



# **Southwest General**

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# **Combined Pharmacy Residency Program Manual 2024-2025**

Southwest General Health Center  
Middleburg Heights, Ohio



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## Purpose Statement

**PGY1 Purpose** PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies

**PGY2 Purpose** PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

## Residency Advisory Committee

The Residency Advisory Committee (RAC) governs the residency program. The committee consists of all active preceptors and preceptors-in-training. The committee is chaired by a Residency Program Director (RPD) and is scheduled to meet at least 4 times a year to discuss and monitor the progress of the residents. Residents are responsible for documenting their personal progress, upcoming deadlines, and other information as requested by the committee. The committee will approve all policies and procedures, and will advise the RPDs and designees on teach and evaluate objectives, general residency format, and modifications to residents training as necessary. The duties of a RAC member include, but are not limited to:

- Act as an advocate for the resident
- Provide expertise for the residency project and other research
- Provide feedback and suggestions on improving existing rotations
- Identification of new or expanded rotation opportunities
- Provide feedback and suggestions on the current structure of the residency program
- Offer guidance on the future direction of the residency
- Evaluate and interview the prospective residency class

PGY2 programs will have a separate subcommittee that is appointed by the RPD. These sub-committees will function to make decisions specific to each PGY2 program that do not impact the combined residency programs at Southwest General Health Center.

## **Residency Research Committee**

The Residency Research Committee (RRC) is a committee granted oversight of all residents' research efforts by the RAC. The committee is chaired by a designee appointed by the RAC and is scheduled to meet at least once a quarter to monitor the progress of the residents towards project completion. The committee or committee designee has the authority to approve residency project ideas, assign advisors or mentors, set project deadlines, review research documents prior to submission, and will have final sign-off on research presented outside of the institution. The committee chair will provide updates to the RAC as necessary.

## **Research Mentor or Preceptor**

Each resident will be assigned a "Research Mentor" by the RRC based on the resident's research interests and experience. The primary role of *Research Mentor* is to help the resident design and implement a successful study, navigate Institution Review Board approval, and run appropriate statistical models.

## **Residency Advisor**

Each resident will ask a preceptor to serve as their "Residency Advisor" for the residency year. This advisor will meet with the resident on a quarterly basis and as needed to help the resident successfully navigate the Residency program. Advisor choices will be made by October 1<sup>st</sup> of each year. RAC has final approval over the selection of a Residency Advisor

## **Residency Program Requirements**

### **Successful completion of the Southwest General Program requirements**

In addition to program specific requirements detailed below, all residents are required to meet the following graduation requirements:

- Licensed in Ohio by October 1st
- A minimum of 52 weeks of training, at least equal to that of a full-time equivalent
- Completion of all required block and longitudinal rotations to the satisfaction of the rotational preceptors, as listed in the manual
- Completion of a major project during the residency year with the goal of publication
  - Presentation of research at a regional or national conference
  - Submission of the project in manuscript form
- A status of “Achieved for Residency” for 80% of the ASHP required objectives
  - Other objectives may not include “Needs improvement” as the last evaluation for that objective
- Submission of an electronic binder documenting the completion of all requirements listed above, as well as program specific requirements detailed below

### **Additional PGY-1 specific completion requirements**

- Achieved for Residency on 25 of 31 ASHP CAGO goals
- Completion and presentation of a Medication Use Evaluation
- Presentation of a Formulary Monograph
- Completion, as primary editor, of at least one pharmacy newsletter
- Presentation of 12 formal educational opportunities over the course of the residency year
- Completion of ACLS and BLS certificates
- Completion of a teaching certificate program

### **Additional PGY-2 Emergency Medicine specific completion requirements**

- Proof of completion of a PGY1 program within 14 days of the start of the program
- Completion of SWG PGY2 EM Resident Training Checklist
- Complete at least 8 educational topic presentations
- Complete at least 2 EMS presentations
- Complete at least 2 formal journal club presentations
- Complete 1 ACPE presentation
- Obtain the following certifications:
  - BLS/ACLS/PALS
  - ENLS (by December 31<sup>st</sup>)
  - ASHP EM Certificate (by December 31<sup>st</sup>)

### **Additional PGY-2 Ambulatory Care specific completion requirements**

- Proof of completion of a PGY1 program within 14 days of the start of the program

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- Completion of SWG PGY2 Ambulatory Care Resident Training Checklist
- Complete a business plan
- Complete at least 4 community talk presentations
- Complete 1 ACPE presentation
- Obtain the following certifications:
  - BLS/ACLS

Upon successful completion of all requirements of the program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards set forth by ASHP.

## **Acceptance of Residency Match**

Results of the Resident Matching Program are considered final. Each resident will receive an acceptance letter detailing the general terms and conditions of the residency. The resident will acknowledge in writing their agreement to fulfill the duties of the residency position for the upcoming year.

## **Pharmacy Employment and Licensure Requirements**

The resident must complete all pre-employment Human Resources requirements for employment, including but not limited to: drug test, mini-physical, ReadySet survey, onboarding appointment, background check, and all necessary new hire documents. Southwest General Health Center is unable to sponsor work or educational visas as part of the employment.

Participation in our residency programs is contingent on securing and maintaining a license without restriction in the state of Ohio. Failure to meet the following requirements will result in dismissal from the program.

- I. The pharmacy resident must be licensed as a pharmacist in Ohio by October 1<sup>st</sup>
  - a. Failure to be licensed by October 1<sup>st</sup> will result in the dismissal of the resident
  - b. Failure to pass the NAPLEX after two attempts will result in the dismissal of the resident
- II. The resident will provide the RPD the following information:
  - a. Scheduled dates for all licensure testing, as they are scheduled
  - b. Results of all testing requirements, as they are known
  - c. Receipt of Ohio Pharmacy Licensure

## **Early Commitment Process**

PGY1 residents should express interest in writing to the PGY2 RPD by September 1<sup>st</sup>. Residents interested in the early commitment process will be reviewed and discussed by the RAC. Prior performance and learning experience evaluations will be reviewed, as well as discussions with current preceptors to assist with the selection process. The RAC will determine if the PGY1 resident is a suitable candidate. In the event of multiple PGY1 residents interested in the early commitment process, all residents will be required to submit a letter of intent, a letter of recommendation, and be required to go through a formal interview process with members of the RAC. After the interview process, members of the RAC will rank the prospective candidates and a formal decision to offer the position to a candidate can be made. Decisions to make a formal offer for early commitment will be made by the first week of November. The resident will be required to sign the early commitment agreement within 3 business days. If the RAC is unable to come to a definitive conclusion on early commitment, the PGY2 resident position(s) will participate in Phase 1 of the PGY2 match process.



## **Expectations and Responsibilities of the Residents**

### **Professional Conduct**

It is the responsibility and expectation of all Residents participating in the SWG Residency to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

### **Professional Dress**

All residents are expected to dress in an appropriate manner whenever they are within the hospital or participating in or attending any function as a representative of Southwest General. Professional dress is required for any formal presentation or intradepartmental committee meeting. The appropriateness of wearing scrubs for a rotation is at the discretion of the preceptor, but must follow the guidelines outlined below. The resident may participate in hospital wide special clothing day (e.g. jerseys, t-shirts) if appropriate for their rotation and meeting schedule.

Professional Dress: This includes shirt and tie, slacks, dresses/skirts (knee length and longer), hosiery and appropriate shoes. Unprofessional, and therefore unacceptable attire includes provocative clothing, short skirts and dresses, jeans, sweats, midriff shirts and tennis shoes. Shoes and boots with heels more than 2", as well as open-toed shoes, are inappropriate for safety reasons.

Scrubs: Matching color scrub top and bottom. White coat is required outside of the pharmacy unless otherwise inappropriate. Long-sleeve undershirts may be worn, if needed. Jackets must be blue or black SWG branded.

### **Employee Badges**

All residents will be required to follow hospital policy #504 regarding issuing and wearing of an appropriate ID badge while in Southwest General.

### **Communication**

The resident is responsible for promoting good communication between pharmacists, technicians, patients, physicians, and other health care providers. The resident shall abide by the hospital policy 210 regarding mobile devices in all patient care areas. Facilitation of appropriate communication includes being available via Vocera while on-site at Southwest General and responding to Cortext (or other personal communications) in a timely and professional manner. Hospital email addresses should be checked on a twice-daily basis. The resident is expected to meet deadlines for feedback and evaluations assigned via an electronic resident tracking system.

Feedback given by preceptors and residents is a means of learning and personal growth. Any conflicts which may arise between a resident and preceptor should first be handled by a face to face discussion

between involved parties. If resolution is not achieved, then discussing the situation with the RPD is the next appropriate step.

The resident is expected to manage their own practice effectively, including a personal responsibility to all assigned projects, meetings, events, or other scheduled activities. This includes keeping their electronic calendar up to date and using it to schedule meetings with preceptors, committees, or other responsibilities. It is not the responsibility of the preceptor to provide electronic calendar invites for due-dates, meetings, or other activities.

### **Off-Site Learning Experiences**

If the resident is completing an off-site learning experience, the expectation is that the primary responsibility is still to their respective Southwest General Residency Program. All required/scheduled staffing shifts, including weekends or holidays, are still required of the resident. Residents are required to check-in at a minimum of once weekly with their RPD, in person, via phone call or other forms of communications that are determined by the RPD. Hospital email communications should follow as stated above with being checked on a twice-daily basis. Any failures to adhere to these expectations may result in disciplinary action, up to and including cancellation of the off-site experience with the resident returning to the SWG campus for completion of on-site learning experiences only.

### **Patient Confidentiality**

All residents will maintain patient confidentiality. It is the expectation that the residents will not discuss patient-specific information with other patients, family members, or providers not directly involved in the care of the patient in accordance with hospital policy #633. Residents shall not leave sensitive or confidential documents in public spaces. Breaches to this policy may result in disciplinary action.

### **Conference Attendance (TBD)**

The resident will attend at least one national conference (e.g. Midyear) and one regional residency conference (e.g. Ohio Pharmacy Residency 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 PGY1 residents and/or 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 (RRC)**

The resident will attend at least 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 RRC 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.

**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. The resident will be provided "professional days" each year that may be used towards professional involvement.

**Attendance and Duty Hours**

Residents are expected to attend all functions as required by the RAC, the RPD, or rotational preceptors. The residents are solely responsible for meeting the obligations of their assigned service commitments (staffing or rotational). Attendance hours will be delineated by each preceptor in accordance with each individual rotation's requirements.

The residents are expected to electronically clock in and out via an online timesheet whenever on-site at Southwest General. This will serve as the official clock in time for the start of a required rotation or shift. Vacation hours will also be tracked through the online timesheet

While employed at Southwest General, the residents are expected to abide by the Department of Pharmacy Time and Attendance policy #708. This includes the general departmental definitions and guidelines for call offs, tardiness, and absenteeism. Specific requirements are highlighted below:

- In the event of illness or emergency that would prevent an associate from working, the associate must SPEAK to a staff Pharmacist by telephone as soon as possible. It is unacceptable to leave a voicemail, send an email or text message.

In addition to contacting inpatient pharmacy, the resident will also be required to contact the preceptor of record and the RPD regarding any tardiness or absence. Plans will be made by the Preceptor, in conjunction with the RPD, to make up any lost time or rotational experiences.

Due to the nature of a residency training program, excessive tardiness and absences directly impact the quality of the educational program. As such, Southwest General's Residency program will use the

following guidelines for warning and probation. Of note, patterns of absenteeism or extenuating circumstances may alter this timeline:

Tardiness	
4	Verbal warning with documentation
6	Written improvement plan (See resident disciplinary action)
7	Second disciplinary warning (See resident disciplinary action)
8	Dismissal from program
Occurrences	
2	Written improvement plan (See resident disciplinary action)
3	Second disciplinary warning (See resident disciplinary action)
4	Dismissal from program

### **Duty Hours**

Standards have been set by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program. These standards can be found here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

Southwest General expects all residents to maintain compliance with the above standards provided by ASHP. It is a professional responsibility for each resident to ensure they are fit to provide services that promote patient safety, and avoid situations that may compromise their ability provide safe and accountable care.

To facilitate tracking, reporting, and accountability to these standards the residents will be required to utilize an online timesheet to account for all hours present at the hospital. Residents will clock in and out using this program and these records will be considered the official record of resident hours and employment. These hourly timesheets will be made available to the resident or any preceptor upon request, in addition to being reviewed for compliance with the program duty hour policy at each RAC meeting.

### **External Employment Policy (Moonlighting)**

- Southwest General does not allow for moonlighting, either internal or external, during the residency. In the event of extenuating circumstances that may impact this policy, a resident may appeal in writing to the Residency Program Director and Director of Pharmacy. Approval would require a separate, signed contract detailing the exact extent and limitations of the moonlighting activity (including dates, hours, and measures taken to ensure safe practice during the residency) and the unanimous approval of both the RPD and DOP. This approval is not guaranteed.

### **Resident Wellness**

Due to the high-stress nature of healthcare and the demands of advanced professional education, Southwest General recognizes the increased risk for residents to develop professional burnout during the course of their residency training. Professional burnout has been associated with a reduction in patient safety outcomes, an increase in medical errors, and a decrease in professional fulfillment and job satisfaction.

Southwest General is committed to the personal well-being of our residents and has undertaken the following initiatives to help identify and respond to professional burnout:

- Reliable duty hour tracking through an electronic timesheet
- Adaptation of a validated professional fulfillment and burnout scale as part of the ongoing self-evaluation process
- Required mentor/mentee relationship with an established preceptor or pharmacist
- Utilization of an Employee Assistance Program (EAP) provided by Southwest General
  - Free services provided include: counseling, stress reduction coaching, nutritional support, fitness coaching, childcare and parent resources, financial advice, among other services

Residents will be required to provide self-evaluations, including a focus on burnout and professional fulfillment, on a quarterly basis and at additional times as needed. The results of all self-evaluation questionnaires will be available to the RPD during the quarterly customized plan meeting and shared with the RAC. Residents showing signs of personal or professional burnout will be directed to EAP resources available at Southwest. Time will be made available from the residency program for a resident pursuing services offered by the EAP.

All Southwest General employees (including pharmacy residents) can utilize several services at Southwest including EASE@Work. EASE@Work provides a full menu of employee assistance and work/life services that assists employees in managing work and personal issues, leading to higher motivation, morale, loyalty and productivity. All programs are designed to help promote a positive work/life balance for employees that can ensure organizational success. The employee and employer may access services 24 hours/7 days a week. When an employee or family member accesses a service, he or she will receive a confidential, professional assessment and referral service, helping them identify problems and develop a plan to resolve them – often before job performance is negatively impacted. You may access EASE@Work online at [www.ease@work.com](http://www.ease@work.com) or by phone. The username is Southwest and the password is EASE. This information can be found on the Southwest General Intranet along with the Southwest General Employee Handbook.

## **Resident Disciplinary Action**

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures.

### **Feedback action plan**

In the event that a resident fails to adequately progress towards the clinical practice goals required for a rotation, the preceptor (with input from the RPD, RAC, and resident) will develop a Feedback action plan for the resident. This plan will include a current assessment of progress and skills, set bench marks for satisfactorily completing the rotation, and outline stepwise goals or objectives to reach those bench marks. After creation, the preceptor will discuss the plan with the resident and provide a copy of the plan to the RPD. Should changes in the resident's schedule be necessary to complete the rotation the RPD will make efforts to coordinate those changes. This feedback action plan is distinct from disciplinary action or a performance improvement plan, but it may be considered and referenced in either situation. Receiving a feedback action plan while on a performance improvement plan may progress the level of disciplinary action.

### **Disciplinary action will be initiated if a resident**

- Does not follow policies and procedures of Southwest General Hospital.
- Does not present him/herself in a professional manner
- Fails to progress on the stated residency goals and objectives
- Does not make adequate progress towards completion of the residency requirements laid out in this document
- Fails to meet passing requirements for a required rotation

### **Disciplinary Action Policy and Procedure**

Disciplinary Action within the residency program will align with all policies and procedures in place at Southwest General Hospital except as noted below:

In the event of required disciplinary action of a resident, if a resident fails to make satisfactory progress towards any aspect of the residency program, or fails to adequately complete a required rotation, the following disciplinary steps shall be taken:

1. The Resident will meet with the RPD and/or involved preceptor to discuss the identified issue/s. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the event that transpired. Action steps will be created to help identify a solution for the behavior or deficiency with input from all involved parties. A Performance improvement plan (PIP) and specific goals for monitoring progress must be determined and outlined. The PIP will be documented in the resident's personnel file by the RPD. PIPs and ongoing monitoring will be addressed at each quarterly evaluation.
2. The resident will be given a second warning if the resident has not improved within the determined period of time set by the PIP.

3. If the RPD or preceptor determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy reviews the report and recommendations concerning final actions to be taken. If the Director of Pharmacy feels the action recommended by the RPD is appropriate, the action will be implemented. Action may include (but is not limited to) remedial work, extension of residency timeline, or termination. Should the residency be extended, additional funding is not guaranteed.
4. In circumstances where dismissal is recommended by the RPD or as a result of a failure to meet the objectives of a PIP, the Director of Pharmacy will have a meeting with the resident and RPD to discuss the final decision.

#### **Disciplinary Action Policy and Immediate Dismissal**

Just cause for dismissal includes failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered unprofessional or ethically unacceptable or which is disruptive of the normal and orderly function of the organization. Specific concerns or behaviors that fulfill this definition include, but are not limited to, the circumstances outlined below:

- The resident knowingly or due to negligence places a patient, employee, or any other person in danger
- The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking
- The resident is found to be using alcohol, illegal substances, or other recreational substances at any time during work hours. This includes use during non-work hours that interferes with their ability to perform work duties in a professional, responsible, and safe fashion
- The resident is found to carry, possess, or use any weapon on the organizational property
- The resident falsifies information on a document
- The resident commits plagiarism as determined by the RPD, Director of Pharmacy, and other preceptors as deemed appropriate. Any use of Artificial Intelligence in the scope of professional creation is considered academic dishonesty
- Any violations of hospital policy #212 regarding the use of social media
- The resident sexually harasses a member, employee, patient, or any other person while in performance of their duties as a resident
- The resident commits an act of vandalism or theft on the organization's property

Following review of the information by the RPD and Director of Pharmacy, the following decision options may be undertaken. These individuals may seek input from the RAC prior to these decisions.

- Initiate a corrective action plan, outlined above
- Advance a corrective action plan, as outlined above
- Immediate dismissal from the program

## **Resident Leave of Absence**

Residents are required to complete 52 weeks of full time equivalent training in order to receive their residency certificate. If a resident would need to take a leave of absence, for any reason, the resident must request an extension of the program to match the time taken on leave. The request must be made in writing and received within 14 calendar days of the return from leave, or by June 1<sup>st</sup> of the residency year, whichever is shorter. The request will be reviewed by the Residency Program Director and Director of Pharmacy. This review may involve an interview with the requesting resident, discussion with the RAC, as well as requesting documentation or support in accordance with HR policies. Extension to the program up to 12 weeks requires unanimous approval of the RPD and DOP. Extensions beyond 12 weeks may be considered on a case-by-case basis. Salary and benefits for any agreed upon extension are not guaranteed.

In addition to the extended time, a resident must also satisfy all other residency requirements listed earlier in this document. Failure to meet any of the listed requirements will result in the resident not being awarded a residency certificate.



## **Obligations of the Program to the Resident**

The residency programs at Southwest General shall provide a 52 week advanced pharmacy practice experience to the Pharmacy Resident. It is the mission of this program to provide an environment that prioritizes education and resident learning.

The Southwest General Residency program is designed in a way so that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations; prioritizing instead didactic and clinical education.

Program goals, objectives, and competencies are established by ASHP and are subject to accreditation according to their policies and procedures. Activities taught and evaluated throughout the residency program are intended to ensure the residents professional and personal development through structured learning experiences.

## **Customized Resident Plan**

Each resident will meet with their RPD on a quarterly basis to discuss and update the resident's personal customized plan. This includes areas of professional interest, strengths, weaknesses, and other information relevant to the resident's professional and personal development. The selection of elective rotations, scheduling of external learning experiences, and program related questions or concerns will also be a part of the quarterly review process. A running document will be submitted and updated, including comments from the RPD, with each meeting. The RPD will document the outcome of the customized plan meeting, and any pertinent resident wellness surveys, in an electronic resident management system. This document will also be provided to the RAC for review.

## **Additional Training Available**

Teaching Certificate- offered in conjunction with Northeast Ohio Medical University

Basic Life Support (BLS) – provider training

Advanced Cardiac Life Support (ACLS)- provider training

Pediatric Advanced Life Support (PALS)- provider training

## Residency Research Project

### **Overview**

The resident is responsible for the completion of a residency research 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. This project will consist of both retrospective and prospective portions. The completed retrospective residency project will be presented at a national conference as a poster presentation while the completed prospective residency project will be presented at a regional residency conference as a podium presentation in the spring. All final drafts of any submission needs to be approved by research chair prior to submission.

### **Project Selection, Scope of project, Approval**

The incoming resident will discuss potential project ideas with a member of the RCC between match day and the incoming residents start date. The RAC will then generate project ideas and suggestions within the scope of clinical practice requested by the incoming resident. These project ideas and suggestions are intended to reflect areas of need within the institution such as: pharmacy service expansion, overt clinical need, current issues in pharmaceutical care, medication safety, or other related areas of interest. The incoming resident will have an opportunity to choose from among the suggested projects or independently develop a project and submit this to the RRC for approval.

### **Research Mentor**

The resident will select a “Research Mentor” based on the resident’s research interests and experience. The primary role of *Research Mentor* is to help the resident design and implement a successful study, navigate Evidence-Based Practice and Research Council (EBPRC) and Institution Review Board (IRB) approval if necessary, and run appropriate statistical models.

### **Research Ownership**

Prior to submission to a journal, the RCC will designate a corresponding author from among the Southwest general staff. This author will be responsible for the final submission documentation and revisions associated with publication. If the resident opts not to pursue publication (through not submitting revisions, or not submitting to a different journal) the RCC retains the rights to the research and may seek publication independent of the resident. This may result in a reordering, but not the removal, of authorship.

### **Example Timeline**

July: Project identification, development of study design and methods

August: EBPRC and/or IRB submission, manuscript development

September: EBPRC and/or IRB approval, manuscript development

September-November: Data collection and preparation for poster presentation at national pharmacy conference of retrospective portion of research project, manuscript development

December: National pharmacy conference

December-February: Data collection for prospective portion of research project, manuscript development

March-April: Data analysis and preparation for podium presentation at regional residency conference, manuscript development

May: Regional residency conference, submit final manuscript to RRC

June: Submit manuscript to journal, provide confirmation of submission to RRC

## Evaluations

An important component of professional development is an organized process of two-way feedback and evaluation throughout the entirety of the residency program. The purpose of these exercises is to promote continuous improvement of both the resident and residency program. Feedback will include:

- Resident's achievement in terms of learning objective established for the rotation
- Provide feedback that may assist the resident with future rotations or experiences
- Provide feedback to the preceptors for improvements in precepting skills or rotational format
- Provide feedback to the RPD or RAC in order to improve the residency program

Residents, preceptors, and other staff will frequently provide feedback during informal meetings, individual rotations, required resident activities, or other residency related activities. Specific feedback will be documented via an electronic resident tracking tool, and may take on a variety of formats depending on each specific circumstance. Evaluations may include either oral or written feedback.

### Types of Evaluations

- Resident Self-Assessment

Self-assessment and evaluation is invaluable for professional development. Quarterly, the resident will meet with the RPD to discuss and update the "customized plan" including the self-assessment of strengths and weakness. Residents are encouraged to set personal goals for each rotation and to discuss those goals with each rotational preceptor. At the conclusion of each rotation, the resident will submit an electronic summative self-evaluation on their personal progress towards achieving required residency goals. Significant focus will be paid to the resident's self-evaluation regarding the effective management of their own practice, as dictated by ASHP required objective R3.2.4.

- Rotation Summative Evaluations

At the end of each rotation both the resident and preceptor will complete a learning experience summative evaluation through an electronic resident tracking program. This feedback will contain specific objective and activity evaluations as defined the RAC T/TE grid and Learning Experience description. The preceptor and resident are encouraged to have a formal, face-to-face, evaluation at the end of each rotational experience.

- "Snapshot" Evaluations

Preceptors are able to provide written feedback to a resident at any time through the use of the "snapshot" evaluations. These could include, but are not limited to, additional residency goals and objectives, specific rotational activities (e.g. presentations, DI responses), professional interactions, or documented feedback from non-pharmacy medical professionals. Other ad hoc evaluations may also be considered as part of the snapshot evaluation process. Preceptors are highly encouraged to use this style of evaluation wherever immediate feedback is preferable.

- Custom Evaluations

Custom evaluations are evaluations performed outside of an electronic resident tracking system.

Examples of a custom evaluation may be feedback on presentations, research critiques, or additional feedback outside of the evaluations documented above. Custom evaluations will be performed on an as needed basis.

- Feedback Documentation

Feedback documentation evaluations are evaluations performed by the preceptor to document formal and informal feedback provided to the resident during each rotation. Preceptors will be prompted weekly to document this via the electronic resident tracking system, with the resident and RPD receiving co-signature notifications.

## Evaluation scale definitions used in summative and quarterly evaluations

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> <li>• Deficient in knowledge/skills in this area</li> <li>• Often requires assistance to complete the objective</li> <li>• Unable to ask appropriate questions to supplement learning</li> </ul>
Satisfactory Progress (SP)	<ul style="list-style-type: none"> <li>• Adequate knowledge/skills in this area</li> <li>• Sometimes requires assistance to complete the objective</li> <li>• Able to ask appropriate questions to supplement learning</li> <li>• Requires skill development over more than one rotation</li> </ul>
Achieved (ACH)	<ul style="list-style-type: none"> <li>• Fully accomplished the ability to perform the objective</li> <li>• Rarely requires assistance to complete the objective, minimum supervision required</li> </ul>
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> <li>• Resident consistently performs objective at Achieved level, as defined above, for the residency</li> </ul>

### Achieved for Residency (ACHR)

ACHR will be selected by the RPD under the following two circumstances:

- Two consecutive “Achieved” evaluations on the same goal or objective
- RAC consensus during the every other month resident review, per the RAC standing agenda

Any decisions regarding ACHR will be updated in PharmAcademic and on the resident’s customized plan and graduation tracking document.

## **Attestation**

Please sign below to verify that the manual and corresponding appendix was reviewed.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date