

Appendix A – PGY1

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ASHP Required Competency Areas

Postgraduate Year One (PGY1) Pharmacy Residency

R1: Patient Care

R2: Advanced Practice and Improving Patient Care

R3: Leadership and Management

R4: Teaching, Education, and Dissemination of Knowledge

Southwest General Hospital Requires No Elective Competencies

ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process

- R1.1.1: Interact effectively with health care teams to manage patients' medication therapy
- R1.1.2: Interact effectively with patients, family members, and caregivers
- R1.1.3: Collect information on which to base safe and effective medication therapy
- R1.1.4: Analyze and assess information on which to base safe and effective medication therapy
- R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
- R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate
- R1.1.8: Demonstrate responsibility to patients

Goal R1.2: Ensure continuity of care during patient transitions between care settings

- R1.2.1 Manage transitions of care effectively

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients

- R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures
- R1.3.2 Manage aspects of the medication-use process related to formulary management
- R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing

Competency Area R2: Advancing Practice and Improving Patient Care

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

- R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
- R2.1.2 Participate in a medication-use evaluation
- R2.1.3 Identify opportunities for improvement of the medication-use system
- R2.1.4 Participate in medication event reporting and monitoring

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

- R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
- R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
- R2.2.3 Implement changes to improve patient care and/or the medication-use system
- R2.2.4 Assess changes made to improve patient care or the medication-use system
- R2.2.5 Effectively develop and present, orally and in writing, a final project report

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate Leadership Skills

- R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
- R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement

Goal R3.2: Demonstrate Management Skills

- R3.2.1 Explain factors that influence departmental planning
- R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
- R3.2.3 Contribute to departmental management
- R3.2.4 Manages one's own practice effectively

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

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

- R4.1.1 Design effective educational activities
- R4.1.2 Use effective presentation and teaching skills to deliver education
- R4.1.3 Use effective written communication to disseminate knowledge
- R4.1.4 Appropriately assess effectiveness of education

Goal R4.2: Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

- R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs
- R4.2.2 Effectively employ preceptor roles, as appropriate

Qualification of the Resident

Qualifications for participation in the SW General PGY1 Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacist (ASHP).

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)
- Residents must be licensed in Ohio by October 1st
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for the position is unavailable
- Residents shall participate in and obey the rules of the Residency Matching Program
- Resident's must pass Southwest General Human Resources requirements for employment

Application to the PGY1 Residency Program

Applicants to the PGY-1 Residency Program will complete an electronic application through a supported application program (e.g. Phorcas) and submit by the application deadline of Jan 3rd.

Required Materials include:

- Letter of Intent, including statement of professional goals and rationale for pursuing a PGY1 residency
- Curriculum Vitae
- Supplemental Essay
- Three letters of recommendation, which may be completed through the electronic application system
- Official transcript from ACPE accredited school of pharmacy

In order to determine candidates for an onsite interview, completed applications will be reviewed by members of the RAC based on an objective scoring rubric. RAC committee will agree upon the invitees based on application scoring, personal interactions with the candidates, and optional pre-screening phone interviews. Candidates will be pre-ranked based on the objective scoring rubric, and adjustments to this ranking will be based on candidate specific observations or concerns. In a usual year Southwest will interview between 15-20 prospective residents, though the RAC reserves the right to change this number for any reason. Candidates offered an onsite interview will be provided a copy of the PGY1 Pharmacy Residency Manual.

Upon the completion of the on-site interviews, the RAC will agree upon a rank list based upon an objective scoring rubric and personal interactions with each of the candidates. Candidates will be pre-ranked based on their objective scoring, and adjustments to this list will be based on candidate specific observations or concerns. The final rank list will be submitted to the Resident Matching Program.

Governance and Administration

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Program Structure

Required Block Rotations	Preceptor
Orientation (5 weeks)	Ashley Smith, PharmD, BCPS Jean Mewhinney, RPh
Internal Medicine (5 weeks each)	Ashley Smith, PharmD, BCPS Sara Bonenfant, PharmD, BCPS
Infectious Disease (5 weeks)	Rebecca Margevicius, PharmD, BCPS, BCIDP Samantha Rasure, PharmD, BCPS
Transitions of Care (5 weeks)	Amy Murray, PharmD, BCACP
Critical Care (5 weeks)	Kyle Gustafson, PharmD, BCPS, BCCCP
Emergency Medicine (5 weeks)	Joe Guidos, PharmD, BCPS, BCCCP, BCEDP Luke Fawcett, PharmD, BCPS Lisa Scherer, PharmD, BCPS
Precepting (in conjunction with another rotation)	All program preceptors
Required Longitudinal Rotations	Preceptor
Inpatient Staffing <ul style="list-style-type: none"> One weekend every three weeks 	Ashley Smith, PharmD, BCPS Jean Mewhinney, RPh
Ambulatory Care Staffing <ul style="list-style-type: none"> One day every third week 	Erin Johaneck, PharmD Laura Stasiak, PharmD, BCPS
Administration and Quality	Ashley Brown, PharmD, BCPS, BCPP Stacey Zorska, PharmD, MHA
Research	Ashley Brown, PharmD, BCPS, BCPP
Elective Block Rotations	Preceptor
Cardiology, Inpatient	Cara Parrish, PharmD
Cardiology, Outpatient	Cara Parrish, PharmD
Critical Care II	Kyle Gustafson, PharmD, BCPS, BCCCP
Infectious Disease II	Rebecca Margevicius, PharmD, BCPS, BCIDP Samantha Rasure, PharmD, BCPS
Psychiatry	Ashley Brown, PharmD, BCPS, BCPP Victoria Cho, PharmD, BCPS, BCACP
Ambulatory Care	Laura Stasiak, PharmD, BCPS
Transitions of Care, Disease Focus	Amy Murray, PharmD, BCACP Laura Stasiak, PharmD, BCPS
Oncology	Caroline Townley, PharmD, BCOP

Resident Information Sheet:

Requirements for the Start of Residency

- Start date is the last Monday in June
- One required Orientation prior to start date. Offered once a month in May or June.

Salary/Residency Time Off

- The 2023-2024 residents will receive a stipend of approximately \$50,000, with accrued time off
- Scheduled time off for vacation and personal days will be used from the resident’s time off bank in accordance with Southwest General Policy number 812; with a total not to exceed 80 hours during the residency year.
- An additional 40 hours will be provided for professional days associated with professional involvement, interviews, or similar

Benefits

- Health Insurance: comprehensive medical, dental and eye coverage starting 90 days after orientation
- Free onsite parking
- Reimbursement for one major national meeting and for one regional residency conference
- Additional benefits are detailed in Southwest General Employee Handbook, provided by Human Resources and
- Additional benefits and discounts based on hospital affiliations (e.g. Lifeworks, Verizon Wireless, etc)

Vacation, Sick, and Personal Days

- Residents earn approximately 30 days of paid time off during the 12-month program. These days will be used for holidays, sick time, interviews, and personal days. Unused days will be paid out at the end of residency or roll over to employment
- Vacation and personal days must be planned and scheduled in advance, with consideration of rotation obligations, staffing, and other residency responsibilities. Vacation hours will be tracked in the system used to monitor duty hours
- Time-off request must be entered in staff ready and received in writing at least two weeks prior to the scheduled time off
- ALL requests for time-off, vacation and schedule changes should be directed to and approved by the pharmacy supervisor in charge of scheduling, the preceptor of the rotation during which the time off will fall, and the residency program director
- Approval for vacation and time off will follow departmental policy and procedure “703_Vacation requests_01152020”
- Attendance at one national meeting & one regional meeting are considered professional absences and do not affect time off.

Holidays

- Residents are required to work 2 holidays a year, one major and one minor
- Holiday time off will occur per hospital policy “#812 – Paid Absence Management (PAM) and Holiday Pay”

Sick Days, Extended Medical Leave, Personal Leave

- Sick days must be reported to the RPD, Preceptor, and Inpatient pharmacy prior to the start of the shift, in accordance with the Pharmacy Department’s Time and Attendance Policy.
- It is the responsibility of the resident to coordinate any missed work with the preceptor
- Illness longer than 3 days will follow Southwest General Hospital Policy 808 “Family and Medical Leave Act- Leave of Absence” and 821 “Personal leave of Absence”, which may include reporting to Employee Health for clearance before returning to work
- In the event of a serious medical or personal condition requiring a leave, communication with the RPD, Director of Pharmacy, and Human Resources should occur as soon as possible to ensure the resident is aware of all benefits and options available to them. Residents will be held to hospital policy 808 and 821 regarding personal or family leave of absences.
- An extended leave may impact the resident’s ability to successfully complete the requirements of the program within the allotted 12 months. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not always be possible. If this is not feasible, the resident may petition the RPD, Director of Pharmacy (DOP), and RAC for an extension of their residency end date. All decisions related to extensions will be made on a case by case basis and cannot be guaranteed
- If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion

Descriptions of required activities

Pre-Residency and Orientation (May-June, July)

A formal introduction to Southwest General's department of pharmacy, starting the week prior to July 1st and continuing through the end of July. This will include departmental and hospital policy, staffing experience, and residency year expectations. Hospital policy requires all new employees attend a one day orientation prior to their first day. The resident is expected to attend this orientation prior to July 1st.

Department of Pharmacy Staffing (Longitudinal)

Staffing consists of service to the department in both an inpatient and ambulatory care role throughout the duration of the residency. Inpatient staffing occurs one out of every three weekends, beginning as early as August 1st. Ambulatory care service is provided in the Coumadin Clinic and occurs one full day every third week. The resident will also be required to staff one major and one minor holiday during the residency year. The resident must have an active Ohio pharmacist license prior to beginning independent department service. Changing staffing dates will occur according to departmental policy "Schedule".

Rotations (August-June)

The resident is responsible for the completion of the required rotations. Resident's rotational performance will be evaluated by the primary preceptor through an electronic resident tracking system (such as Pharmacademic).

At the start of each rotation, the preceptor will meet with the resident to provide expectations and review the listed goals and objectives for the rotation. Residents are responsible for setting personal goals and discussing these goals with the preceptor. It is encouraged by the RAC that this conversation also includes the preceptor from the resident's most recent rotation. The preceptor is encouraged to document weekly feedback sessions during each rotation directly into an electronic resident tracking system. A final, face-to-face evaluation should occur at the end of the rotation with electronic documentation of the evaluation being complete within a reasonable time following the conclusion of the learning experience.

The resident is responsible for the completion of all assigned projects by the scheduled end of the rotation. Incomplete or late projects may result in the failure to satisfactorily complete the rotation. Any projects that require additional time beyond the formal end of the rotation require the agreement of all affected preceptors.

Medication Use Evaluation (TBD)

Each resident is required to complete a medication use evaluation. Topics will be selected during the residency year based on departmental needs and assessed as part of the required drug information longitudinal rotation.

Research Project (Longitudinal)

The resident will be responsible for the design and completion of a longitudinal residency project. This project may include a new pharmacy service, original research, enhancement/evaluation of a currently offered clinical service, or continuation of an existing research project. The resident will be required to present research at ASHP midyear (or similar conference) and will also present their longitudinal, completed project at a regional residency conference (e.g. Ohio Pharmacy Resident Conference). A project is considered complete once it has been submitted to the RRC in manuscript form and been approved by the committee chair.

Departmental and External Leadership Activities (TBD)

The resident may be responsible for additional leadership activities as assigned by the RPD, preceptors, or RAC. This may include leadership within the department, or the profession of pharmacy as a whole. If these projects do

not fit clearly under the responsibilities or scope of any other rotation, they will be considered a part of the required longitudinal administration rotation.

Drug Information Service (Longitudinal)

The resident will be responsible for responding to drug information questions posed either directly to the resident, or through the drug information “hotline”. Written responses are to be submitted to the residency list serve in a timely manner, determined by the clinical urgency of the request. Under normal circumstances this will be defined as within 5 business days of the request. The resident will be required to complete a minimum two drug information questions and two journal clubs. Additional drug information activities may occur as part of the pharmacy and therapeutics committee, internal quality review, or other similar venues. Projects or questions assigned by the preceptor are considered required. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Pharmacy In-services (Longitudinal)

The resident is responsible for the scheduling, planning, and presentation of weekly staff in-services or educational opportunities. This includes setting the schedule for lunch conferences, assigning topics, delegating education opportunities to other staff or students, and posting of educational material on the intranet. The resident is expected to present a minimum of 4 in-services throughout the year. The resident is also required to present as part of a formal CE program. These responsibilities fall under the oversight of the Drug Information required longitudinal rotation. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Pharmacy and Therapeutics Committee (Longitudinal)

The residents are responsible for the taking and dissemination of the P+T minutes, including documenting pertinent discussion, motions, and attendance. Minutes will be posted to the Department of Medicine and Pharmacy webpage within 5 business days from the completion of the meeting. The resident will present at least one MUE and one formulary monograph to meet the residency requirements presented above. These responsibilities fall under the oversight of the administrative required longitudinal rotation. Incomplete projects may result in the failure to satisfactorily complete the rotation.

Conference Attendance (TBD)

The resident will attend at least one national conference (e.g. Midyear) and one regional residency conference (e.g. Ohio Pharmacy Resident Conference) during their residency year. It is the expectation that the resident will present original research at each mandatory conference attended. If the resident does not have an accepted presentation, the RAC reserves the right to withhold the privilege of conference attendance and it may result in the failure to satisfactorily complete the required research rotation.

Residency Recruitment (October-March)

The resident will assist with the new resident recruitment for the program. Residents may be asked to respond to emails, attend showcases, and interact with students during shadows or on interviews. The resident will create the day to day schedule for residency interviews. There will be scheduled time for the resident to interact with potential residents during the interview process. Residents will complete the prospective evaluation and participate in the ranking discussion, as deemed appropriate by the RAC.

Residency Advisory Committee (RAC)/ Residency Research Committee (RCC) (Longitudinal)

Southwest General Health Center Appendix A- PGY1 (2023 – 2024)

The resident will attend one RAC committee meeting per quarter. Prior to each RAC meeting, the resident is responsible for the completion of a standardized residency report document two business days prior. These documents will be added to the meeting agenda and minutes.

The resident is responsible to attend all required RCC meetings, as determined by the committee chair. The committee chair has the authority to set deadlines, require documentation, or otherwise direct and manage the resident's research project. Residents will be required to document progress on the project at time intervals requested by the research chair. This documentation will be shared with the RAC and updated in the electronic residency tracking program.

Pharmacy Week (October)

The residents are responsible for the organization and operation of "National Pharmacy Week". Responsibilities include setting up food, activities, and prizes during the pharmacy week celebrations. These responsibilities fall under the oversight of the required Administrative longitudinal rotation.

Professional Involvement (Longitudinal)

The resident is encouraged to be an active participant in local and regional professional pharmacy organizations. This may include the attendance of "committee days" or the presentation of research at local and regional meetings. RAC will have final say over meeting attendance.

Pharmacy Newsletter (Longitudinal)

The resident is responsible for the development a quarterly newsletter and other professional communications. These responsibilities fall under the oversight of the Administration required longitudinal rotation. This preceptor has the authority to set deadlines, require documentation, or otherwise direct and manage pharmacy newsletter. Incomplete projects may result in the failure to satisfactorily complete the rotation. Dates for the newsletter will be September, December, March, June