a schedule that maintains core staffing and communicating when requests cannot be honored. The resident will also manage filling all scheduling holes and covering sick calls which are required to maintain core staffing. This latter responsibility may be modified to a mutual understanding by the operations manager and resident, to determine what and for what time frame the resident will be responsible for arranging coverage.

**Coordinate the completion of all other residents Medication Use Evaluation (MUE) project**

- As part of the PGY2 HSPAL pharmacy residents' Clinical Operations Longitudinal Rotation, the resident will be responsible for guiding seven (7) PGY1 residents and three (3) PGY2 residents through their MUE projects. The PGY2 HSPAL pharmacy resident will need to assure all deadlines are met and that all PGY1/PGY2 residents have at least one action for continuous quality improvement beyond "providing education".

**Participate/attend assigned committees**

- The resident will attend and participate in (4) Pharmacy and Therapeutics Committee meetings.
  - If off-site the resident should join virtually
- The resident, when on-site, will attend and participate in the weekly management meeting.
- The resident, when on-site, will assist with coordinating and participate in the monthly nursing/pharmacy liaison committee
- The PGY2 HSPAL resident will be responsible for chairing CC AGMC's Pharmacy and Therapeutics Committee meeting in as defined in the MUE project timeline. This will consist of developing the agenda, running the meeting and completing minutes.
- Other committees as assigned or as align with interest.

**Complete performance evaluations (annual)**

- In addition, to evaluations of interns (90-day and annual), the PGY2 HSPAL pharmacy resident will be delegated 6 annual evaluations to complete with guidance from their direct manager and RPD. Those six will consist of:
  - Two pharmacy technicians
  - Two Clinical pharmacists
  - Two Clinical Pharmacy Specialists

**Present PGY2 Professional Presentations**

All required presentations will be presented at a staff meeting or during the management weekly meeting. A schedule of presentations for the year will be provided and agreed upon during orientation in July.

**Present two Management Case Presentations**

- The resident will be responsible for providing two management case presentations during the residency year.
- The presentation will be 20-25 minutes long, with 5-10 minutes for questions.
- Management Case Presentations will be based on:
  - Validating a service against practice standards and making recommendations for improvement
  - Optimizing a service based on workflow assessments and quality outcomes
  - Enhancing employee engagement through actions, feedback, strategies
  - Reducing variance in performing a service to improve the consistency of our service to published expectations.

**3.1.3.3. PGY2 HSPAL Orientation**

The last month of the PGY1 HSPAL resident's residency year will be an orientation to the resident's PGY2 year responsibilities and hand-off. Topics that will be reviewed are as follows:

- Chief Pharmacy Resident Responsibilities
- Orientation to the PGY2 residency year

- Review residency manual and requirements for graduation
- Review and schedule appointments
- Review definitions of NI, SP, ACH, ACHR for evaluations
- Completion of New Leader Orientation and Onboarding Modules
- Completion of Kronos scheduling training
- Hand-off on any open issues within the internship program
- The PGY1 will perform most of activities with coordinating the new PGY1 schedules, staffing schedules and building out the PGY1 residents' residency orientation to staffing

**PGY2 Medical Center Organizational Structure Orientation**

Orientation to all leaders at CC AGMC and CCHS.

**PGY2 PharmAcademic Evaluations Orientation**

- Orientation on maintaining criteria-based evaluations for preceptors, learning experiences and self-evaluations (when requested). The resident will be educated on the PharmAcademic evaluations should be discussed face-to-face with the preceptor ideally before the end of the rotation, but definitely within 7 days of rotation end or as required with longitudinal rotations.

**PGY2 Residency Program Orientation**

Requirements for graduation will be reviewed and a general time-table on when items should start to be achieved for the residency will be discussed. The Resident will have an introductory meeting with each of the on-site longitudinal rotations preceptors.

**3.1.4 PGY2 Emergency Medicine Pharmacy Residency**

**3.1.4.1. PGY2 Emergency Medicine Purpose**

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

**3.1.4.2. PGY2 Emergency Medicine Program Structure/Curriculum**

**PGY2 Emergency Medicine Learning Experiences**

The PGY2 Emergency Medicine Pharmacy Residency at Cleveland Clinic Akron General consists of 2-10 week learning experiences and longitudinal learning experiences. There are five (5) required emergency medicine and two (2) required critical care learning experiences.

**PGY2 Emergency Medicine Required block learning experience:** A 2-10 week learning experience with a pharmacist attending who practices in that area.

**PGY2 Emergency Medicine Elective block learning experience:** A 2-4 week learning experience with a pharmacist attending who practices in that area or with a non-pharmacist clinician (typically a physician).

- See PharmAcademic for a complete list of possible pharmacist-precepted learning experiences.
- Any non-pharmacist precepted learning experiences will be coordinated between the RPD or resident's advisor and the non-pharmacist preceptor. Specific feedback on at least one residency objective relevant to that practice area will be provided by the non-pharmacist preceptor. Non-pharmacist precepted learning experiences will not be scheduled in the first half of the residency year and will be dependent upon adequate progress toward achieving the program objectives as determined by the resident's advisor and the RPD.
- A specific learning experience may also be required to replace one of the elective experiences for a resident based on recommendation by the RAC from resident performance review.
- All elective learning experiences must be approved by the RPD.

**OFF-SITE LEARNING EXPERIENCES:** A PGY2 Emergency Medicine resident may be required to travel off-site for required or elective learning experiences. Residents may complete one (1) learning experience at another Cleveland Clinic facility as long as the experience is available. In order to be considered for an off-site elective learning experience, the resident must: 1. Request the learning experience by July 31st by notifying the RPD 2. Complete and submit the necessary application to the hosting institution

**Attendance for block learning experiences:** It is expected that residents will have an adequate amount of contact days on a learning experience to be able to demonstrate proficiency on assigned objectives. The following will provide guidance.

- A resident should not miss >25% of any rotation regardless of rotation duration. A missed day is defined as an entire day that the resident is not on rotation. Residents are discouraged from missing >3 consecutive days on a block rotation.
- If a resident misses >5 days from a block rotation, they may need to make up the missed days at the end of the residency. This will be at the discretion of the RPD and preceptor of the rotation in which the time was missed. The resident's performance (as per the final summative evaluation and quarterly global progress) may be used to help guide this decision.

**PGY2 Longitudinal learning experience:** A learning experience that occurs over the course of the residency year (at least 6 months, but typically 12 months).

**PGY2 Emergency Medicine Pharmacy Residency Learning Experience Schedule Overview**

| July  | August-November  | December  | January-June   |
|---|--|---|--|
| <b>Block Learning Experience Overview</b>   |  |   |  |
| Orientation<br>Emergency Medicine<br>Critical Care<br>Pharmacy Department<br>Medical Center   | Twelve (12) weeks<br>Emergency Medicine<br>learning experiences.<br><br>Four (4) weeks required<br>Critical Care learning<br>experience selected from<br>the following list:<br>CVICU<br>MICU<br>NSICU<br>SICU | <ul style="list-style-type: none"> <li>• ASHP Midyear</li> <li>• Two (2) week ED-to-ICU transitions of care learning experience</li> <li>• Longitudinal projects</li> </ul> | <ul style="list-style-type: none"> <li>• Twelve (12) weeks emergency medicine learning experiences.</li> <li>• Three (3) elective learning experiences which will be four (4) weeks in duration</li> </ul> |
| <b>Longitudinal Learning Experience Overview</b>  |  |   |  |
| Antimicrobial Stewardship<br>Emergency Medicine Services/Prehospital Medicine<br>Emergency Medicine Policy and Management<br>Medication Use Evaluation<br>Professional Presentations<br>Research<br>Teaching and Precepting<br>Weekend Clinical Service (every 3 <sup>rd</sup> weekend) |  |   |  |

**PGY2 Emergency Medicine Projects**

**Research Project**

Each PGY2 Emergency Medicine Pharmacy Resident will develop, conduct, and present a research project over the course of the academic year. Research ideas are generated by the pharmacist attendings who practice in different areas. The Residency Research Learning Experience is a longitudinal experience in which the resident applies the scientific method to answer a therapy related clinical or practice research question. A list of preliminary research ideas will be emailed to candidates in the spring, prior to the start of the residency year.

- A research timeline will be developed for each academic year. This timeline will outline due dates for deliverables as well as presentations. The timeline may be found on PharmAcademic under the rotation description for the Research Learning Experience.

**Project Advisors:** Each resident will be assigned one (1) project advisor to assist with the research project in addition to the residency program director.

**Research Coordinator:** The Department of Research has provided access to a research coordinator to assist with the design, implementation, conduct, analysis, and dissemination of resident research. The Research Coordinator will be involved with the residents' projects throughout the entire academic year and will provide formal feedback through evaluations in PharmAcademic.

#### **Medication Use Evaluation (MUE)**

- The resident will conduct a Medication Use Evaluation as part of the Emergency Medicine Medication Policy and Management rotation
- Please see MUE guidance document on PharmAcademic for more details.

#### **Committee Involvement**

The resident will attend and participate in:

- Emergency Services Institute (ESI) Pharmacy Governance committee meeting monthly. This committee oversees the provision of clinical and operational pharmacy services for emergency departments across the Cleveland Clinic enterprise.
- Sepsis Present on Admission (POA) committee meeting monthly. This committee evaluates sepsis mortality, as well as compliance with sepsis benchmarks/bundles.
- Designated subcommittee of the PGY2 Residency Advisory Committee
- Other committees as assigned by the residency program director

#### **PGY2 Emergency Medicine Professional Presentations**

A schedule of presentations for the year will be provided and agreed upon during orientation in July. Additional elective presentation opportunities may arise during the academic year. Participation of the resident in these elective opportunities will be determined based on resident interest and ability to successfully complete all required residency projects. Resident performance as documented on preceptor evaluations in PharmAcademic may be used to determine if an elective presentation opportunity should be considered.

#### **Pharmacotherapy Conference**

- The resident will present one formal Pharmacotherapy Conference (PTC) to the pharmacy faculty.
- The purpose of the PTC is for the resident to deliver a high-quality didactic lecture to pharmacists, pharmacy residents and pharmacy students on a therapeutic topic that is current and relevant to the practice of pharmacy.
- Please see the Pharmacotherapy Guidance Document in PharmAcademic for more details.

#### **Formal Case Presentation**

- The resident will present one (1) formal case presentations to pharmacy faculty during the residency year. The cases will be identified during patient care rotations and will have a faculty advisor to provide guidance.
- The purpose of the Case Presentation is for the resident to verbally present a patient case to pharmacists and pharmacy residents. This should be interactive with the audience and include a discussion of the primary disease state including primary literature, guidelines, and controversies/questions as appropriate.
- Please see the Resident Case Presentation Guidance Document in PharmAcademic for more details.

#### **Emergency Medicine Didactic Pharmacy Lectures**

- The resident will present up to four (4) didactic pharmacy lectures, including to:
  - Pharmacy students at Northeast Ohio Medical University (NEOMED)
  - Emergency medicine physicians and advanced practice providers as a continuing education presentation
  - Emergency medicine physician residents as part of Emergency Medicine conference
  - Paramedic students as part of CCAG Paramedic Program
- The purpose of these presentations is to provide a comprehensive overview of emergency medicine pharmacology or a specific emergency medicine pharmacy disease state topic to pharmacy students or emergency medicine non-pharmacist clinicians

- The presentation should include pathophysiology, guideline recommendations, and primary literature, as indicated
- Please see the Emergency Medicine Guidance Document in PharmAcademic for more details.

#### **Journal Club Presentation**

- The resident will present up to four (4) Journal Club Presentations to pharmacy faculty at an enterprise-wide Emergency Medicine Journal Club during the residency year or PGY2 Pharmacy Didactics
- The purpose of the journal club presentation is for the resident to verbally summarize, evaluate and critique new primary literature to pharmacists and pharmacy residents.
- Please see the Journal Club guidance document in PharmAcademic for more details.

#### **PGY2 Didactics**

A two hour block of time will be set aside on the same day every other week for didactic learning. Residents will be required to attend unless otherwise approved by RPD. During this time, residents will present patient cases, journal clubs, and pharmacotherapy conferences. Residents will also participate and lead topic discussions. Residents should also identify a faculty member with expertise in each topic and invite them to join the discussion. This time will also include meetings with the RPD and meetings of the research committee.

### **3.1.4.3 PGY2 Emergency Medicine Orientation**

An orientation checklist will be provided to the resident and reviewed with the chief resident at the beginning of the residency year. It is the resident's responsibility to make sure all items on the checklist are covered and ask for additional training if needed. Documentation of completion of orientation will be achieved via the Orientation Learning Experience in PharmAcademic and completion of the orientation checklist. The orientation checklist is updated annually and can be found on the pharmacy sharepoint site.

#### **PGY2 Emergency Medicine Medical Center Orientation**

Orientation to the medical center will occur at the start of residency.

#### **PGY2 Emergency Medicine Department of Pharmacy Orientation**

Orientation to the pharmacy department will occur in July. This will be coordinated by the current and incoming chief residents. Residents will receive a tour of the department, introduction to staff, training on hospital and computer systems, and training on pharmacy services. Residents will complete all computerized and written hospital and department competencies for employment.

#### **PGY2 Emergency Medicine Residency Program Orientation**

Orientation to the residency program will occur in July. Residents will be oriented to PharmAcademic, the evaluation process, timeline, residency policies, etc. Residents will be reoriented to the Pharmacy Residency Successful Completion Policy and introduced to the Successful Completion Tracker. Residents will complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation and Initial Development Plan to be completed before August 1st.

#### **PGY2 Emergency Medicine Research Orientation**

Residents will receive orientation to the research process in July. Residents will complete all required IRRB training during this time.

### **3.1.5 Staffing Learning Experience Requirements**

Pharmacy resident staffing is a critical learning experience that will prepare the resident for potential responsibilities post-graduation. Residents will be scheduled to staff on the weekends and holidays as outlined in their Acceptance Letter. Residents will be scheduled to staff as follows:

- PGY1 Residents (including PGY1 HSPAL) will staff every other weekend (Saturday and Sunday) and three (3) recognized holidays as follows:
  - It is a 12 day per pay period (2 weeks) schedule
  - Residents will work 3 of the following holidays (Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, Christmas and New Year's)

- Unless someone requests to work Thanksgiving, Christmas or New Years – those holidays will be assigned to the 7 PGY1 residents by a lottery.
- Shifts on the holidays may be 1<sup>st</sup>, swing or 2<sup>nd</sup> shift as assigned
- Evenings prior to recognized holidays are not considered holidays. If the holiday falls on a Sunday, the resident may be scheduled on a Saturday evening.
- PGY2 Critical Care Residents
  - PGY2 Critical Care Residents will staff every other weekend (Saturday and Sunday) and two (2) recognized holidays (one major and one minor). PGY2 Critical Care Residents will receive (1) weekday off for each weekend worked.
  - PGY2 Critical Care Residents will help cover gaps in 7 am – 6 pm ICU pharmacist coverage during the week as needed. The resident who does not have a comp day that week will be first in line to cover these gaps in ICU coverage. If this resident is unable to provide coverage, then the resident who does have a comp day that week will provide ICU coverage until 6 pm on the days they are at the hospital. This ICU pharmacist coverage includes attending code blues and completing ICU pharmacy consults.
- PGY2 Emergency Medicine Residents will staff every 3rd weekend (Saturday and Sunday) and three (3) recognized holidays (one major, two minor as designated by the hospital).

Resident switching on staffing weekend or holiday.

- A resident may not request time off for a weekend or holiday shift. This is also true for all pharmacists at Akron General
- A resident may switch a weekend shift with any of his/her co-residents but must get approval from the appropriate manager and RPD. Residents have historically had great success supporting each other when planned and unplanned occurrences prevent a scheduled resident from fulfilling their shift. If there are situations where a resident is not able to arrange for coverage, we will create a plan together to fill the schedule hole and have the resident make-up the staffing requirement.

Resident call off on a weekend or holiday shift

- A resident who needs to call off on a weekend or holiday shift due to illness or emergency should follow the call off procedure in the Pharmacy PTO policy (see manager for policy).
  - Residents should first try to switch with a co-resident for the shift that cannot be worked in order to avoid a call off.
  - If none of the other residents is able to switch with the resident calling off, the resident should notify the appropriate manager as below.
    - PGY1 residents should call or text the administrator on call and the Operations Manager.
    - PGY2 Critical Care residents should call or text the administrator on call and the Clinical Manager.
    - PGY2 Emergency Medicine residents should call or text the RPD, administrator on call, and the Clinical Manager.
  - A resident who calls off on a weekend or holiday shift must make up the missed shift. The scheduling of the make-up shift will occur at the discretion of the Staffing Learning Experience preceptor based on departmental needs and to ensure the resident has sufficient opportunity to achieve the associated learning objectives. The following will provide guidance for making up a shift.
    - The rescheduled shift may be up to the number of hours that were missed.
    - Residents may be required to take a day off and charged a time-off day in order to make up the missed shift and remain within duty-hours restrictions.
    - In special circumstances at the end of the year, the staffing learning experience preceptor may excuse an absence that has not been made up; so that the resident will be able to meet graduation requirements. This exception will be considered rare and will be communicated to the RPD/RAC if applicable.

## 3.2 Learning Experiences

### 3.2.1 Orientation

The primary preceptor for the learning experience will be responsible for orienting the resident to the learning experience by the first day of the orientation. The orientation will be documented in PharmAcademic and should include the following components:

1. Review of Resident's Development Plan
2. Review of Learning Experience Description from PharmAcademic
3. Review of Learning Activities and associated educational objectives

4. Statement of specific activities that will receive special focus based on resident’s interests and Development Plan.

### 3.2.2 Preceptor Evaluation of Resident

Preceptors will provide ongoing and timely feedback to residents regarding their performance on a learning experience. The goal of preceptor feedback is to guide the resident’s development as a confident and competent pharmacist, moving the resident toward independent practice on the learning experience. Evaluation may be informal or formal written feedback and should be documented in PharmAcademic.

- For Learning Experiences with more than one preceptor (e.g. Emergency Medicine), one primary preceptor will complete all formal evaluations and will be responsible for collecting input from the other preceptors. Input from other assigned preceptors will be documented in the Summative Evaluation by the primary preceptor.
- For PGY1 Learning Experiences where a PGY2 resident serves as preceptor, the faculty preceptor will be assigned as the primary preceptor and the PGY2 resident as a secondary preceptor. The PGY2 resident will complete formative and summative evaluations as required by the Learning Experience and the faculty preceptor will incorporate feedback in to the final evaluation of the PGY1 resident.
- For Preceptors-in-training, the preceptor advisor must also participate in and sign off on evaluations.

**Formative** – Preceptors will provide ongoing timely feedback to residents throughout the learning experience. Informal constructive feedback should be provided immediately as residents complete tasks and the preceptor instructs, models, coaches, and facilitates the experience. Residents who are not progressing satisfactorily should have written formative feedback uploaded in to PharmAcademic during the learning experience. Written feedback must include suggestions for improvement. Examples of written formative feedback may include:

- Comments on SOAP notes
- Evaluation of a patient presentation
- Evaluation of a teaching session

**Summative** – At the conclusion of each learning experience (quarterly for longitudinal experiences), the preceptor will provide verbal and written feedback on the resident’s progress toward achieving assigned educational goals and objectives. This will be documented on the Summative evaluation in PharmAcademic and reviewed with the resident no later than 7 days after the due date. The following are some general guidelines for documenting summative evaluations:

- Evaluation ratings (e.g. needs improvement, satisfactory progress, and achieved) must be marked for each objective evaluated.
- The majority of commentary provided should be associated with a specific educational objective in order to help track resident progress across multiple learning experiences. The Overall Comments box should NOT contain feedback that is not already presented with one of the objectives.

#### Definitions for Summative Evaluations – Evaluation Ratings

|                                 |  |
|---------------------------------|--|
| <p>NI=Needs Improvement</p>     | <p>By the end of the Learning Experience, the resident’s skill level does not meet the preceptor’s expectations as demonstrated by performance on the learning activities mapped to that objective. Examples of performance that may be marked as NI include:</p> <ul style="list-style-type: none"> <li>• Inability to complete tasks or assignments without preceptor guidance from start to finish.</li> <li>• Inability to gather patient information required to make basic clinical decisions.</li> <li>• Inability to find information in the literature needed to resolve clinical questions.</li> <li>• Weak knowledge base AND poor retention of information covered during the experience.</li> </ul> <p>ALL objectives marked as NI should be accompanied by modifying narrative commentary with suggestions on how to improve (see Level 4 below). The resident and his/her advisor will use this information to modify the Development Plan.</p> |
| <p>SP=Satisfactory Progress</p> | <p>By the end of the Learning Experience, the resident’s skill level has progressed to a level that the preceptor feels the resident should be able to achieve the objective by the end of the residency. Consideration should be given to the timing of the experience (August vs. May), practice setting (e.g. ambulatory vs. critical care), previous evaluation of that objective on other learning experiences, and upcoming experiences where that objective will be evaluated. Examples of performance that may be marked as SP include:</p> <ul style="list-style-type: none"> <li>• Some tasks or assignments required guidance but the level of appropriate independence increased over the month.</li> </ul>  |



|                             |  |
|-----------------------------|--|
|                             | <ul style="list-style-type: none"> <li>Gathering of patient information improved over the month and progressively required less adjustment by the preceptor.</li> <li>Increased ability to identify major guidelines and answer drug therapy questions that arose during practice but still needed some guidance.</li> <li>Weak knowledge base that improved throughout the month with reasonable retention of information covered.</li> </ul>   |
| Ach=Achieved                | The resident has mastered the objective in the particular practice setting being evaluated and to the level of residency training to date. Many objectives are evaluated in different practice settings and some residents may achieve an objective in one setting and not in another. All objectives marked as Achieved should be accompanied by affirming narrative commentary that provides specific examples. (see Level 3 or 4 below)   |
| ACHR=Achieved for Residency | <p>The resident, resident’s advisor, and RPD will collaborate to determine when an objective can be marked as achieved for the residency. The advisor may mark an objective as ACHR based on particular criteria (see below). The RPD may also determine that an objective can be marked as ACHR based on the above criteria and in collaboration with the resident’s advisor, especially in the 4<sup>th</sup> quarter of the residency. The residents will track this as part of their development plan and review with their advisors.</p> <p><b>*Once an Objective is marked ACHR, future evaluations do not need to comment on that Objective unless there is a problem. Future preceptors may mark that Objective as Achieved and state in the commentary, “Already marked ACHR. No problems identified on current Learning Experience.”</b></p> |

### Definitions for Summative Evaluations – Narrative Feedback

Preceptors provide narrative feedback to residents during the residency experience. Feedback can be classified as either Affirming (Strength) or Modifying (Area for improvement) and can be provided on 1 of 4 different levels as outlined in the table below.

#### Example

#### Objective R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate

| Affirming Feedback           |   |
|------------------------------|---|
| Feedback Level               | Example   |
| 1 - Acknowledgment           | <i>Great job!</i>   |
| 2 - Repeats criteria         | <i>Documented patient care activities appropriately in the chart.</i>   |
| 3 - Reporting of observation | <i>You documented patient care activities appropriately. Problem lists were complete, accurate, and properly prioritized.</i>   |
| 4 - Level 3 + example        | <i>Your notes were well written from the beginning of the rotation and continued to improve throughout the month. You were able to take complex patients and develop complete, accurate, and properly prioritized problems lists (e.g. patient with acute gout and uncontrolled diabetes had 7 or 8 other problems. Your note demonstrated the proper prioritization of problems and allowed for plan development that considered all the patient’s problems)</i> |

| Modifying Feedback                   |   |
|--------------------------------------|---|
| Feedback Level                       | Example   |
| 1 - Acknowledgment                   | <i>No</i>   |
| 2 - Repeats criteria                 | <i>Patient care activities were not appropriately documented.</i>   |
| 3 - Reporting of observation         | <i>You struggled with documenting patient care activities clearly. Your notes were not written in a way that the next person seeing the patient would understand your rationale or what you intended to do for the patient based on follow up monitoring.</i>   |
| 4 - Level 3 + example and suggestion | <i>Your notes were not written in a way that the next person seeing the patient would understand your rationale or what you intended to do for the patient based on follow up monitoring. Ask yourself what you would want to read in the note if you were the next clinician to see that patient. Avoid using partial phrases and be sure to complete thoughts in your plan section. On future experiences focus on writing notes this way and seek specific feedback from preceptors.</i> |

### 3.2.3 Resident Self-Evaluation

Self-evaluation is an important skill to develop as residents progress to be more efficient, effective, and able to work independently as pharmacists and lifelong learners. Residents may conduct self-evaluation in the following four ways.

1. Each resident will complete a summative self-evaluation on PharmAcademic each quarter through the “Advisor Customized Learning Plan” Learning Experience.
2. At the end of each month, the resident will evaluate progress on each objective via the Successful Completion Tracker.
3. The resident will conduct an initial and quarterly objective-based self-evaluation in PharmAcademic.
4. The resident will formally update his/her Development Plan at the end of each quarter to be presented by the resident’s advisor to the RAC.
5. Residents may be required to write a reflection on particular experiences throughout the year. The reflection tool built in to PharmAcademic will be utilized.

#### **3.2.4 Resident Evaluation of Preceptor and Learning Experience**

- Residents will complete an evaluation of each Learning Experience in PharmaAcademic at the end of each experience.
- Residents will also provide an evaluation of each preceptor on each learning experience at the end of the experience. If more than one preceptor is assigned to a learning experience, the resident will provide an evaluation for EACH preceptor with significant exposure to the resident throughout the experience. A resident may decline an evaluation if there was not significant exposure to that preceptor.

#### **3.2.5 RPD Oversight**

The RPD will review all evaluations submitted through PharmAcademic. The RPD may send an evaluation back to a preceptor or resident for any of the following reasons:

- Clarification on a comment that is unclear
- Request a higher level of narrative feedback (e.g. an objective marked NI with less than level 4 feedback)
- A significant amount of feedback provided in the Overall Comments box that should be linked with a specific objective
- Unhelpful/confusing narrative feedback such as “See R1.2.1” or “See Above”

### **3.3 Resident Development Plan**

#### **3.3.1 Overview**

The resident will have a development plan documented and adjusted quarterly based on evaluation feedback. Each resident will be assigned an advisor who will assist in adjusting the development plan and will serve as the liaison with the RAC.

The Resident Development Plan will include an initial plan and quarterly adjustments that will include:

- **CAREER INTERESTS** – Examples of resident interest areas that may be listed include the following:
  - Practice specialty (e.g. internal medicine, critical care, infectious diseases, psychiatry, etc)
  - Practice setting (e.g. inpatient, ambulatory, academia, publishing, etc.)
  - Both short-term and long-term career goals should be listed. (e.g. Pursue a PGY2 in infectious diseases and eventually a faculty position at a school of pharmacy)
- **STRENGTHS AND OPPORTUNITIES**
  - Professional and personal strengths and opportunities will be assessed for each of the four PGY1 Residency domains. Each assessment will be addressed at subsequent quarterly adjustments.
- **PLAN** – Each identified strength and opportunity will have an associated plan that is followed up on each quarter.
- **REVIEW OF PROGRESS BY OBJECTIVE** – The resident and advisor will review evaluations and note objectives that are achieved and where they are achieved. This information along with narrative feedback will be used by the advisor to determine objectives that can be marked as achieved for the residency (ACHR). Objectives marked NI or SP with accompanying modifying commentary will also be assessed and used to modify the resident’s quarterly Development Plan.

#### **3.3.2 Initial Plan**

The initial Development Plan will be completed by the resident based on the resident’s incoming self-assessment. The resident will identify strengths and opportunities based on the educational goals and objectives for the residency program and will complete the plan during the orientation period. The advisor will review the initial plan with the

resident and complete the Orientation evaluation for the “Advisor Customized Learning Plan” Learning Experience in PharmAcademic to document review of the plan. The RPD will upload the plan in to PharmAcademic to be available to all preceptors.

### **3.3.3 Quarterly Assessment and Adjustment**

Each quarter the resident will review all evaluations for the quarter and adjust the development plan accordingly. The advisor will meet with the resident to review evaluation feedback and help guide the adjustment to the development plan. The resident and advisor will need to address the plan in the following two ways:

1. New plan items – List any new plan items based on interests/career goals, strengths, and opportunities identified that quarter (from review of summative evaluations and feedback).
2. Update on previous plan items – Address progress on previous plan items and whether a specific plan item needs to be addressed further.
3. Objectives that may be marked as achieved for the residency (ACHR). (The resident should use the flow diagram provided in the Successful Completion Tracker and in Appendix 3.5.3)

### **3.3.4 Review of Progress on Residency Objectives**

#### **Marking Objectives as Achieved for the Residency (ACHR)**

The resident will review his/her progress toward achieving residency goals and objectives each month using the process below. This review will be done in collaboration with the resident’s advisor. The resident’s advisor will make recommendations to the RPD for objectives that can be marked as ACHR and continue to monitor progress. The resident will formally update his/her Development Plan at the end of each quarter to be presented by the resident’s advisor to the RAC for approval. Any objectives not meeting criteria below for ACHR may be evaluated based on the level of commentary and marked as ACHR by the RPD in collaboration with the resident’s advisor.

#### **CRITERIA FOR MARKING AN OBJECTIVE AS ACHR BY THE RESIDENT’S ADVISOR**

The resident may recommend and the advisor approve an objective for ACHR when one of the following criteria is met:

- (1) The objective has been achieved on more than one (1) Learning Experience
- (2) After the midpoint (December 31) the objective has been evaluated at least three (3) times and has been achieved on one (1) Learning Experience and has received no Needs Improvement ratings.

#### **ADDITIONAL CRITERIA FOR MARKING AN OBJECTIVE AS ACHR**

- (1) Any objective evaluated quarterly on a single longitudinal Learning Experience marked as Achieved on that Learning Experience may be marked ACHR by the RPD based on summative commentary.
- (2) After the midpoint, the RPD and advisor will collaborate to determine objectives that do not meet the above criteria but may be marked as ACHR based on narrative commentary. No objective may be marked ACHR if there is a Needs Improvement rating that has not been subsequently evaluated and received a rating of at least Satisfactory Progress. All objectives with an NI rating must be specifically addressed in the Development Plan.

### **3.3.5 Role of the Resident Advisor**

Each resident will be assigned a resident advisor during the orientation period. Consideration will be given to career interest when selecting an advisor. The advisor will provide guidance to the resident in assessing progress toward achieving the educational goals and objectives for the residency program. The role of the advisor will be to:

- Meet with the resident during orientation to review and complete the initial development plan.
- Meet with the resident monthly to discuss progress and any issues that may arise.
- Meet with the resident quarterly to review evaluations and help adjust the development plan.
- Oversee progress with professional presentations longitudinal learning experience.
- Present resident progress and development plan to the RAC.
- Recommend educational objectives to the RPD and RAC that can be marked as ACHR based on summative feedback provided on Learning Experiences.
- Serve as a resource to the resident for career path development.

(See Resident Advisor checklist – Appendix 3.5.5)

### **3.3.6 Residency Advisory Committee Review**

Review of the content of the resident’s development plan will be the primary mechanism by which the RAC oversees and documents resident progress toward achieving the educational goals and objectives for the residency program. The

RAC may make recommendations for adjustment to the resident's development plan. See section 4.2 for more information on the structure and function of the RAC.

### 3.4 Continuous Residency Improvement

#### 3.4.1 PGY1 Curriculum Subcommittee

The PGY1 curriculum subcommittee will consist of preceptors, the RPD, director of pharmacy, and two PGY1 pharmacy residents. The subcommittee will meet a minimum of twice each year (e.g. June and November) and then periodically as needed to evaluate the residency program structure and curriculum. The subcommittee will make and carry out an action plan for any identified areas for improvement. The chair of the committee or designee will provide updates to the PGY1 RAC. Responsibilities include:

- Review and discuss changes regarding the structure of the residency (i.e. required vs. elective rotations) to recommend to the RAC for approval.
- Review and discuss changes to the format for Resident Development Plans to recommend to the RAC for approval.
- Oversee required professional presentations of the residency.
- Evaluate Learning Experience Descriptions to ensure they meet ASHP Residency Standards
- Annually review and update sections of the residency manual that pertain to the residency curriculum.
- Curriculum Committee Chair Responsibilities
  - Coordinate the residency didactics schedule
  - Collect professional presentation evaluations and upload in to PharmAcademic
  - Coordinate activities that result from didactics as necessary (e.g. compile and summarize results of didactics quizzes)
  - Coordinate and lead committee meetings and update the RAC regarding committee activity and recommendations.

Curriculum structure and adjustments for the PGY2 residency programs will be handled by each respective PGY2 RAC.

#### 3.4.2 Preceptor Appointment and Development Subcommittee

The Preceptor Appointment and Development subcommittee of the RAC will consist of preceptors, the RPD, director of pharmacy, and two pharmacy residents. The subcommittee will meet periodically to review applications for preceptor appointment and reappointment. The committee will also plan preceptor development activities throughout the year. The chair of the committee will provide updates to the RAC. Responsibilities include:

- Review and make recommendation for all new preceptor appointments.
- Review preceptor reappointments annually.
- Plan the Residency Retreat
- Coordinate resident-led preceptor development activities. The residents on the committee will be responsible to prepare and deliver two (2) activities each year.
- Annually review and update sections of the residency manual that pertain to the preceptor appointment and development.

#### 3.4.3 Resident Recruitment Subcommittee

The Residency Recruitment subcommittee of the RAC will consist of preceptors, the RPD, director of pharmacy, and two pharmacy residents. The subcommittee will be responsible for overseeing the recruitment process. They will evaluate the recruitment process each year and then make and carry out an action plan for any identified areas of improvement. The chair of the committee will provide updates to the RAC.

- Review and submit changes to the CCCAG Pharmacy Residency website
- Organize and manage attendance for recruitment events including but not limited to the open house, job fairs, and residency showcases
- Coordinate residency candidate screening process, interviews, and interview itineraries
  - Assist with the maintenance of the screening and interview rubric database
  - Edit case for interview on an annual basis
  - Edit rubrics for interviews on an annual basis
- Meet with the recruitment subcommittee at least quarterly

#### 3.4.4 Residency Research Subcommittee

The Residency Research Subcommittee will consist of all pharmacy residents, all resident research project advisors, and any other interest pharmacy residency preceptors. The subcommittee will be responsible for overseeing the selection,

vetting, conduct, progress, and presentation of all pharmacy residency research projects. The subcommittee will meet quarterly to review residency research project progress and assist residents with completion of their projects. Responsibilities include:

- Maintaining a database of residency research project ideas.
- Contacting incoming residents in late spring to begin selecting project ideas.
- Facilitate resident investigator training (Cleveland Clinic, CITI training, etc)
- Coordinate all research project related activities (IRB submission and amendments, presentations, document preparation)
- Closing out research projects at the end of the year
- Annual review and update to Research curriculum

#### **3.4.5 Residency Retreat**

Residency preceptors will participate in a residency retreat at the end of each residency year. The RAC will review a SWOT analysis compiled by that year's residency class and develop an action plan based upon this analysis. The standing agenda for the Residency Retreat will include:

- (1) SWOT analysis review and discussion
- (2) Annual subcommittee updates (Review of prior year's activities and plans for upcoming year)
- (3) Preceptor development activity

#### **3.4.6 Resident Tracking**

The RPD will keep a record of each resident and their initial employment after graduating the residency.

#### **3.4.7 Residency Document Review**

The following residency documents will be reviewed annually to incorporate any updates/changes.

- Residency Manual
- Residency Policies
- Orientation checklists

### **4 Standard 4: Requirements of the Residency Program Director and Preceptors**

#### **4.1 Program Leadership**

**Director of Pharmacy:** The Director of Pharmacy provides oversight for the conduct of all the pharmacy residency programs at Cleveland Clinic Akron General and also serves as the preceptor for the Practice Management Learning Experience for the PGY1 Pharmacy Residency. The Director of Pharmacy also serves as the Program Director for the Health-Systems Pharmacy Administration and Leadership (HSPAL) PGY1/2 Residency Program.

**Residency Program Director:** The Pharmacy Residency Program Director for each pharmacy residency program is responsible for oversight of the conduct the respective pharmacy residency program. The RPD is also responsible for appointment and development of preceptors for the respective pharmacy residency program.

**Preceptors:** Pharmacist preceptors serve as leaders for the residency program in their particular practice areas. Preceptors also serve as research project advisors and residency advisors to mentor and assist residents adjusting their development plans. All preceptors are also members of the Residency Advisory Committee for the respective pharmacy residency program.

**Chief Resident:** The PGY2 HSPAL resident will serve as the chief resident for the PGY1 Residency Programs. If the PGY2 HSPAL resident is not available to act as chief resident, another pharmacy resident will be selected. The chief resident will work closely with the RPDs of each program to coordinate resident activities. The chief resident will also participate as a non-voting member of the RAC. Additional duties include but are not limited to assisting the program directors in making the pharmacy resident schedule and planning the resident orientation schedule.

**Residents:** Residents in all Pharmacy Residency programs should also see themselves as leaders in the program. Residents should be willing to step up and fill a leadership role in their class when needed. Opportunities for specific leadership roles will also be available throughout the residency year. Residents may also help to improve the residency experience and program by providing feedback through Learning Experience evaluations and the end of the year SWOT analysis. Residents may also approach anyone in residency leadership at any time with feedback and suggestions for the program.

## 4.2 Residency Advisory Committee (RAC)

### 4.2.1 Structure of the RAC

Each pharmacy residency program will convene a Residency Advisory Committee (RAC) to discuss residency policies and procedures and quarterly to review each resident's progress in the program. The agenda will be determined by the RPD and sent to all members prior to the meeting.

**Voting member:** All preceptors and preceptors-in-training are considered voting members.

**Non-voting member:** The chief resident is a non-voting member of each RAC.

**Quorum:** A quorum will be necessary to vote on and approve any official business. A quorum will be considered present when:

- Eight (8) voting members are in attendance at the PGY1 RAC meeting.
- Four (4) voting members are in attendance at the PGY2 RAC meeting.
- Four (4) voting members are in attendance at the PGY1/2 HSPAL RAC meeting.

### 4.2.2 Function of the RAC

Each pharmacy residency advisory committee serves to establish and maintain an accredited pharmacy residency program. Activities of each RAC include but are not limited to:

- Residency program policy development and approval
- Residency program curriculum development
- Review and approve each resident's development plan
- Review and evaluate resident performance on learning experiences to date

RAC meetings will generally be scheduled during the third week of each month, August through June as follows:

- **Monthly Residency Update:** August, September, November, December, February, March, May

#### **AGENDA**

- Review and approval of minutes
- Subcommittee updates
- Policy review/update
- RPD update
- Resident Feedback Tips
- Research project update
- Other Business

- **Quarterly Resident Progress Review:** October, January, April

#### **AGENDA**

- Review and approval of minutes
- Review of resident progress and development plans
- Subcommittee or policy updates if needed
- RPD update
- Resident Feedback Tips
- Research project update
- Other business

- **Annual Residency Retreat:** June

#### **Quorum and voting**

A quorum must be present to conduct a vote of official business. In the event that a quorum is not present, the meeting may still proceed but any items that need to be voted upon must be tabled. Examples of issues that will require a vote may include:

- (1) Approval of minutes
- (2) Approval of policy changes or updates
- (3) Acceptance of resident quarterly development plan updates
- (4) Resident remediation plan (if needed)
- (5) Resident dismissal (if needed)

- (6) Meeting adjournment

### 4.3 Preceptors

#### 4.3.1 Overview

Any qualified pharmacist at Cleveland Clinic Akron General may serve as a pharmacy residency preceptor. The Preceptor Appointment and Development Subcommittee and RPD for each program is responsible for ensuring that preceptors meet criteria for initial appointment and that reappointment is considered every three (3) years. Preceptors must also participate in ongoing self-evaluation and development.

#### 4.3.2 Responsibilities

Preceptors of each pharmacy residency program are expected to contribute to the success of the pharmacy residents and to the success of the program. Pharmacy residency preceptors should also act as pharmacy role models and at all times maintain professionalism, have a high level of communication, meet deadlines, and support pharmacy residents within all programs. Each preceptor is responsible for completing the academic professional record (APR) form, and participating in three (3) preceptor development activities every 3 years.

Preceptors are responsible for developing and maintaining a learning experience description for their respective learning experience(s). The learning experience description must be completed in PharmAcademic with objectives and learning activities documented as appropriate. Residents should be oriented to the learning experience either prior to the learning experience or on the first day of the experience. Throughout the experience, preceptors should employ direct instruction, modeling, coaching, and facilitating as appropriate. All evaluations must be completed no later than 7 days from the completion of the learning experience.

Preceptors are also expected to follow residency and department policies regarding residents and clinical services. For longitudinal experiences, preceptors should work with the resident to set feasible deadlines for projects when indicated.

#### 4.3.3 Non-pharmacist Preceptors

Rotations with non-pharmacist preceptors will be permitted as electives in the latter half of the residency. A pharmacist preceptor will be identified to establish goals and objectives for training, as well as participate actively in the evaluation of the resident's performance. Approval to complete an elective rotation with a non-pharmacist preceptor must be secured from the resident's advisor and RPD and will be dependent upon adequate progress on achieving residency goals and objectives. A resident may not be permitted to participate in the Learning Experience if any of the objectives taught and evaluated have received a Needs Improvement rating that has not been followed by at least a rating of Satisfactory Progress on a pharmacist-precepted Learning Experience.

#### 4.3.4 Off-site Preceptors

Residents may have opportunity to participate in a learning experience at a facility outside of Akron General. The preceptor for the off-site learning experience must supply a completed APR form to the Preceptor Appointment Subcommittee.

If the off-site learning experience is a required rotation in the curriculum for a particular residency program, the off-site preceptor for that learning experience must be approved for preceptor appointment through the subcommittee. The subcommittee will obtain a new APR form for each off-site preceptor based on their assigned reappointment cycle, but will not evaluate preceptor development hours or self-evaluations.

Off-site preceptors who are not a regular learning experience in the curriculum (e.g. electives that may be offered) do not need to be approved through the subcommittee and will not be maintained as a faculty preceptor at Akron General. The appropriate RPD will obtain the APR form as needed and will ensure the preceptor meets qualifications for preceptorship. The subcommittee may be consulted as necessary.

### 4.4 Preceptor Appointment

Preceptor appointments and reappointments will be discussed and voted on during quarterly Preceptor Subcommittee meetings. All RPDs are members of the Preceptor Subcommittee, therefore Subcommittee recommendations also serve as the RPD sign-off for each preceptor designation.

### Criteria for Appointment

To be considered for appointment (or reappointment) as a preceptor in the pharmacy residency program at Cleveland Clinic Akron General, the preceptor candidate must meet all of the following criteria and be approved for appointment by a majority vote of the RAC Preceptor Appointment Subcommittee. All decisions of the RAC Preceptor Appointment Subcommittee will be reported back to the RAC for affirmation. The details of criteria 3 through 6 can be found on ASHP's Preceptor Academic and Professional Record form.

1. Licensed pharmacist
2. Experience (one of the following)

#### PGY1 Preceptor

- a. ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- b. ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience.
- c. Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

#### PGY2 Preceptor

- a. ASHP-accredited PGY2 residency followed by a minimum of one (1) year of pharmacy practice experience in the advanced practice area.
  - b. Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.
3. Qualifications
  4. Contributions to pharmacy practice
  5. Appointments to committees (RPDs only)
  6. Professional engagement

#### 4.4.1 Initial Appointment (Appendix 4.4.1)

- Any qualified pharmacist may be considered for appointment as a preceptor for the pharmacy residency program. All pharmacy clinical specialists are required to be preceptors within the pharmacy residency program.
- To be considered for appointment as a preceptor the pharmacist must complete and submit ASHP's "Preceptor Academic and Professional Record" form to the RAC Preceptor Appointment Subcommittee chairperson.
- The chairperson (or designee) will review the submitted documents and present a recommendation to the RAC Preceptor Appointment Subcommittee for approval. Recommendation options include:
  - **Approved** – The RPD and subcommittee will also determine the date at which a newly appointed preceptor may begin taking residents with a goal to wait at least 6 months after the preceptor's start date.
  - **Provisional approval** - The subcommittee may grant provisional approval provided the candidate is able to provide any missing information needed to qualify as a preceptor. The RPD will be able to make this determination and will not require another vote by the subcommittee.
    - *The time limit to convert Provisional Approval to Approved is 30 days.*
    - *If the preceptor has not provided adequate documentation for full approval, the preceptor will be designated as Denied or Preceptor-in-training.*
  - **Denied** - If an initial appointment is denied, the subcommittee chairperson will contact the preceptor candidate addressing areas of deficiency and allowing the candidate to provide any additional documentation needed. If a second application is denied, the candidate will not be able to reapply for preceptor until the next year.
  - **Appointment as a preceptor-in-training** – If a preceptor candidate is assigned as a preceptor-in-training, he/she will be assigned a preceptor advisor who will work with the preceptor-in-training to write a specific development plan to achieve full preceptorship within two (2) years.
    - **See Preceptors in Training (section 4.4.3) below.**

#### 4.4.2 Reappointment (Appendix 4.4.2)

- Preceptors will demonstrate a sustained record of contributing to pharmacy practice and to self-development.
- Reappointment will occur every three (3) years and will be evaluated on a rolling basis with 1/3 of active preceptors evaluated each year.



- A preceptor who is up for reappointment will submit all necessary documentation to the subcommittee chairperson by a pre-selected date. The chairperson (or designee) will review the information and make a recommendation for reappointment for consideration by the RAC Preceptor Appointment Subcommittee. Recommendation options include:
  - **Approved**
  - **Provisional approval** - The subcommittee may grant provisional approval provided the candidate is able to provide any missing information needed to qualify as a preceptor. The RPD will be able to make this determination and will not require another vote by the subcommittee.
    - *The time limit to convert Provisional Approval to Approved is 30 days.*
    - *If the preceptor has not provided adequate documentation for full approval, the preceptor will be designated as Denied or Preceptor-in-training.*
  - **Denied** - The subcommittee chairperson will notify the preceptor of the decision and areas of deficiency. The preceptor will be permitted to respond with additional information for reconsideration of reappointment. Preceptors may be granted a one-year probationary period in order to achieve the noted deficiencies. A specific plan to address deficiencies will be required in order to grant a probationary period.
  - **Appointment as a preceptor-in-training** – If a preceptor candidate is assigned as a preceptor-in-training, he/she will be assigned a preceptor advisor who will work with the preceptor-in-training to write a specific development plan to achieve full preceptorship within two (2) years.
    - **See Preceptors in Training (section 4.4.3) below.**
- Items necessary for consideration of reappointment
  - Meets criteria for appointment based on the preceptor’s updated Academic and Professional Record.
  - Has participated in at least three (3) approved preceptor development activities over the previous three (3) years.
  - Has completed at least one (1) annual preceptor and learning experience self-evaluations and improvement plans in the past three (3) years.

#### 4.4.3 Preceptor In Training

- Pharmacists who do not meet qualifications for residency preceptor may participate in residency training as a preceptor-in-training upon approval by the RPD. In such cases, the following things will occur:
  - A currently appointed pharmacist preceptor will be assigned as an advisor.
  - A preceptor development plan will be in place so that the preceptor-in-training will meet qualifications of a preceptor within two (2) years of the implementation of the plan.
  - Biannual PIT check-ins with the PIT advisor are recommended, but not mandatory, during this two year period.
  - The PIT advisor will provide quarterly updates as needed to the Preceptor Subcommittee.
  - Preceptors-in-training who do not complete their PIT plan by the two year deadline will have a PIT plan reassessment meeting with the Preceptor Subcommittee chair, PIT advisor, and appropriate representation from pharmacy management.
    - Fit for preceptorship will be discussed at this meeting.
    - An amended PIT plan will be developed if appropriate.
    - The due date for the amended PIT plan will be one (1) year from development.
    - A biannual PIT check-in with the PIT advisor is mandatory for amended PIT plans.

#### 4.4.4 PGY2 Resident as Preceptor

- All PGY2 residents will submit an Academic and Professional Record form to be appointed as a Preceptor-In-Training for the PGY1 Residency Program at the beginning of the academic year. The resident’s advisor will be assigned as the preceptor advisor in PharmAcademic.
- Unlike the Preceptor-In-Training process for faculty, the purpose of appointment is to facilitate experience for the PGY2 resident as a residency preceptor in a layered learning model and not to move the PGY2 resident on to be a full preceptor.
- For Learning Experiences where the PGY2 resident will function as a preceptor for the PGY1 resident, the PGY2 resident will be assigned as a secondary advisor and expected to document formative and summative evaluations as required by the Learning Experience being precepted.

### 4.5 Preceptor Development

It is the expectation that preceptors will continuously develop their teaching skills. Preceptor development will be addressed in two (2) ways.

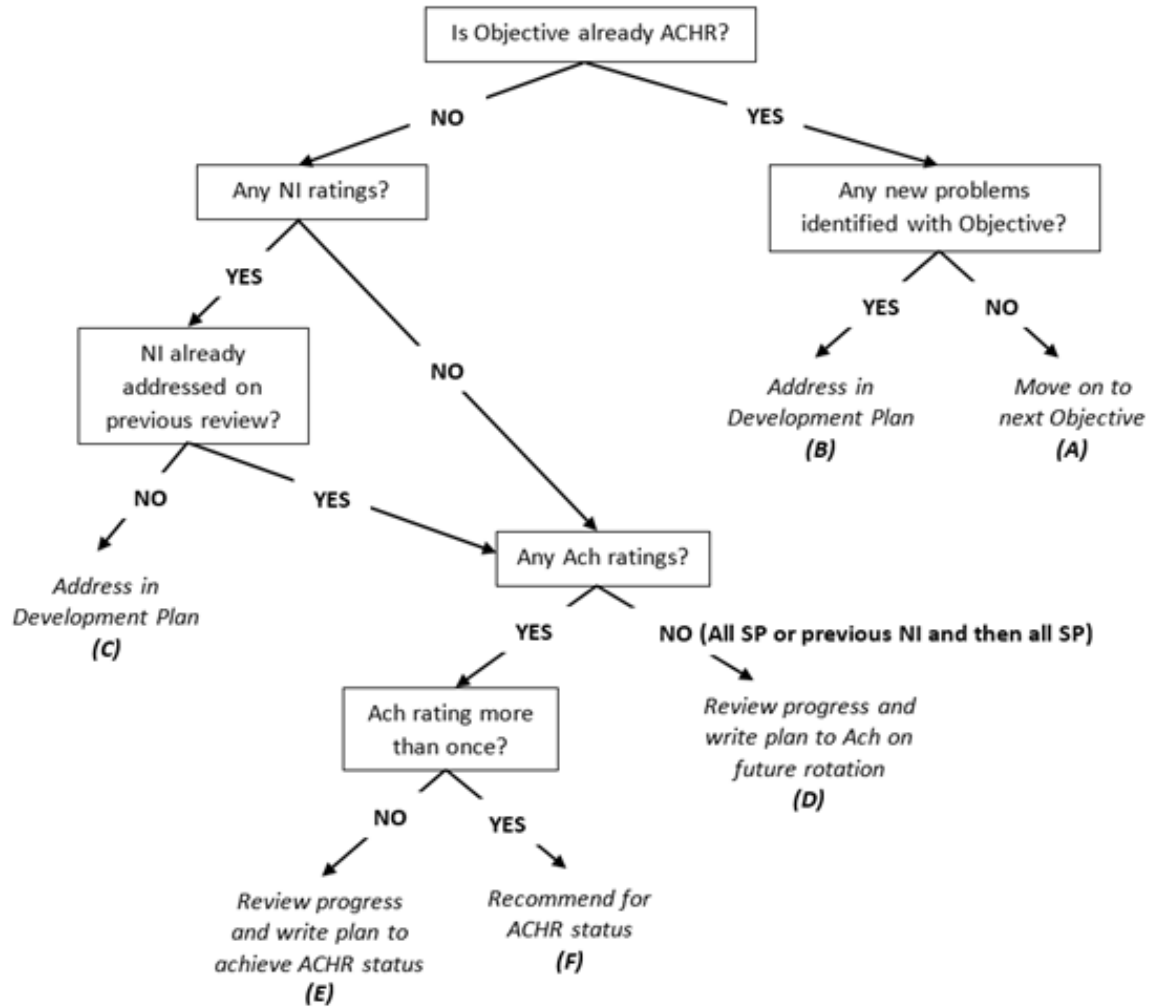
- Preceptor and learning experience self-assessment and improvement which must be completed every reappointment cycle by each preceptor. (see Appendix 4.5)
- Participation in three (3) approved preceptor development activities each reappointment cycle. The RAC Preceptor Appointment subcommittee chairperson will maintain a list of approved activities which may include but not be limited to:
  - Online or live continuing education activities sponsored by an organization (ASHP, ACCP, etc) or a College of Pharmacy.
  - Review and discussion of key articles provided by the RPD or other residency leadership.
  - Live or recorded development activities offered through the department.
  - CCHS Preceptor Development conference
  - The Residency Program will provide specific preceptor development in the following ways:
    - Residency Retreat Preceptor Development exercise (June)
    - Two (2) resident-led preceptor development activities presented throughout the year during resident didactics. Development topics will be decided upon by the Preceptor Appointment/Development committee and coordinated by the two (2) residents that sit on that committee.

## **APPENDICES**

- Appendix 3.5.3 Flow diagram for monthly assessment of performance by objective
- Appendix 3.5.5 Resident advisor checklist
- Appendix 4.4.1 Preceptor initial appointment checklist
- Appendix 4.4.2 Preceptor reappointment checklist
- Appendix 4.5 Preceptor and learning experience self-evaluation and improvement

**APPENDIX 3.5.3: Flow Diagram for monthly assessment of performance by objective.**

The following assessment should be performed each month by the resident for each objective and discussed with resident’s advisor. The process outlined below is for the purpose of modifying the resident’s development plan and ensuring achievement of objectives for the residency (ACHR)



## APPENDIX 3.5.5: Resident Advisor Checklist

### Cleveland Clinic Akron General Pharmacy Residency Advisor Checklist

The Pharmacy Residency Advisor will provide guidance to the resident in assessing progress toward achieving the educational goals and objectives for the residency program. The role of the advisor will be to:

- Meet with the resident during orientation to review and complete the initial development plan.
- Meet with the resident monthly to discuss progress and any issues that may arise.
- Meet with the resident quarterly (or more often) to review evaluations and help adjust the development plan.
- Oversee progress with professional presentations longitudinal learning experience.
- Present resident progress and development plan to the RAC.
- Recommend educational objectives that can be marked as ACHR.
- Serve as a resource to the resident for career path development.

#### DOCUMENTS TO REVIEW):

- Results of Pharmacy Training Exam (*Access Database*) (PGY1 Only)
- Summative Evaluations (“Goals and Objectives with Evaluations Report”) (*PharmAcademic*)
- Resident Development Plan (*Access Database*)

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#### Monthly Check In (first week of each month)

##### Review Career Goals

- \_\_\_ What are the resident’s career goals?
- \_\_\_ What are the resident’s plans to pursue the next professional phase?
- \_\_\_ Review current schedule and discuss elective rotations to prepare for career.

##### Review Residency Progress (View as “Goals and Objectives with Evaluations” report in PharmAcademic)

- \_\_\_ Are there any objectives rated NI that need addressed?
- \_\_\_ Are there any objectives rated SP with commentary that needs addressed?
- \_\_\_ Are there any other concerns from evaluations?
- \_\_\_ Is resident on track with Research Project?
- \_\_\_ Is resident on track with MUE?
- \_\_\_ Is resident on track with all other Residency Projects and Presentations?
- \_\_\_ Is resident active and on track with his/her Residency Subcommittee?
- \_\_\_ Is resident on track to complete Teaching/Leadership Certificate?
- \_\_\_ Does the resident have any other concerns?

#### \*Criteria to mark objective as ACHR by Advisor

- **MONTHLY REVIEW**- Any Objective that has been Achieved on more than one Learning Experience.
- **AFTER SECOND QUARTER** - Any Objective that has been evaluated at least three times and has one Ach and no NI with no negative commentary.

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#### Quarterly Review and Development Plan Update (first week of October, January, and April)

The resident will review their evaluations and progress and update their development plan prior to the quarterly meeting with the advisor. The advisor will complete the checklist on the following page in preparation to present the resident’s progress at the quarterly RAC. Areas to address include:

1. Career goals/interests
2. Rotations completed
3. Progress on objectives and plan update by domain
4. Other important feedback from evaluations

- 5. *Projects and committees*
- 6. *Summary recommendations and program adjustment*

**Quarterly Resident Review and Plan Update**

|           |  |
|-----------|--|
| Resident: |  |
| Advisor:  |  |

Quarter Review (circle)                      First                      Second                      Third

**1. What is the resident’s Career goals/interests?**

- a. Is CV up to date?
- b. Specialty and practice area of interest
- c. Interview plans for post-residency life

**2. What rotations have been completed to date?**

**3. What is the resident’s progress on residency objectives and Plan update by Domain?** (for each domain, address any objectives rated NI and any objectives that can be achieved for the residency (ACHR). Also review any new development plan items and updates to previous plan items)

**R1. Patient Care**

- a. Any objectives with an NI rating?
- b. Any objectives to achieve for the residency (ACHR)?
- c. Review of resident’s update to Development Plan:

**R2. Advancing and Improving Patient Care**

- a. Any objectives with an NI rating?
- b. Any objectives to achieve for the residency (ACHR)?
- c. Review of resident’s update to Development Plan:

**R3. Leadership and Management**

- a. Any objectives with an NI rating?

b. Any objectives to achieve for the residency (ACHR)?

[Enter Text Here](#)

c. Review of resident's update to Development Plan:

[Enter Text Here](#)

**R4. Teaching, Education, and Dissemination of Knowledge**

a. Any objectives with an NI rating?

[Enter Text Here](#)

b. Any objectives to achieve for the residency (ACHR)?

[Enter Text Here](#)

c. Review of resident's update to Development Plan:

[Enter Text Here](#)

4. **Any other important feedback from rotation evaluations?** (e.g. commentary from evaluations that should be addressed)

[Enter Text Here](#)

**5. Update on Projects and Committees**

a. Research Project Update

[Enter Text Here](#)

b. MUE Project Update

[Enter Text Here](#)

c. Practice Management Project Update

[Enter Text Here](#)

d. Presentations

i. Which ones are complete?

ii. Which ones are still coming up?

iii. Feedback so far.

[Enter Text Here](#)

e. Certificate

i. Teaching or Leadership? (circle)

ii. Activity so far:

[Enter Text Here](#)

iii. Feedback (from preceptors and resident):

[Enter Text Here](#)

f. Residency Subcommittee (which one and activity):

[Enter Text Here](#)

6. **Update on topic review documentation (not required per PGY1 Standards)**

[Enter Text Here](#)

**7. SUMMARY RECOMMENDATIONS FOR RESIDENT PROGRESS AND PROGRAM ADJUSTMENTS**

a. Objectives for ACHR:

*Enter Text Here*

b. Resident Program Adjustments:

*Enter Text Here*

c. Plan for electives (add more rows as necessary):

| Month | Elective Rotation | Rationale |
|-------|-------------------|-----------|
|       |                   |           |
|       |                   |           |
|       |                   |           |



**APPENDIX 4.4.1: Preceptor Initial Appointment Checklist**

Preceptor:

Learning Experience:

Cycle: 01 02 03

Evaluator:

\_\_\_ Licensed pharmacist

**PGY1 preceptor: Experience (one of the following)**

- \_\_\_ ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- \_\_\_ ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience
- \_\_\_ Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

**PGY2 preceptor: Experience (one of the following)**

- \_\_\_ ASHP-accredited PGY2 residency followed by one (1) year of pharmacy practice experience in the advanced practice area.
- \_\_\_ Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.

**From Academic and Professional Record form (meets preceptor criteria as outlined on the form)**

- \_\_\_ Qualifications
- \_\_\_ Contributions to pharmacy practice
- \_\_\_ Professional Engagement

\_\_\_ Appointments to committees (RPDs only)

Presented to RAC Preceptor Appointment Subcommittee on \_\_\_ / \_\_\_ / \_\_\_\_\_

| PGY-1 | PGY-2 CC | PGY-2 EM | PGY-2 HSPAL |                | Details |
|-------|----------|----------|-------------|----------------|---------|
|       |          |          |             | Approved       |         |
|       |          |          |             | Not applicable |         |
|       |          |          |             | Denied         |         |
|       |          |          |             | Provisional    |         |

**APPENDIX 4.4.2: Preceptor Reappointment Checklist**

Preceptor:

Learning Experience:

Cycle: 01 02 03

Evaluator:

Licensed pharmacist

**PGY1 preceptor: Experience (one of the following)**

- ASHP-accredited PGY1 residency followed by one (1) year of pharmacy practice experience.
- ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six (6) months of pharmacy practice experience
- Three (3) or more years of pharmacy practice experience without completion of ASHP-accredited post-graduate residency.

**PGY2 preceptor: Experience (one of the following)**

- ASHP-accredited PGY2 residency followed by one (1) year of pharmacy practice experience in the advanced practice area.
- Three (3) or more years of pharmacy practice experience in the advanced practice area without completion of ASHP-accredited PGY2 residency.

**From updated Academic and Professional Record (meets preceptor criteria as outlined on the form)**

- Qualifications
- Contributions to pharmacy practice
- Professional Engagement
  
- Appointments to committees (RPDs only)

**Preceptor Development**

- Participation in three (3) hours of approved preceptor development activities over the past three (3) years. (list below)
  - 1:
  - 2:
  - 3:
- Completed at least one (1) preceptor and learning experience self-evaluations and development plans over the past three (3) years. (attached)

Presented to RAC Preceptor Appointment Subcommittee on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

| PGY-1 | PGY-2 CC | PGY-2 EM | PGY-2 HSPAL |                | Details |
|-------|----------|----------|-------------|----------------|---------|
|       |          |          |             | Approved       |         |
|       |          |          |             | Not applicable |         |
|       |          |          |             | Denied         |         |
|       |          |          |             | Provisional    |         |

#### APPENDIX 4.5: Preceptor and Learning Experience Self-Evaluation and Improvement

|                     |           |
|---------------------|-----------|
| Learning Experience | Preceptor |
|                     |           |

It is the expectation that preceptors in the PGY1 pharmacy residency will regularly evaluate their preceptor skills and learning experiences precepted. Resident feedback about the preceptor and the learning experience are valuable tools for this purpose. At the end of each academic year, each preceptor will review resident evaluations and complete the following assessment.

PRECEPTOR EVALUATION: Review all preceptor evaluations from residents you had on rotation this year. For each of the attributes below, rate yourself on a scale of 1 (poor) to 5 (superb). Provide supporting evidence from the residents' evaluations under the "Resident feedback" column

| Attribute  | Rating    | Resident feedback |
|--|-----------|-------------------|
| I was a pharmacy practice role model for my residents.   | 1 2 3 4 5 |                   |
| I provided regular formative and summative feedback to my residents.                               | 1 2 3 4 5 |                   |
| I was available to my residents on a regular basis?  | 1 2 3 4 5 |                   |
| I arranged necessary learning opportunities for my residents to meet objectives.                   | 1 2 3 4 5 |                   |
| I displayed enthusiasm for teaching  | 1 2 3 4 5 |                   |
| I asked good questions to get my residents to think and answered the residents' questions clearly. | 1 2 3 4 5 |                   |
| I modeled the preceptor role:<br><b>Direct Instruction</b>   | 1 2 3 4 5 |                   |
| I modeled the preceptor role:<br><b>Modeling</b>   | 1 2 3 4 5 |                   |
| I modeled the preceptor role:<br><b>Coaching</b>   | 1 2 3 4 5 |                   |
| I modeled the preceptor role:<br><b>Facilitating</b>   | 1 2 3 4 5 |                   |
| I displayed interest in my residents.  | 1 2 3 4 5 |                   |
| I displayed dedication to teaching.  | 1 2 3 4 5 |                   |

Based on the resident feedback summarized above, list one (1) thing you will do this year to improve your teaching skills:

ROTATION EVALUATION: Review all learning experience evaluations from residents you had on rotation this year. For each of the attributes below, rate yourself on a scale of 1 (poor) to 5 (superb). Provide supporting evidence from the residents' evaluations under the "Resident feedback" column.

| Attribute  | Rating    | Resident feedback |
|--|-----------|-------------------|
| I oriented my residents adequately and expectations were clear.  | 1 2 3 4 5 |                   |
| I made sure my residents understood the objectives from the beginning of the learning experience.        | 1 2 3 4 5 |                   |
| I fairly assessed my residents' performance based on learning activities associated with each objective. | 1 2 3 4 5 |                   |
| I encouraged my residents to develop self-assessment skills.   | 1 2 3 4 5 |                   |

Based on the above feedback and review of the Learning Experience description, objectives, and learning activities, answer the following questions.

1. What are the strengths of this rotation?
  
2. What are the weaknesses of this rotation?
  
3. Review the Learning Experience description, objectives, and learning activities for this rotation in PharmAcademic. Are there any changes that need to be made? If so, outline those below.
  
4. What one action will you take to improve this learning experience based on the above summary? (you can list more than one action, but name one as the highest priority)