TIDALHEALTH PENINSULA REGIONAL

Post-Graduate Year One (PGY1)
Residency Program Manual

2022-2023

Updated: June 21, 2022
TidalHealth Peninsula Regional

PGY1 Pharmacy Residency Program
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TidalHealth Peninsula Regional
Department of Pharmacy

Post-Graduate Year One (PGY1) Pharmacy Residency Program

History

TidalHealth Peninsula Regional is a community hospital located on the beautiful Delmarva Peninsula and is one of the nation's top heart institutes, a leader in minimally invasive and robotic surgery, and the only designated trauma center on the Eastern Shore. TidalHealth Peninsula Regional has been awarded numerous recognitions for both outstanding services and advanced technology. Clinical pharmacy services are an integral part of the patient care team at TidalHealth. Opportunities for teaching and precepting students are available through an affiliation with the University of Maryland Eastern Shore School of Pharmacy and Health Professions. www.umes.edu/pharmacy.

Background

www.mytidalhealth.org

TidalHealth Peninsula Regional, a non-profit, 266 bed hospital (*Maryland's 5th largest)* at the hub of TidalHealth, is a 120-year-old, fully Joint Commission accredited tertiary care facility featuring Delmarva's widest array of specialty and sub-specialty services. Over 330 physicians and 3,300 health care professionals and volunteers provide the care and compassion that nearly 500,000 patients rely on each year for inpatient, outpatient, diagnostic, subacute and emergency/trauma services. It has been the recipient of over 125 national awards and recognitions over the past six years for the safety and quality of care it provides patients and for the outcomes they experience. TidalHealth Peninsula Regional is one of the nation's top heart institutes, a leader in minimally invasive and robotic surgery, and the only designated trauma center on the Eastern Shore.

The department of pharmacy services provides care to patients on a 24-hour basis to fulfill TidalHealth's mission, to improve the health of the communities we serve. Clinical pharmacy services are an integral part of the patient care team at TidalHealth Peninsula Regional and are also available 24 hours a day.

Purpose Statement

The experience gained during the PGY1 residency at TidalHealth Peninsula Regional will build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Description

The experience gained during the PGY1 residency at TidalHealth Peninsula Regional will prepare the resident to function as a general clinical pharmacist in a hospital setting, continue advanced training through a PGY-2 residency or fellowship, or apply for a faculty appointment at a school of pharmacy.

The PGY1 residency position is designed to provide the resident with an opportunity to further expand their knowledge, leadership skills and competency as it relates to general clinical pharmacy services. One of the primary focuses of the residency program is to provide the resident with the tools necessary to expand their ability to critically evaluate situations, this occurs through a strengthening of their clinical judgment, and refinement of their problem-solving skills. The resident will work with several teams throughout the program, each offering a unique experience and the chance to grow as a clinical practitioner. Opportunities for teaching and precepting students during the residency are available through an affiliation between TidalHealth Peninsula Regional and the University of Maryland Eastern Shore School of Pharmacy and Health Professions.

Policy and Procedure
Eligibility for Application and Applicant Evaluation Procedure

PURPOSE: To establish a process to determine candidate eligibility for application and a standard evaluation procedure.

POLICY:

Phase I

1. Applicants are required to have graduated from an ACPE-accredited program or a program in ACPE candidate status.
2. All applicants are required to apply for the residency program through the PhORCAS system.
3. After the deadline for application is reached, applications will be assigned for review by designated members of the Residency Advisory Committee to determine selection for on-site interview using the application review section of the TidalHealth Peninsula Regional PGY1 Applicant & Candidate Evaluation Form (see attachment A below).
4. The number of applicants selected for on-site interview will be greater than or equal to 4 for each resident position, unless the quantity of applications is below 8.
5. Applicants selected for an on-site or virtual interview will be sent an email invitation. The email invitation will contain a link to the residency website and reference the residency manual which contains required information (licensure requirements, completion requirements, benefits, leave and dismissal policies and other residency related policies and procedures). Virtual interviews may be utilized for candidates who would have to travel extensive distances or for dates of inclement weather that would hinder safe travel.
6. Evaluations will include:
    - Formal presentation: 10-12 minutes
    - Clinical case review and discussion
    - Interviews with various members of the residency advisory committee, preceptors, and pharmacy leadership
7. Each member of the evaluation team will complete both sections of the TidalHealth Peninsula Regional PGY1 Applicant & Candidate Evaluation Form.
8. Applicant scores will be blinded and discussed at a Residency Advisory Committee meeting. After discussion, unblinding and final ranking will occur. The rank order list will be input into the National Matching Service by the Residency Program Director and verified with the Residency Program Coordinator.

Phase II

1. Applicants are required to have graduated from an ACPE-accredited program or a program in ACPE candidate status.
2. All applicants are required to apply for the residency program through the PhORCAS system.
    - A deadline for Phase II application will be set (approximately 1 week from Phase II opening)
3. Applicant evaluations will be completed by the Residency Program Director and Residency Program Coordinator using the same rubrics for Phase I excluding the formal presentation and clinical case review and discussion.
4. The number of applicants selected for interview will be greater than or equal to 2 for each unfilled position, unless the quantity of applications is below 2.
    - Video conferencing may be considered in place of on-site interview based on scheduling and/or geographic constraints.

5. The Residency Program Director, residency program coordinator and one other designated member of the residency advisory committee will interview and complete the evaluation for all applicants.

Post-Match process

1. Applicants will be evaluated by the Residency Program Director and Residency Program Coordinator on a rolling basis.
2. Final decision will be made by the Residency Program Director based on application and interview.

Residency Learning System

The Program's Purpose Statement is supported by selected outcomes and their respective educational goals and objectives to provide consistent, yet individualized, development of the residents' competency in six core areas of pharmacy practice **(Appendices I-III).**

Program Educational Outcomes (Curricular Outcomes)

R1	*Patient Care*			
	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	Applying
		R1.1.2	Interact effectively with patients, family members, and caregivers	Applying
		R1.1.3	Collect information on which to base safe and effective medication therapy	Analyzing
		R1.1.4	Analyze and assess information on which to base safe and effective medication therapy	Analyzing
		R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Creating
		R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Applying
		R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate	Applying
		R1.1.8	Demonstrate responsibility to patients	Applying
	R1.2	**Ensure continuity of care during patient transitions between care settings**		
		R1.2.1	Manage transitions of care effectively	Applying
	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	Applying
		R1.3.2	Manage aspects of the medication-use process related to formulary management	Applying
		R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing	Applying
R2	*Advancing Practice and Improving Patient Care*			
	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	Creating
		R2.1.2	Participate in a medication-use evaluation	Applying
		R2.1.3	Identify opportunities for improvement of the medication-use system	Analyzing
		R2.1.4	Participate in medication event reporting and monitoring	Applying
	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	Analyzing
		R2.2.2	Develop a plan to improve the patient care and/or the medication-use system	Creating
		R2.2.3	Implement changes to improve patient care and/or the medication-use system	Applying
		R2.2.4	Assess changes made to improve patient care or the medication-use system	Evaluating
		R2.2.5	Effectively develop and present, orally and in writing, a final project report	Creating

R3	*Leadership and Management*			
	R3.1	**Demonstrate leadership skills**		
		R3.1.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Applying
		R3.1.2	Apply a process of on-going self-evaluation and personal performance improvement	Applying
	R3.2	**Demonstrate management skills**		
		R3.2.1	Explain factors that influence departmental planning	Understanding
		R3.2.2	Explain the elements of the pharmacy enterprise and their relationship to the health care system	Understanding
		R3.2.3	Contribute to departmental management	Applying
		R3.2.4	Manages one's own practice effectively	Applying
R4	*Teaching, Education, and Dissemination of Knowledge*			
	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	Applying
		R4.1.2	Use effective presentation and teaching skills to deliver education	Applying
		R4.1.3	Use effective written communication to disseminate knowledge	Applying
		R4.1.4	Appropriately assess effectiveness of education	Applying
	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	Analyzing
		R4.2.2	Effectively employ preceptor roles, as appropriate	Applying

The structured learning experiences for the residency year consist of core and elective learning experiences and longitudinal experiential training which support achievement of Program outcomes and goals. All goals and associated objectives required by the Accreditation Standard will be taught and formally evaluated at least once during the year. (**Appendix III**).

In addition, each resident will complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation in PharmAcademic™ prior to the end of the first week of the residency program. These forms will be used by the program director and/or program coordinator to design a resident development plan **(Appendix IV)** and experience schedule **(Appendix V)**. This process will further facilitate resident growth and development, regardless of prior practice experience. Routine and ongoing evaluation will be provided with each learning experience. Various tools will be used to facilitate the evaluation process (**Section B**).

Program Structure

Learning Experiences

The program is a 12-month, post-graduate training experience composed of a variety of required and elective experiences tailored for each resident. The residency is divided into learning blocks, four to six weeks in duration.

Resident Schedule
The first experience is Pharmacy Orientation. The purpose of this experience is to orient the resident to the pharmacy services offered at TidalHealth Peninsula Regional and allow the resident to become proficient in the operational aspects of the Department of Pharmacy Services.

The second experience is in Pharmacotherapy. The resident will spend time working with the clinical pharmacy specialists at TidalHealth Peninsula Regional, learning the formal consultation service which will be incorporated throughout the residency.

The other core experience that occurs at a pre-defined time is the Research Project learning block. This is scheduled around the ASHP Mid-Year Clinical Meeting each December. Scheduling will allow the resident flexibility to attend the Meeting and have time to concentrate on their research project.

The remaining time throughout the residency is utilized for the other core and elective experiences. Flexibility with the schedule exists depending on interest and availability.

Learning Experience Overview:

1. Core (required) Learning Experiences:
   Pharmacy Orientation, Pharmacotherapy, Internal Medicine, Infectious Disease, Critical Care, Emergency Medicine, Research Project, and Pharmacy Management

2. Elective opportunities:
   Cardiology, Hematology-Oncology, Pharmacy Informatics, Psychiatric Medicine

A variety of elective experiences are available to suit flexibility in pursuing individual goals. Each elective opportunity may only be selected once by the resident during the program. **In addition, the resident may choose to complete elective experiences in the following core practice areas (Critical Care, Emergency Medicine, Infectious Disease, or Internal Medicine). Each core experience may only be completed a maximum of 2 times.**

In addition to the core and elective experiences, the resident will have longitudinal responsibilities.

3. Longitudinal experiences:
   Research Project, Pharmacotherapy, Academia, Pharmacy Practice & Operations

The resident will provide staff/clinical, clinical, and on-call coverage as outlined in Resident Staffing and Duty-Hour policy and procedure. (**Appendix IX**)

Prior to beginning each experience, the resident should review the description of responsibilities and activities and plan to meet with the preceptor to discuss individual goals for the learning block **(Section B)**. In addition, the resident should fill out the Learning Experience Goals Form in PharmAcademic ™ **(Appendix VI)** prior to the start of the Experience.

Orientation

The resident will begin by attending a general medical center orientation. The resident will then complete a standard orientation during the first month of the program. The program director and/or program coordinator will orient the resident to the program purpose, designated learning experiences, and the evaluation strategy. In addition, the resident will be introduced to the various operational areas of the pharmacy department and gain experience under the guidance of the pharmacists and preceptors.

Additional Experiences

The program also provides experiences aimed at producing a well-rounded pharmacist, including development and completion of a residency research project, development of oral and written communication skills through formal and informal presentations, and patient education. The resident will also gain experience through participation in various departmental administrative committees and practice in various patient care areas throughout the institution.

Evaluations

After completion of each learning experience and quarter, the resident and preceptor will complete electronic evaluations through PharmAcademic™. The resident will complete the following (Section B):

Core/Elective Experiences

- Preceptor and Learning Experience Evaluation
- Midpoint and Final Self-Evaluation

Longitudinal Experiences (performed quarterly)

- Preceptor and Learning Experience Evaluation
- Self-Evaluation
- Resident Development Plan & Project Tracking Form

Preceptors will evaluate resident performance based on the established resident responsibilities and activities for the learning experience. Preceptors will also complete a mid-point evaluation for core and elective experiences to further enhance preceptor feedback and encourage resident self-evaluation.

The preceptor will evaluate residents on a scale consisting of: Not Applicable, Needs Improvement, Satisfactory Progress, and Achieved. Definitions of each are as follows:

Not Applicable: The resident has not had an opportunity to achieve this objective.
Needs Improvement: Resident is unable to perform the goal/objective without significant assistance from the preceptor and/or show improvement over the evaluation period.
Satisfactory Progress: The resident has demonstrated the ability to perform the goal/objective with assistance and has continued to show adequate progress toward achievement of the objective.
Achieved: Resident has repeatedly demonstrated independent (without assistance or further instruction) mastery of all facets of the learning activity to obtain "Achieved" for indicated objective or goal.
Achieved for the Residency: Three (3) "Achieved" summative evaluation scores (any subsequent "Needs Improvement" negates an existing "Achieved" score) of indicated goal as evaluated by at least 2 different preceptors to meet "Achieved for Residency".

The preceptor and resident will meet to review the evaluation on the last day of the learning experience unless circumstances require an alternative date. Prior to review with the resident the preceptor may discuss the evaluation with the RPD. PharmAcademic™ will be used for completion of all monthly and quarterly evaluations. All evaluation forms will be archived in PharmAcademic™ and will be available for printing as needed.

The resident and Advisor will meet at the end of each quarter to review overall resident progress with respect to the Program's goals. After meeting with the advisor, the advisor will update the customized resident development plan and upload to PharmAcademic™.

Residency Portfolio
As part of the ongoing self-evaluation process and to adequately document residency activities, the resident is required to maintain a residency portfolio. The portfolio will serve as a complete record of ongoing activities and accomplishments that starts with the commencement of the program. The portfolio contents will be uploaded to a shared website (iPortal, SharePoint, etc.) hosted by the medical center and the pharmacy department and should be completed prior to the conclusion of the residency year. The resident will keep a copy of all documents and items for their records. The portfolio will contain the following items:

- Residency goals and development plans
- Residency calendar
- All resident and preceptor evaluation forms from all learning experiences
- Assignments (journal clubs, presentations, in-services, etc.) – handouts and select evaluations
- Research project items (project proposal, Eastern States presentation, final manuscript)
- All SOP encounters, including lectures with evaluations
- Administrative projects
- Newsletter articles and other publications
- Other items as identified

Residency Projects

Various residency-related projects are required throughout the year. The resident will be provided numerous opportunities to enhance their verbal and written communication skills in a variety of settings. The resident will provide both formal and informal presentations. The required formal presentations include:

- Resident seminars/topic discussions
- Student experiential teaching
- Patient case or administrative project presentations
- Journal clubs
- Pharmacist continuing education program (Pharmacy Grand Rounds)
- Eastern States practice session and final research project presentation
- At least one didactic lecture at UMES SOP

A more detailed description of each project, including expectations, evaluation, and schedule is provided (**Appendix VIII).**

To more fully engage in quality improvement learning activities and to facilitate writing and literature evaluation skills, the resident will complete both a formulary (or class) review and a medication-use evaluation. The resident will also prepare and present a poster at the ASHP Midyear Clinical Meeting. In addition, the resident will prepare a manuscript of their research project suitable for contribution to a peer-reviewed journal. The resident will also engage in several less formal case presentations and in-services throughout the year as determined by the learning experience preceptors.

Administration of the Program

Several individuals serve key roles in the administration of the Residency Program. The individuals and their respective roles are described:

Residency Program Director
The Residency Program Director has ultimate responsibility for the residency program. This includes responsibility for ensuring that the overall Program outcomes, goals, and learning objectives are met, training schedules are maintained, appropriate resident mentoring is provided, and evaluations are conducted in an appropriate and timely manner.

Residency Coordinator
The Residency Coordinator will work directly with the Residency Program Director to assure all aspects of the program are carried out as designed in the residency manual. The coordinator will also be the accreditation resource to assure the program is performing all aspects required to achieve and maintain ASHP accreditation.

Preceptors
Each learning experience has a pharmacist preceptor or co-preceptor who develops and guides the learning experiences to meet the Program outcomes, goals and objectives. The resident's goals, interests, and skills are integrated into the design and conduct of the experience to facilitate learning. The preceptor periodically reviews the resident's performance and completes applicable "snapshot" evaluation(s) and a final written evaluation at the conclusion of the learning experience.

Preceptor Criteria, Evaluation and Reappointment

1. Preceptor Initial Assessment
    a. Pharmacist preceptors must be licensed Maryland pharmacists who:
        i. Have completed an ASHP-accredited Postgraduate Year 1 (PGY1) residency followed by one year of pharmacy experience
        ii. Have completed both an ASHP-accredited PGY1 residency and an ASHP-accredited PGY2 residency and 6 months of pharmacy experience
        iii. Without an ASHP-accredited residency, have three years of pharmacy experience
    b. Spend a majority of the time practicing in the area that is precepted
    c. Meet the ASHP criteria for PGY1 pharmacy residency preceptors
    d. Demonstrate a desire for teaching
    e. Have a basic understanding of the responsibilities of a preceptor
2. Preceptor Responsibilities
    a. Maintain a professional clinical practice and serve as a role model
    b. Review and when possible, attend an ASHP Residency Program Design and Conduct workshop
        i. Understand ASHP accreditation standards
    c. Where applicable, have a plan in place to achieve Board Certification in the area serving as a preceptor
    d. Participate in the advancement of the residency program

        i. Routinely attend the Residency Advisory Committee (RAC) Meetings
            1. Topic discussions/preceptor "pearls" will be held at each meeting to aid in preceptor development
            2. Standards and updates to the standards will be covered as needed
            3. Evaluation tools and process (PharmAcademic™) reviewed and discussed
    e. Understand and utilize the four preceptor roles involved in teaching clinical problem solving (direct instruction, modeling, coaching, and facilitating)
    f. Provide routine feedback on the residency program and address any deficiencies identified to enhance the program
    g. Review and update learning experience descriptions using residency goals and objectives as practice evolves
    h. Maintain a Maryland state pharmacist license in good standing with the Board of Pharmacy
3. Preceptor Development
    a. RPD and RPC will encourage preceptors to attend local, regional, and national programs to enhance clinical practice and precepting skills
    b. RPD or RPC will review PharmAcademic™ with new preceptors
    c. RPD or RPC will provide updates related to preceptor development at each RAC meeting
    d. Resident(s) will complete an end of experience evaluation of the preceptor (PharmAcademic™) and will be encouraged to discuss any in-experience deficiencies with RPD or RPC during the experience
    e. Online educational materials will be utilized whenever possible (ex. - Pharmacist Letter) with documentation of completion to be maintained by RPD or RPC
4. Preceptor reappointment
    a. The RPD, RPC, and Clinical Pharmacy Coordinator will meet annually to review all preceptors for the program.
    b. Preceptors must submit an updated Academic and Professional Record form annually to the RPD and RPC
    c. The review conducted by the RPD, RPC, and Clinical Pharmacy Coordinator will include:
        i. Completed resident evaluations of the preceptor in PharmAcademic™
        ii. Learning experiences completed by the preceptor (looking at feedback given to resident and the timeliness of feedback/evaluation completion)
        iii. The updated Preceptor Academic and Professional form
        iv. Attendance at residency related learning activities/presentation and RAC meetings
    d. The RPD, RPC, and Clinical Pharmacy Coordinator will then approve the preceptor for the next residency year, recommend placing the preceptor back into a training program with an assigned approved preceptor as a mentor, or reject the preceptor for the next residency year.

Residency Advisor

Each resident will select a preceptor to help facilitate their training and progress throughout the year. Advisors review the resident's development plan and assist them in developing a program of development for the year. They also will complete any appropriate quarterly evaluation forms based on a review of overall resident performance and preceptor comments. The Advisor and resident will meet at least quarterly to review progress (including quarterly evaluations) and make necessary modifications to the customized plan. The Advisor also guides the resident with development of various projects and presentations and serves as

a mentor for career decisions. The Advisor will serve as the preceptor for the resident's longitudinal Practice Management experience. ***The resident must notify the Program Director of their Advisor selection by August 1st***.

Research Project Mentor

Each resident is also assigned a preceptor to facilitate development of the residency research project. Depending on the project selected, the resident's Research Project Mentor and Residency Advisor may or may not be the same preceptor. The Research Project Mentor assists the resident in selecting a project, identifying key stakeholders, defining a time schedule for completion, and providing input regarding protocol and manuscript development. The Research Project Mentor will serve as the preceptor for the resident's longitudinal and core Research experiences.

Residency Advisory Committee

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy. It is comprised of the residents, the Director of Pharmacy, the Residency Coordinator and select preceptors. The Committee serves in an advisory capacity to the Residency Program Director and Residency Coordinator to maintain the quality and consistency of the Program.

The Committee provides a forum for discussion of areas of common concerns, development of additional learning experiences, and promotion of new and innovative areas of practice. The PGY1 Residency Program Director serves as the Chair and Secretary of the Committee. The Committee meets on a quarterly basis, or more often if determined to be necessary. The specific functions of the Committee include:

- Continuous evaluation of the Program outcomes, goals and objectives
- Quarterly evaluation of residents' progress
- Evaluation and support of residency projects
- Resident recruitment and selection

General Information

Department of Pharmacy

Pharmacy and Therapeutics Committee

The Pharmacy, Nutrition and Therapeutics (PNT) Committee is a multidisciplinary committee comprised of medical staff, executive staff, nursing staff, pharmacy staff, and other designated individuals. The Committee is responsible for the formulation of hospital policies and procedures for the evaluation, selection, distribution, and administration of drugs in the hospital. In addition, it is responsible for reviewing reports of medication errors and adverse drug reactions, developing and conducting drug use reviews, antibiotic surveillance programs, developing drug monitors, and maintaining the drug formulary.

Consultation Services

Healthcare providers at TidalHealth Peninsula Regional may request consultation with clinical pharmacists to assist with medication therapy or therapy related concerns for the care of their patients admitted to the medical center.

PROCEDURE:

1. The clinical pharmacist may be consulted by health-care providers for patients with the following regimens/ "constraints": aminoglycosides; vancomycin; antibiotic therapy management; parenteral nutrition; anticoagulation; renal and hepatic dosing; potential adverse drug reactions; potential medication errors; polypharmacy; drug interactions; dofetilide (Tikosyn®) dosing, or other miscellaneous consultations related to a patient's medication regimen.

2. The clinical pharmacist will utilize PNT approved protocols when available to guide therapy decisions. When consultation occurs for a medication that does not have an approved PNT protocol, the clinical pharmacist will use standards documented in medical references and/or medical literature to guide therapy decisions (ex – LexiComp™, MicroMedex™, primary literature sources, etc.)

3. The medical record is used when a clinical pharmacy consult is initiated.
    a. The patient's medical record will be reviewed, and appropriate information collected to adequately complete the requested consult.
    b. If necessary, laboratory information for completion of the consultation is not available it may be ordered.

4. After data collection and assessment is complete, the clinical pharmacist may need to place orders in the patient's medical record to carry out the requested consultation.
    a. Orders will be placed in the computerized/electronic health record system (EPIC) using the clinical pharmacist provider number.
    b. When EPIC is not available orders will be written in the medical record under the requesting healthcare provider for the first 48 hours at which time, they will be written under the attending physician. (ex. Clinical pharmacist/Dr. Requested Consultation)
    c. These orders will be cosigned according to medical staff policy.

5. When necessary, the clinical pharmacist will contact the healthcare provider requesting the consult to discuss findings and/or recommendations.

6. A progress note outlining the consultation will be entered in the patient's medical record and follow-up progress notes, as necessary, will be placed during the patient's length of stay.

Staffing Obligations
In order to provide a complete educational experience, the resident will be assigned clinical and staffing duties on a rotating basis and selected holidays. It is the resident's responsibility to adhere to the schedule and Department policies and procedures and to provide coverage in the event of a conflict. It is the intent of this requirement to provide the resident with model pharmacy practice experience. Please refer to Policy on Resident Staffing and Duty-Hour Requirements (**Appendix IX**).

Clinical On-Call
The pharmacy resident actively participates in an on-call service which provides first-hand experience in developing problem-solving skills through exposure to various clinical situations. On-call coverage will be a continuation of services learned and provided during the pharmacotherapy learning experience. On-call coverage will be during their scheduled clinical shift and continue at home after completion of their scheduled shift. On rare occasions the resident may be required to return to the site to provide patient care during at home on-call periods. A TidalHealth Peninsula Regional employed clinical pharmacist will be identified on the clinical schedule for backup coverage during all on-call hours. A comprehensive overview of these services will occur during orientation. Please refer to Policy on Resident Staffing and Duty-Hour Requirements (**Appendix IX**).

Licensure
It is an expectation that the resident initiates the process to obtain their Maryland (MD) pharmacy license as soon as possible following the results of the Match. Obtaining pharmacy licensure in an expedited manner is imperative since residents will be trained throughout the month of July in preparation for clinical learning experiences and staffing obligations in August. It is also paramount that residents have sufficient time to practice independently as a pharmacist to fully satisfy the expectations of the residency program. ***Therefore, residents must receive their MD pharmacy license by October 1st the year of their residency start date. Failure to obtain licensure by this date may lead to dismissal from the program (see policy 6110).*** Should the resident not be licensed prior to the requirements outlined in the Resident Staffing and Duty-Hour Requirements policy (**Appendix IX**), a licensed pharmacist will co-sign all work prior to completion.

Professional Liability
Residents are expected to carry their own personal professional liability coverage during their employment as a PGY1 Resident at TidalHealth Peninsula Regional. ***The residents must submit proof of coverage within 2 weeks (14 days) of obtaining their Maryland pharmacist license; if coverage is not obtained the resident will be given a written warning and a 2 week extension during which time the resident will require all work to be co-signed by a licensed pharmacist. Failure to obtain personal professional liability coverage by October 1st of their residency start date will result in dismissal from the program (see policy 6110).***

Holidays
The resident is required to work one major holiday per year (Thanksgiving Day, Christmas Day, New Year's Day) and one minor holiday (Labor Day, Easter Sunday, Memorial Day). The holiday schedule will be distributed during orientation.

Paid Days Off (Paid Personal Time (PPT) - Vacation/Personal/Sick Days)
Each resident will accrue paid days off during the residency (includes vacation/personal/sick days) at the standard pharmacist rate as defined by the People Department at TidalHealth Peninsula Regional. Time away from the hospital related to the residency (i.e., ASHP Midyear Meeting and Eastern States Conference), as approved by the Program Director, do not count toward this time. Days off should be requested in advance. The procedure for requesting **scheduled/paid personal time (SPT/PPT)** is:

1. The resident will enter their requested hours/days for PPT utilization into the online Workforce Management program, which will then require approval by the Clinical Pharmacy Coordinator. The resident shall electronically inform the Program Director and any applicable preceptors of the requested time off, should the time off impact a learning experience. **The request for PPT utilization must be received by the Clinical Pharmacy Coordinator, Program Director, and preceptor at least one week prior to the requested day(s) off.** The Clinical Pharmacy Coordinator, Program Director, and/or preceptor will then respond to the resident as to whether or not the request has been granted.
    - **It is the responsibility of the resident to arrange a switch, if necessary, should requested time-off conflict with a staffing obligation. The Supervisor of Operations must be informed of any changes in the staffing schedule.**
2. All approved requests shall be forwarded to the Administrative Assistant for the Pharmacy department.

Using unscheduled personal time (UPT)
In the event the resident must take a day off for illness, **they should notify the preceptor for their current learning experience, as well as notify the Administrative Assistant for the pharmacy department at least one hour prior to the scheduled start of shift**. The administrative assistant for the pharmacy will then notify other individuals as necessary. This will be counted as an unscheduled absence and require the use of UPT. If the resident does not have appropriate PPT to cover the unscheduled absence, the resident will work with the program director to make-up the time while following the Duty-Hour guidelines. Failure to properly report an absence will result in designating the absence as unauthorized and will result in a written warning. A second occurrence or two consecutive days of unauthorized absences will result in termination of employment.

Other than absences covered under FMLA or the Maryland Flexible Leave Act, unscheduled absences due to illness or personal circumstances will be considered an occurrence of absence. When an employee's rate of absenteeism reaches a level where availability to meet the needs of his/her job is in question, a strong commitment to improve attendance/availability to work will be requested from that employee. Failure to improve attendance will result in corrective action up to and including termination.

No more than 20% of a learning experience may be missed due to scheduled or unscheduled personal time. Violation of this may result in the resident repeating the learning experience in lieu of an

elective. PPT not used by the last day of the residency will be paid out to the resident in accordance with the Payroll Department after successful completion of the program.

Leave of Absence
Residents do not meet employment requirements for the Family and Medical Leave Act (FMLA). If circumstances arise causing the resident to remain employed by TidalHealth Peninsula Regional for greater than 12 months FMLA may apply.

It is an expectation that the resident completes a full one-year of service as outlined in the Resident Staffing and Duty-Hour Requirements policy (**Appendix IX**) to successfully complete the residency program. In the event that the resident may require emergency time-off from the program for medical or other personal reasons, the duration of the program may be extended accordingly such that the total of 12 months of training is completed as well as the program's established requirements for demonstrated competence and finished work (research project, quality improvement projects, etc.). The maximum duration of extension of the residency program is 30 calendar days. Unpaid leave requires approval from the People Department.

- The time off will be unpaid
- Paid benefit time will not accrue during unpaid leave
- Benefit coverage will continue during the unpaid leave, provided the resident continues to pay their share of the cost of those benefits (to be arranged by the People Department)

Other Maryland laws as it relates to leave of absence may apply during the residency year.

Pagers
For on-call availability, the resident will have the option to use a hospital-provided pager, or to use their mobile phone as their paging device. Should the resident choose to use a hospital-provided pager, he/she will be responsible for the device. Lost pagers may result in a replacement fee. It is an expectation that the resident maintains their assigned phones and paging device with him/her at all times during health-system hours and while on-call. The resident is expected to respond to pages in a timely manner.

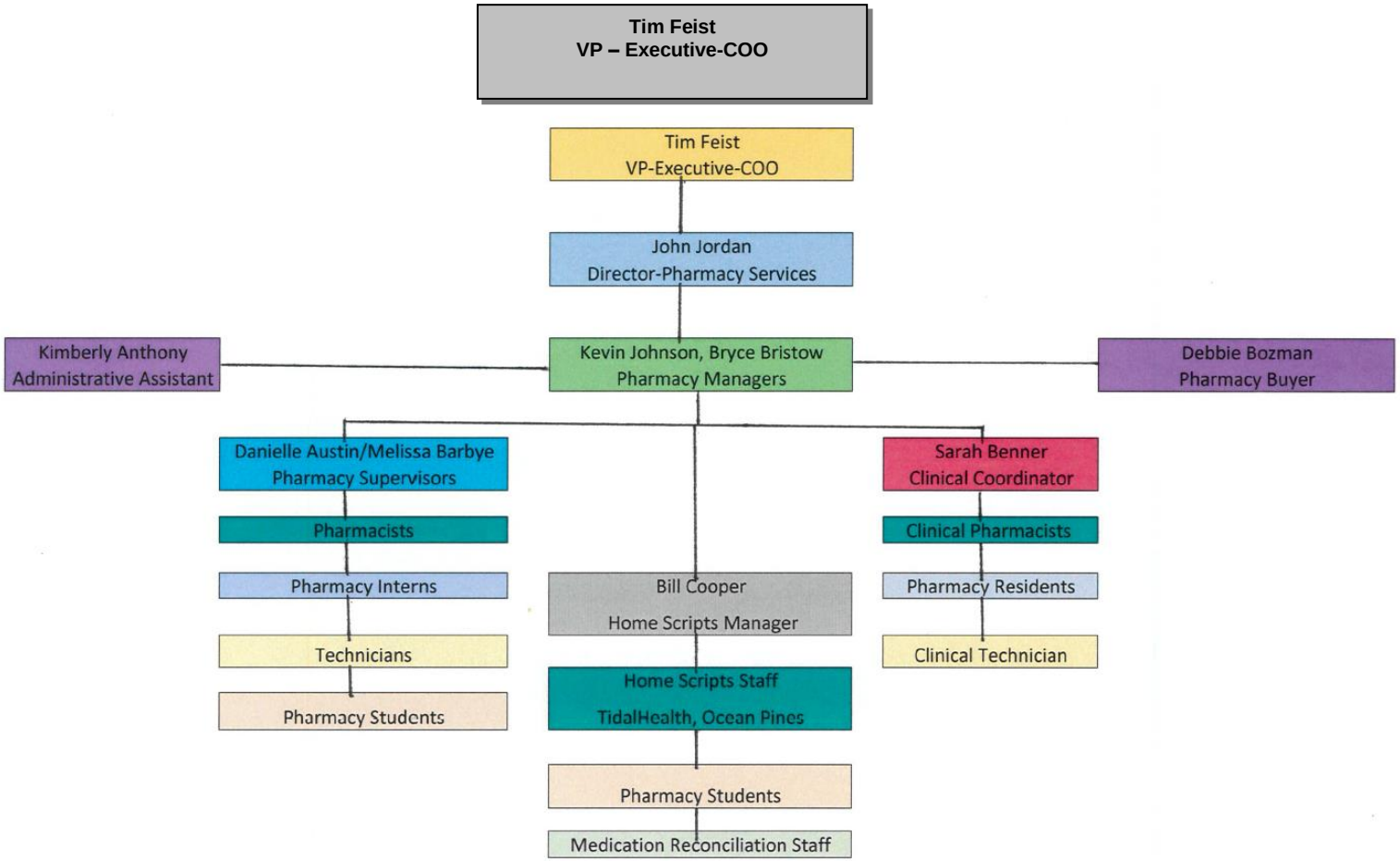
Email
The resident is provided an email account which is intended for professional use only.

Mailboxes
Each resident will be assigned an individual mailbox in the Pharmacy department.

Supplies
All office-related supplies may be requested and purchased through the administrative assistant for the pharmacy department.

Photocopying
Photocopying of work-related materials may be done in either the clinical pharmacy or pharmacy administrative office.

TidalHealth Peninsula Regional
Department of Pharmacy Services
Organizational Chart – FY2~~0~~20



TidalHealth Peninsula Regional

Residency Learning Experiences and Preceptors

Learning Experiences	Preceptors
Academia (L)	**Scott Baker, PharmD, BCPS** Clinical Pharmacist - Pharmacotherapy PGY1 Residency Program Coordinator
Cardiology (E)	**Scott Baker, PharmD, BCPS**
Critical Care (C)	**Lauren Antal, PharmD** Assistant Professor UMES SOP
Emergency Medicine (C)	**Patrick Dougherty, PharmD, BCPS** Clinical Pharmacist – Emergency Medicine PGY1 Residency Program Director
Hematology-Oncology (E)	**Danielle Austin, BS, BCOP** Oncology Pharmacy Supervisor
Infectious Diseases (C)	**Michael Miller, PharmD, BCPS, BCIDP** Clinical Pharmacist – Infectious Disease Assistant Professor UMES SOP
Internal Medicine (C)	**Scott Baker, PharmD, BCPS**
Pharmacotherapy (C,L)	**Ralph Bunting, PharmD** Clinical Pharmacist - Pharmacotherapy
Pharmacy Informatics (E)	**Ashley Dennis, PharmD, BCPS** Pharmacy EMR Informatics Specialist
Pharmacy Management (C)	**John Jordan, PharmD, BCPS** Senior Director of Pharmacy Services Associate Professor UMES SOP
Pharmacy Practice & Operations (L)	~~**Rachel Cordrey**~~**Kevin Johnson, PharmD, MHA** Pharmacy Department ~~Supervisor~~Manager
Pharmacy Orientation (C)	**Scott Baker, PharmD, BCPS** ~~**Rachel Cordrey**~~**Kevin Johnson, PharmD, MHA**
Psychiatric Medicine (E)	**Sarah Benner, PharmD, BCPS, BCPP** Clinical Pharmacist – Mental Health Clinical Pharmacy Coordinator
Research Project (C, L)	**Research Project Mentor will serve as Preceptor**

C = Core
E = Elective
L = Longitudinal

TidalHealth Peninsula Regional
PGY1 Pharmacy Residency Program

SECTION 2
Learning Experiences and Evaluations

TidalHealth Peninsula Regional
Pharmacy Residency Program

TABLE OF CONTENTS - SECTION B: Learning Experiences and Evaluations

Syllabi for the Learning Experiences have been uploaded into PharmAcademic™.

Electronic versions are kept on file and available upon request by contacting the Residency Program Director or Residency Program Coordinator

Evaluations & Resident Tracking

All evaluations, development plans, and project tracking will be done using PharmAcademic™

TidalHealth Peninsula Regional
PGY1 Pharmacy Residency Program

SECTION 3
APPENDICES

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SECTION C: APPENDICES

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APPENDIX I

ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAMS

Introduction

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

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

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation.

Throughout the Standard use of the auxiliary verbs *will* and *must* implies an absolute requirement, whereas use of *should* and *may* denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The *ASHP Regulations on Accreditation of Pharmacy Residencies*[1] describes the policies governing the accreditation program and procedures for seeking accreditation.

Overview of the Standards for PGY1 Pharmacy Residencies

The following explains the rationale and importance of the areas selected for inclusion in the standards.

Standard 1: **Requirements and Selection of Residents**

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-

level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

Standard 2: **Responsibilities of the Program to the Resident**
It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

Standard 3: **Design and Conduct of the Residency Program**
It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: **Requirements of the Residency Program Director and Preceptors**
The Residency Program Director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the Residency Program Director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: **Requirements of the Site Conducting the Residency Program**
It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: **Pharmacy Services**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

Full standards at: https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Accreditation-Standards-for-PGY1-Pharmacy-Residencies

APPENDIX II

Curricular Outcomes Report PGY1 Pharmacy (2014)

Curricular outcomes are in bold

R1		*Patient Care*			
		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	Applying
			R1.1.2	Interact effectively with patients, family members, and caregivers	Applying
			R1.1.3	Collect information on which to base safe and effective medication therapy	Analyzing
			R1.1.4	Analyze and assess information on which to base safe and effective medication therapy	Analyzing
			R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Creating
			R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Applying
			R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate	Applying
			R1.1.8	Demonstrate responsibility to patients	Applying
		R1.2	**Ensure continuity of care during patient transitions between care settings**		
			R1.2.1	Manage transitions of care effectively	Applying
		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	Applying
			R1.3.2	Manage aspects of the medication-use process related to formulary management	Applying
			R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing	Applying
R2		*Advancing Practice and Improving Patient Care*			
		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	Creating
			R2.1.2	Participate in a medication-use evaluation	Applying
			R2.1.3	Identify opportunities for improvement of the medication-use system	Analyzing

			R2.1.4	Participate in medication event reporting and monitoring	Applying	
		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	Analyzing	
			R2.2.2	Develop a plan to improve the patient care and/or the medication-use system	Creating	
			R2.2.3	Implement changes to improve patient care and/or the medication-use system	Applying	
			R2.2.4	Assess changes made to improve patient care or the medication-use system	Evaluating	
			R2.2.5	Effectively develop and present, orally and in writing, a final project report	Creating	
R3		*Leadership and Management*				
		R3.1	**Demonstrate leadership skills**			
			R3.1.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Applying	
			R3.1.2	Apply a process of on-going self-evaluation and personal performance improvement	Applying	
		R3.2	**Demonstrate management skills**			
			R3.2.1	Explain factors that influence departmental planning	Understanding	
			R3.2.2	Explain the elements of the pharmacy enterprise and their relationship to the health care system	Understanding	
			R3.2.3	Contribute to departmental management	Applying	
			R3.2.4	Manages one's own practice effectively	Applying	
R4		*Teaching, Education, and Dissemination of Knowledge*				
		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	Applying	
			R4.1.2	Use effective presentation and teaching skills to deliver education	Applying	
			R4.1.3	Use effective written communication to disseminate knowledge	Applying	
			R4.1.4	Appropriately assess effectiveness of education	Applying	
		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	Analyzing	
			R4.2.2	Effectively employ preceptor roles, as appropriate	Applying	

APPENDIX III
Goals of Teaching and Evaluation Grid
Can be found in PharmAcademic™

APPENDIX IV

Self-Assessment and Goals to be completed in PharmAcademic™ – the following form is for reference only.

TidalHealth Peninsula Regional
PGY1 Pharmacy Residency Program

SELF-ASSESSMENT AND GOALS

NAME: _____ SIGNATURE: _____

DATE: _____

PROGRAM DIRECTOR (SIGNATURE): _____

Please answer the following questions:

1. List your professional goals, both short-term (≤ 5 years) and long-term (>5 years).

   SHORT-TERM:

   LONG-TERM:

2. What do you consider to be your professional strengths? Personal strengths?

3. In what areas do you need to improve your professional skills? Personal skills?

4. Describe activities/ projects/ experiences that you feel will contribute to developing your skills in the following areas:

   WRITTEN COMMUNICATION:
   VERBAL COMMUNICATION:
   PUBLIC SPEAKING:
   TIME MANAGEMENT:
   SUPERVISORY/ DECISION-MAKING SKILLS:

CLINICAL PRACTICE SKILLS:
DISTRIBUTIVE PRACTICE SKILLS:
DRUG INFORMATION:
COMMITTEE PARTICIPATION:

5. If you could design your own residency program, which areas of pharmacy practice would you choose and how much time would you spend in each area?

6. List 5 goals that you wish to accomplish over the next 12 months.

7. List three ways you will continue with life-long learning after the residency is completed.

Resident Development Plan

to be completed and uploaded to PharmAcademic™ – the following form is for reference only

Resident Development Plan

(RESIDENT), 2021-2022

Entering Characteristics	Initial Plan:	1st Quarter Update/ Effectiveness of Changes	2nd Quarter Update/ Effectiveness of Changes	3rd Quarter Update/ Effectiveness of Changes
Date: July 1, 2021		**Date: Sep X 2021**	**Date: Dec X 2021**	**Date: March X 2022**
Strengths: **Areas for Improvement:**	**Strengths:** **Areas for Improvement:**			

APPENDIX V - TidalHealth Peninsula Regional PGY1 Residency Calendar 2022-2023

Residency Calendar
2022 - 2023 5.13.22.pdf

APPENDIX VI

Learning Experience Goals to be completed in PharmAcademic™ – the following form is for reference only.

TidalHealth Peninsula Regional
PGY1 Residency Program

LEARNING EXPERIENCE GOALS

NAME: _____ SIGNATURE: _____

DATE: _____

LEARNING EXPERIENCE: _____ PRECEPTOR: _____

PRECEPTOR (SIGNATURE): _____

Please answer the following questions:

1. Describe your strengths and areas for improvement in this learning experience practice area.

2. Describe activities/ projects/ experiences that will contribute to building your skills in the areas for improvement identified above.

3. If you could design your own learning experience in this practice area, what types of activities would you choose and how much time would you devote to each?

4. List any barriers that you feel exist to participating in these activities, and possible solutions.

5. Identify three key goals that you wish to achieve during this learning experience.

6. What would be ideal in terms of direction and contact with your preceptor on this learning experience?

Please refer to this plan when completing evaluations at the end of each learning experience.

APPENDIX VII
TidalHealth Peninsula Regional
Department of Pharmacy Services

Overview of Residency Projects and Educational Opportunities

I. Resident Seminar (Topic Discussion) Presentation

Purpose

Resident seminar (topic discussions) provides a forum for the resident to evaluate and formally present a therapeutic topic to a pharmacy audience. Upon selection of a clinically relevant topic, residents will learn to evaluate the scientific literature and discuss its applicability to clinical practice. Residents will also enhance their verbal communication skills and ability to organize complex concepts and scientific data in a clear and concise manner.

Expectations

The presentation should be approximately 30-45 minutes in duration, with an additional 10-15 minutes provided for questions and discussion. The presentation should review the current management of a therapeutic disease state topic or evaluate a pharmacotherapeutic problem in a specific patient population. The resident may elect to include a patient case, if applicable, as part of their presentation to reinforce teaching points. Other topics may be considered but will be left to the discretion of the preceptor. ***All seminar topics must be approved by the preceptor for the respective learning experience.***

The resident should provide copies of their seminar handout at the time of the presentation. The seminar may be presented using Microsoft PowerPoint slide format, or other formats relative to how the resident chooses to present.

Evaluation

All members of the audience will evaluate resident performance in a variety of categories related to communication skills and the overall presentation. Written evaluation will be provided.

Questions

Any questions regarding the Seminar should be directed to the learning experience preceptor or the Program Director.

TIDALHEALTH PENINSULA REGIONAL
PHARMACY RESIDENCY PRESENTATION/SEMINAR EVALUATION

Resident's Name: _____Date: _____
Title of Presentation: _____

Rate each section of the presentation using the following scale:
1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = excellent

Presentation Content	**Score**	**Comments**
Background – appropriate for topic	1 2 3 4 5	
Organization – flows appropriately	1 2 3 4 5	
Objectives – measurable & appropriate	1 2 3 4 5	
Content – relevant to current pharmacy practice	1 2 3 4 5	
Slides/Handouts – clear, easy to read; colors, font size, etc.	1 2 3 4 5	
Key Points – clear & concise	1 2 3 4 5	
Tables & Figures – effectively used & appropriate	1 2 3 4 5	
Presentation Skills	**Score**	**Comments**
Preparation – well prepared for presentation	1 2 3 4 5	
Confidence – presented confidently & with enthusiasm	1 2 3 4 5	
Expertise – well-informed & knowledgeable on the topic	1 2 3 4 5	
Verbal Communication – rate, tone, volume, etc.	1 2 3 4 5	
Nonverbal Communication – mannerisms, eye contact, etc.	1 2 3 4 5	
Response to Questions – answered appropriately	1 2 3 4 5	
Timing – adequate length of presentation	1 2 3 4 5	
Overall Score	1 2 3 4 5	
Additional Comments		

Evaluator: ____ Preceptor _____Pharmacist _____Resident _____Student _____Other

II. Research Program

A. Background

The Pharmacy Resident Research Program is designed to teach the resident about basic pharmacy practice research and facilitate development of a residency research project. Each resident will be required to complete one major project related to a specific aspect of pharmacy practice and present their results at the Eastern States Conference for Pharmacy the resident and Preceptors. Pharmacy practice research may include prospective or retrospective clinical studies, pharmacokinetic or pharmacodynamic studies, outcome studies, or evaluation of a new or existing pharmacy service. There is both a didactic and experiential component to the Pharmacy Resident Research Program. The residency program provides a structure to facilitate collaboration among the resident and preceptors on research endeavors over the course of the year. The resident will ultimately be responsible for committing sufficient time and problem-solving skills into the project and conducting research in a scholarly manner. The resident will keep their Project Mentor appraised of progress.

A timeline for the project follows later in this section.

B. Didactic

Application of proper research methods requires sufficient knowledge. The Program Director and other designated preceptors will facilitate resident learning of research concepts and methods through presentations and reading. This curriculum may be supported by the "Research Fundamentals" series of articles published in the American Journal of Health-System Pharmacy.

C. Experiential

The application of the knowledge gained in the didactic training will occur through the completion of a research project. The research project will be completed within the residency year. The process for completion of research projects is detailed in the following sections.

1) Project Idea Generation and Selection

Each year preceptors are surveyed to generate a list of potential research project ideas. The resident may select from the list of ideas on a first-come, first-serve basis. The resident should discuss the idea with the associated preceptor to inform them of their interest. Alternatively, the residents have the opportunity to pursue an area of interest that may not be on the list of potential project ideas.

2) Research Project Proposal

Purpose

After selection of a project idea, the resident will present and defend their Research Project Proposal to gain project approval. The purpose of this presentation is to obtain feedback and

thoughtful discussion from the residency preceptors regarding research content proposal and presentation skills.

Expectations

The presentation itself should be 10 to 15 minutes in duration, with additional time provided for questions and discussion. The resident will be responsible for developing a formal project proposal. ***The project proposal should address the following sections which will also help facilitate preparation of the Research Review Committee/IRB protocol (see also project proposal outline):***

1. ***Research question*.** A well-defined research question will allow the resident to focus on the appropriate research design and plan. What questions are you trying to answer?
2. ***Background*.** Perform a literature review of the research question. Summarize the literature. What has been done? What impact has been shown?
3. ***Research hypotheses.*** What are your research hypotheses? What relationships do you expect to see?
4. ***Objectives*.** Be as specific as possible. The objectives should be quantifiable. You can have a primary objective and multiple secondary objectives for each research question.
5. ***Methods*.** How are you going to answer your research question? What is your study design? Patient population? What measures are you going to need?
6. ***Data analysis*.** How are you going to analyze the results?

The resident must provide copies of their Project Proposal handout (must include Microsoft PowerPoint slides, Word manuscript, and data collection form) at the time of presentation. The Project Proposal should be presented using Microsoft PowerPoint slide format.

Evaluation

Preceptors will evaluate research content proposal and written and verbal communication skills. The evaluation form is the same as that used for the Eastern States Conference platform presentations (see below). Written evaluation will be provided.

Questions

Any questions regarding the Project Proposal should be directed to the appropriate Project Mentor or the Program Director.

Eastern States Conference for Pharmacy Residents and Preceptors
Residency Platform Presentation Evaluation

3) Eastern States Presentation

Purpose
The Eastern States Conference for Pharmacy Residents and Preceptors provides residents with opportunities to: formally present their research projects and practice experiences, interact and broaden relationships with other resident colleagues, meet with leaders in institutional pharmacy practice, and augment their knowledge base as they begin their careers.

Practice sessions will be scheduled approximately 1-2 weeks in advance of the final presentation. The practice sessions will assist in preparation of the resident for the Eastern States Conference.

Expectations
The resident will be responsible for presenting a 10 to 12 minute platform presentation which will summarize the research project, including: background, objectives, methods, results, discussion, and conclusions.

Residents must provide copies of their platform presentation handout for the practice sessions. A handout is not required at the Eastern States Conference. The platform should be presented using Microsoft PowerPoint slide format.

Evaluation
Preceptors will evaluate resident performance in a variety of categories related to the overall project and communication skills.

Questions
Any questions regarding the Eastern States platform presentations should be directed to the appropriate Project Mentor or the Program Director.

4) Manuscript
The resident will also prepare a written manuscript, suitable for publication, by the conclusion of the residency year. Guidance in development of the manuscript will be provided by the Project Mentor, Program Director, and other designated preceptors throughout the year. ***A draft of the research manuscript must be received by the Project Mentor and Program Director prior to completion of the residency program.***

Residency Research Project Proposal

Resident:

Project Preceptor(s):

Project Title:

Background:

Hypothesis:

Specific Aims:

Primary Objective

1)

Secondary Objectives

1)

2)

3)

Methods:

Research Design:

Recruitment Procedures:

Subject Characteristics:

Statistical Analysis Planned:

Residency Research Project Timeline and Checklist

(Refer to Residency Calendar)

Date completed

July – August (Training, Project Selection, & Development)

_____ ☐ 1. Complete required research training modules by July 30
_____ ☐ 2. Select project idea & meet with mentor by August 15
_____ ☐ 3. Review first draft of proposal with project mentor by late August

September (Research Project Proposal, RRC/IRB Submission)

_____ ☐ 1. Present Research Project Proposal to preceptor committee in early September (see presentation schedule), obtain feedback and approval to proceed with the project.
_____ ☐ 2. Finalize Project Proposal with Project Mentor & Clinical Pharmacy Coordinator
_____ ☐ 3. Submit project to RRC/IRB by September 15

October – December (Data Collection)

_____ ☐ 1. Begin data collection for project once approved by the RRC/IRB.

January – February (Data Management and Analysis)

_____ ☐ 1. Finalize data collection and organize data for analysis
_____ ☐ 2. Data analysis
_____ ☐ 3. Submit abstract to Eastern States Residency Conference with approval from Project Mentor

March (Project Report)

_____ ☐ 1. Finalize data analysis by early March, begin production of presentation/manuscript
_____ ☐ 2. Organize presentation in PowerPoint for Eastern States practice sessions

April (Eastern States Residency Conference)

_____ ☐ 1. Eastern States practice session.
_____ ☐ 2. Present final platform presentation at the Eastern States Conference.

May (Eastern States)

_____ ☐ 1. Begin preparation of manuscript suitable for publication.

June (Manuscript)

_____ ☐ 1. Submit manuscript to research mentor & Program Director by second Friday of June

III. Medication Use Evaluation

Introduction

I. Definition

a. A performance improvement method that focuses on evaluating and improving medication-use outcomes with the goal of optimal patient outcomes
b. Proactive, criteria-based, multidisciplinary, systematically carried out
c. Multifaceted approach to improving medication use (MUE vs. DUE)
d. Can be prospective, concurrent, or retrospective

II. Objectives

a. Promote optimal medication therapy
b. Prevent medication-related problems
c. Evaluate effectiveness
d. Improve patient safety
e. Establish interdisciplinary consensus on medication-use processes
f. Identify opportunities for improvements of medication-use processes and need for further education of health-care professionals
g. Minimize costs

III. Essential Elements of the MUE Process

a. Identify medications most significant to patient care within the organization
b. Develop indicators to monitor selected medications
c. Establish criteria, guidelines, treatment protocols, and standards of care for specific medications and medication-use processes
d. Collect data and evaluate care
e. Develop and implement plans for improvement of the medication-use process based on MUE findings
f. Incorporate improvements into criteria, guidelines, treatment protocols, and standards of care
g. Educate health care professionals

MUE Process

I. Assign responsibility

a. Medical staff
b. Consider physician champion for clinical expertise

II. Medication selection

a. High frequency of use/ large volume of patients
b. Potential or reported adverse reactions or drug interactions
c. High-risk medications/narrow therapeutic window
d. Complex prescribing requirements
e. High cost to the institution
f. Guideline/protocol adherence
g. Off-label or non-formulary use

h. Appropriateness of treatment for particular disease state or patient population

III. Identify indicators (criteria)

a. Focus on the appropriateness, safety, and effectives of the medication
b. Objective criteria (limit subjective interpretation)
c. Literature search
    i. Primary literature
    ii. Guidelines from professional societies
    iii. Product information
    iv. Guidance and expertise of the institutional professional staff

IV. Data collection

a. Based on criteria developed
b. Organized documentation

V. Data analysis

a. Compare results to established standard or threshold
b. Need for corrective action evaluated

VI. Take actions to correct identified problems

a. Restrictive (develop guidelines/protocols/order-sets)
b. Communication (present to institutional quality assurance committee)
c. Educational (e.g., newsletter, monograph, in-service)
d. Administrative (e.g., information systems, pharmacy procedures/workflow)

VII. Assess action and document improvement

a. Effectiveness of corrective action
b. Continuous or periodic monitoring to determine/maintain success

Resident Expectations:

The project will be selected by the Clinical Pharmacy Coordinator, Program Director, and other residency preceptors prior to **July 1**. The residents will work with a pharmacy content expert for their topic to develop an exact timetable for completion. It may also be appropriate to work with a physician and/or nursing champion for guidance as needed. **However, it is expected that residents have their MUE project completed, and results presented as a poster at the ASHP Midyear Clinical Meeting in December. Please note that the deadline for resident poster submissions is October 1st. Residents are also expected to present their results to the Pharmacy, Nutrition, and Therapeutics (PNT) Committee.** Finally, all accompanying documentation of the MUE project must be maintained in the residency portfolio.

References:

American Society of Health-System Pharmacists. ASHP guidelines on medication-use evaluation. Am J Health-Syst Pharm 1996;53:1953-5.

Greer ND, Sanborn M. Strategies for effective medication use evaluations. Hosp Pharm 2007;42(12):1163-69.

Questions

Any questions regarding the MUE should be directed to the Program Director.

IV. Resident Journal Club Presentation

Purpose

The purpose of Journal Club is to provide a forum for the pharmacy resident, pharmacists, and other health care professionals to augment their literature evaluation skills and knowledge base of pharmacotherapy. The resident will have the opportunity to explore the various types of journals available to them, including those that will be most useful to their respective practice. Presentation of a research article will allow the resident to discuss research design, biostatistics, content, and implications of a study.

Expectations

- Every applicable learning experience (as stated in the syllabi), the resident will provide a ~ 15–30-minute summary of one to two key or relevant articles published and approved by the respective preceptor.
- The study should be recently published (i.e., within the past 6-12 months) with a research design or scientific method to critique (no review articles or case reports) that focuses on drug therapy. Studies may be selected from any medical or pharmacy journal. The resident is expected to summarize and review key issues of the chosen study. It should be assumed that the Journal Club participants have read the study and it is not necessary to re-read the study at the time of presentation. ***The article should be emailed to all preceptors at least 3 days in advance of the scheduled date.***

The following considerations may help guide the resident in evaluating and interpreting research articles and should serve as the outline for discussion:

General Considerations

1. Who are the authors and what are their education/training?
2. How was the study funded?
3. Where was the study performed?

Abstract

1. Does the article contain an abstract?
2. Does the abstract contain information not found within the study itself?
3. Is the abstract informative? Does the abstract contain the information necessary to provide a general overview of the study?

Introduction

1. What is the study rationale?
2. What is the study objective?

Methods

1. Study design
    a. Was the study prospective or retrospective?
    b. Was the study randomized? What method of randomization was used?
    c. Was the study blinded? Were the patients and/or researchers blinded?

d. Was a control group used? Did the patients serve as their own control? Was the control a placebo, active treatment, or a historical control?
2. What were the patient inclusion and exclusion criteria?
3. What statistical tests were used and were they appropriate?

Results

1. Was there a description of the patients studied? If a control group was used, was it similar to the treatment group?
2. Was the number of patients studied clearly stated? Were the number and reasons for patients dropped/ lost to follow-up provided?
3. Were adverse drug reactions reported and described?
4. Was there a clear correlation between the study objective and the results?
5. Were the results valid based on the methods described?

Discussion

1. Does the discussion flow logically?
2. Are the limitations of the study described?
3. Is other related published clinical data described?
4. Did the authors explain unexpected results?

Conclusions

1. Are the conclusions consistent with the study objectives?
2. Did the authors extrapolate their results to other patients populations not studied?
3. Do you agree with the authors' final conclusions and/ or recommendations?
4. Apply the "so what" test. What are the implications of the study to practice?

<u>Evaluation</u>

All members of the audience will evaluate resident performance in a variety of categories related to literature evaluation and communication skills. Written evaluations will be provided.

<u>Questions</u>

Any questions regarding Journal Club should be directed to the respective preceptor or Program Director.

TidalHealth Peninsula Regional
Department of Pharmacy

RESIDENCY JOURNAL CLUB EVALUATION

Resident's Name _____Date_____

Journal Article/Citation _____

Please indicate whether you are a: □ Preceptor □ Pharmacist □ Student □ Other: _____

Please rate the following components of the resident's presentation:

Evaluation	**Score** **1 = Poor; 2 = Fair; 3 = Average; 4 = Very good; 5 = Excellent**	**Comments**
Overall Organization (i.e., conciseness, logic, flow)		
Verbal Communication (i.e., loudness, rate, tone, pronunciation, enunciation, or use of terms)		
Non-verbal Communication (i.e., eye contact, use of notes, mannerisms, or gestures)		
Completeness and Detail of Analysis		
Insight and Depth of Critique		
Response to Questions (i.e., thoroughness, level of confidence, or expansion of information presented)		
Overall Rating		
Additional Comments		

V. Pharmacist Continuing Education Program

Purpose
The Pharmacist Continuing Education (CE) Program provides an opportunity for the resident to organize and present a CE-accredited lecture on a therapeutic topic, selected by the resident, to a pharmacy audience: clinical pharmacists, technicians, pharmacy supervisors, pharmacy practice coordinators, clinical specialists, and residents. The resident will also learn to write learning objectives and self-assessment questions for CE credit. The continuing education program will be offered in conjunction with TidalHealth Peninsula Regional's monthly Pharmacy Grand Rounds seminars.

Expectations
The presentation should be at least 45 minutes in duration, with an additional 10 to 15 minutes provided for questions and discussion. The presentation should comprehensively review the current management of a therapeutic disease state topic or address a current therapeutic area for debate. **All CE topics must be approved by the RC or RPD.** Once a topic has been selected, the resident is encouraged to contact pharmacy content experts/mentors for guidance as they develop the presentation.

The resident must provide their title and 3-5 learning objectives with self-assessment questions approximately one months in advance of the presentation to Patrick Dougherty, PharmD, BCPS. Other documents for continuing pharmacy education accreditation may also be required.

Evaluation
All members of the audience will evaluate resident performance in a variety of categories related to communication skills and the overall presentation. Written evaluation will be provided.

Questions
Any questions regarding the CE should be directed to the Grand Rounds Coordinator or the Program Director.

VI. In-services

An in-service is defined as a presentation of at least 15 minutes in length, with at least 3 people in attendance. It is expected that the resident will provide in-services on various learning experiences at the discretion of the preceptor. These may be presented to pharmacy, nursing, medical, and other hospital staff in attendance.

VII. Co-Precepting of Students

The structure of this educational opportunity will be left to the discretion of the preceptor mentoring the resident and student. To achieve this goal, it is expected that the resident be comfortable in leading a topic discussion of approximately 30 minutes to one hour in length with a student under the preceptor's oversight. In addition, the resident may assist the student with patient follow-up related to rounds, drug information questions, or other daily activities of the learning experience. It is suggested that the resident participate in co-precepting after gaining adequate exposure to the patient population and demonstrating proficiency in application of clinical skills. Co-precepting will generally occur after the first quarter of the residency year.

APPENDIX VIII

I. Resident Staffing and Duty-Hour Requirements

II. Fatigue/Stress

III. Dismissal

All of the above policies can be found on the residency website and in PharmAcademic™

APPENDIX IX

Checklist for Successful Completion of PGY-1 Pharmacy Residency
2022-2023

(Insert Resident's Name)

Successful completion of the PGY1 Pharmacy Practice Residency at TidalHealth Peninsula Regional requires the following activities/projects to be completed prior to the end of the residency period:

- ☐ Pharmacy licensure in the state of Maryland by October 1st the year of the residency start date
  Date completed: _____
- ☐ Completed Residency Research Project with Manuscript submitted to Research Mentor & Residency Program Director and Eastern States Residency Conference presentation
  Dates completed: _____ & _____
- ☐ BLS and ACLS certification; Dates completed: _____ & _____
- ☐ Completion of medication information and policy development requirement
  - Formulary or Class Review; Date completed: _____
  - Medication Use Evaluation and poster presentation
    Dates completed: _____ & _____
- ☐ Completion of all required and elective learning experiences totaling 12 months with no "needs improvement" on any objective, goal, or competency area; must earn "Achieve" on 28/33 objectives
  Date completed: _____
- ☐ Completion of all evaluations in PharmAcademic™; Date completed: _____
- ☐ Completion of electronic residency portfolio; Date completed: _____
- ☐ Completion of all assigned teaching requirements
  - At least four seminars/in-service presentations;
    Dates completed: _____ & _____ & _____ & _____
  - Present a Pharmacist Continuing Education (CE) Program; Date completed: _____
  - Didactic lecture at the UMES School of Pharmacy;
    Date completed: _____
  - Lead 30-minute topic discussion with APPE students; Date completed: _____
  - Completed at least 4 formal journal club presentations;
    Dates completed: _____ & _____ & _____ & _____

Failure to complete the above objectives within the period of the residency may lead to dismissal from or extension of the residency program without further compensation.

Signature & Date of Resident upon completion of all items above: _____

Signature & Date of Residency Program Director upon completion of all items above: _____

APPENDIX X

Expectations Regarding Professional Society Involvement and Travel

Expectations Regarding Professional Society Involvement and Travel

Residents completing the Program at TidalHealth Peninsula Regional are expected to develop and maintain an involvement in professional society activities on a local, state and national level. Travel to and attendance at meetings is critical to support residents' goals and enable professional and personal development.

At a minimum:

1. The resident should plan to join and assume an active role in the American Society of Health-System Pharmacists (ASHP). Activities may include: meeting attendance, volunteering for service, residency recruiting, and education. ***Residents will attend the ASHP Midyear Clinical Meeting, where they will present the results of their medication-use-evaluation (MUE) as a poster presentation.***

2. The resident will also attend and actively participate in all functions of the Eastern States Conference for Pharmacy Residents and Preceptors.

3. The resident is encouraged to join other societies and practice groups that support their professional needs, such as the Maryland Society of Health-System Pharmacists (MSHP), the Maryland Pharmacists Association (MPhA), and the American College of Clinical Pharmacy (ACCP).

To request reimbursement for travel-related expenses to the ASHP Midyear Clinical Meeting and Eastern States Conference, residents must follow the Travel Policy and Procedures.

APPENDIX XI

Residency Program Alumni

TidalHealth Peninsula Regional

Pharmacy Residency Program Alumni

Year	Residents	Project	Initial Position After Residency
2012-2013	Jamie Gomes	Computerized Prescriber Order Entry Alert as Clinical Decision Support for Re-Evaluation of Parenteral Antibiotic Orders.	PGY2 Drug Information Residency at Jefferson University Hospital
2013-2014	Sandra Girgis	Outcomes in Mechanically Ventilated Patients Who Received Dexmedetomidine Versus Propofol or Midazolam for Sedation.	PGY2 Neuro-Psychopharmacology Residency at Princeton House Behavioral Health, Robert Wood Johnson University Hospital, Monmouth Medical Center and the Rutgers Ernest Mario School of Pharmacy
2013-2014	Ashley Dennis (formerly Lawrance)	Probiotic Use and Antimicrobial Stewardship Initiatives in the Prevention of Hospital Acquired *Clostridium difficile* infection in a community hospital.	Operational Staff Pharmacist at TidalHealth Peninsula Regional; transitioned into EPIC-certified Pharmacist at TidalHealth Peninsula Regional
2014-2015	Samantha Bryant	How Antimicrobials administered in the Emergency Department in Comparison to Those Administered Upon Inpatient Admission Impact Patient Outcomes	PGY2 Industry Fellowship at the Rutgers Ernest Mario School of Pharmacy
2014-2015	Valarie Sharma (formerly Hoffman)	Evaluating the Accuracy of Home Medication List Collection Upon Hospital Admission	TidalHealth Peninsula Regional - Pharmacy Operation Supervisor
2015-2016	Ross Jones	Epidemiology of Extended Spectrum Beta-Lactamase Producing Enterbacteriaceae at a Community Hospital	Clinical Pharmacist at University of Maryland Shore Health Medical at Easton, MD
2015-2016	Racquel Reese-Leftridge	Evaluation of Etiologies of Carbapenem-Resistant Enterbacteriaceae at a Community Hospital: A Retrospective Review	PGY2 Oncology Residency at Memorial Regional Hospital/Memorial Cancer Institute
2016-2017	Wai Chan	Comparison of Intravenous Nicardipine and Clevidipine in the Management of Hypertensive Emergency: A Retrospective Cohort Study	Clinical Pharmacist at Anne Arundel Medical Center in Annapolis, MD

Year	Residents	Project	Initial Position After Residency
2017-2018	Richard Jiang	Vancomycin De-escalation Following a Negative Methicillin-resistant *Staphylococcus aureus* (MRSA) Nasal Swab PCR Assay	Clinical Pharmacist at Anne Arundel Medical Center in Annapolis, MD
2017-2018	Michael Smith	Evaluation of the Anticoagulant Prescribing Patterns for the Treatment of Venous Thromboembolism at a Community Hospital	Clinical Pharmacist at Harbor Medstar Hospital in Baltimore, MD
2018-2019	Scott Baker	Clinical Impact of a Pharmacist-Driven Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-AR) Protocol	Staff/Clinical Pharmacist at TidalHealth Peninsula Regional
2018-2019	Jillian Olmstead	From Emergency Department to the Floor: Delays in Second Dose Antibiotics for Pneumonia and their Impact on Patient Outcomes.	Clinical Pharmacist at Baltimore-Washington Medical Center in Glen Burnie, MD
2019-2020	Victoria Hearn	Evaluation of Fluoroquinolone Use in Uncomplicated Infections in a Community Hospital Before and After Major FDA Warnings	Staff/Clinical Pharmacist at Doctors Community Hospital in Lanham, MD
2019-2020	Stephanos Gozali	Retrospective Analysis of Terminally Ill Patients Treated in a Community Hospital's Emergency Department	PGY2 Pain Management & Palliative Care Residency at the University of California – Davis Health
2020-2021	Sherif Ahmed	Vancomycin Area Under the Curve/Minimum Inhibitory Concentration and Corresponding Troughs in a Community Hospital	PGY2 Critical Care Residency at Jefferson University Hospital
2020-2021	Urenna Jerry-Alagbaoso	Evaluating the Efficacy of Direct-Acting Oral Anticoagulants in Obese Patients Admitted for a Stroke or Venous Thromboembolism in a Community Hospital	Staff/Clinical Pharmacist at TidalHealth Peninsula Regional
2021-2022	Thilina Silva	The Efficacy of Thrombectomy Alone versus Alteplase Alone and Combined Therapy: A Retrospective Cohort Study	TBD

APPENDIX XIII

TidalHealth Peninsula Regional (TidalHealth Peninsula Regional) PGY1 residency manual:

My signature indicates that I have received and understand the TidalHealth Peninsula Regional PGY1 residency manual. I further understand that it is my responsibility to comply with the information contained within this handbook.

_____ _____

PGY1 Resident Signature Date