

PGY1 PHARMACY RESIDENCY MANUAL

2023-2024



THE UNIVERSITY OF TOLEDO

Toledo, Ohio

PGY1 PHARMACY RESIDENCY PROGRAM

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Introduction

Dear Residents:

On behalf of The University of Toledo Medical Center (UTMC), I would like to welcome you! We are committed to the provision of outstanding post-graduate residency training programs. We currently offer an array of experiences designed to prepare individuals for roles in pharmacy with a focus in managed, ambulatory, and community care.

The primary emphasis of this residency program will be the development of practice skills in ambulatory clinics and outpatient pharmacy settings. You will be delegated responsibilities of preceptors working within the outpatient and ambulatory care teams. Under my direction, you will be engaged in various learning experiences that provide additional training in direct patient care. Your preceptors will assist in the development of your one-on-one patient skills while developing your clinical knowledge in specific patient care areas. You will also be given teaching responsibilities to further develop your communication skills and abilities as a preceptor and teacher. You will participate in ongoing service activities to further develop your problem solving skills and your ability to work with others.

Preceptors will establish minimum expectations for your performance during rotations. You will be encouraged to surpass these minimum expectations and provide continual feedback to me during your experiences. You will also be delegated patient care responsibilities and through a customized developmental plan, you will help shape the direction of training that you wish to pursue.

At the end of this residency, you will have a greater understanding of what it means to be a part of a team that focuses on providing personalized pharmaceutical care services in ambulatory and community settings. Our preceptors will prepare you to manage patients in a way that optimizes care and outcomes, while providing effective communication skills partnering with providers and healthcare professionals. As a graduate of this program, you will learn how to be at the forefront as an innovator who is willing to explore and implement a variety of clinical and plan design strategies to achieve optimal health outcomes and reduce costs. Through the University of Toledo employee prescription benefit, you will learn to champion new ways to steer members to lower cost alternatives, improve medication adherence and close gaps in care. You will be providing “one on one” patient care in a variety of settings as well as learning the administrative background of running a pharmacy and managing an employee prescription benefit.

The year ahead will keep you engaged and busy and I am confident that you will benefit from the residency program and the team of dedicated individuals you will be working with. The pharmacy practice model of tomorrow embraces residency training and it is evident that the outstanding practitioners of the future will have completed post-graduate training. Our team is dedicated to helping you stay engaged and ready for the job market of the future. As your residency program director, I am here for you on this exciting journey. I look forward to working with you and guiding your progress and development to ensure you reach your greatest potential in our profession of pharmacy.

Regards,

Holly Smith, RPh, MBA
Director of Pharmacy, Ambulatory Services
PGY1 –Residency Program Director

Residency Overview

The University of Toledo Medical Center (UTMC) Description

The sponsoring organization for the PGY1 program is The University of Toledo Medical Center (UTMC). Since 1964, The University of Toledo Medical Center has been serving the health needs of the Toledo community. Established as a teaching hospital to train the future physicians and medical professionals of the greater Toledo region, UTMC remains dedicated to providing advanced care and healing in a patient-centered environment. With access to the latest clinical trials and medical research we are committed to teaching the next generation of health-care professionals.

Each year, more than 300,000 people rely on The University of Toledo Medical Center to care for their health needs. By offering best-in-class specialties, better outcomes and expert physicians, nurses and support staff in a superior continuum of care, UTMC has played a vital role in the health and healing of the Toledo region for decades and will continue to play this role in the future.

UTMC Mission Statement

- Improve the human condition by providing patient-centered, university-quality care

University of Toledo Medical Center Department of Pharmacy Description

The pharmacy enterprise covers both campuses of the University of Toledo. The enterprise consists of the inpatient pharmacy, Health Science Campus Outpatient Pharmacy, Main Campus Outpatient Pharmacy, UTCare Ryan White Pharmacy, UT Access Specialty Pharmacy, Dana Cancer Center Pharmacy, the UTMC Anticoagulation Clinic, various ambulatory pharmacy services as well as the pharmacy run 340B program. The pharmacy serves an integral role in providing service to the University of Toledo and University of Toledo Medical Center. The pharmacy provides comprehensive medication services to inpatients and outpatients partnering with physicians and nursing to ensure safety, quality, compliance, and cost efficacy. Short and long-term pharmacy department goals are continually evaluated and integrated in the resident experience. See appendix 1 for organization chart. For full scope of service document, see Z:Pharmacy/ OutpatientCommon/ Scope of Services.

Department of Pharmacy Mission Statement

- Provide outstanding pharmaceutical care through excellence in clinical pharmacy services, education, research, and community service

Department of Pharmacy Vision Statement

To be an internationally recognized leader in delivering cutting edge pharmaceutical services including: pharmacy operations, staff development, patient education, clinical services, and research.

Policies and procedures can be accessed as follows:

- Hospital administration <https://www.utoledo.edu/policies/utmc/administrative/index.html>
- Pharmacy Department https://www.utoledo.edu/policies/utmc/pharmacy_hsc/index.html

PGY1 Pharmacy Residency Program Description

The leadership for the PGY1 Pharmacy Residency with Managed Care, Ambulatory Care and Community experience is overseen by dedicated preceptors within the UTMC ambulatory care clinics, hospital and community pharmacies.

Program Mission Statement

The mission of the UTMC PGY1 pharmacy residency program is to develop well-rounded pharmacists who exhibit qualities of strong leaders with exceptional clinical and preceptor skills in a variety of healthcare settings. This residency program enhances general competencies in managing medication use systems and supports optimal medication therapy outcomes for patient with a broad range of disease states.

Vision

- Prepare clinicians to see the world through an expanded managed care focus within ambulatory, outpatient and community settings.

Core Values

- Integrity
- Respect for humanity
- Professionalism
- Accountability

Purpose Statement PGY1 Residency Program

The PGY1 pharmacy residency program builds on the Doctor of Pharmacy (Pharm.D.) education and develops clinical pharmacists responsible for medication-related care of patients with a wide range of conditions. Upon completion of this program, residents are eligible for postgraduate year two (PGY2) pharmacy residency training and eventual board certification depending on specific requirements.

The program outcome is to provide the resident with the knowledge and skills to pursue a career as a pharmacist in the following areas (see appendix 6 for previous resident placements):

- Ambulatory care
- Transitions of care
- Pharmacy benefit management (PBM)
- Anticoagulation management
- Specialty pharmacy
- Community pharmacy
- Leadership

Environments that will be well suited for graduates of this program include managed care networks, healthcare networks, pharmacy benefit management, ambulatory care clinics, and outpatient pharmacies. In addition, residents completing this program will be prepared to complete a variety of PGY2 programs including but not limited to ambulatory care and administrative residencies.

Residency Program Leadership Functions and Responsibilities

Senior Hospital Administrator

A professionally competent, legally qualified pharmacist shall manage the pharmacy enterprise. The Senior Hospital Administrator is knowledgeable about and is expected to have experience in pharmacy practice and management. An advanced management degree (e.g., MBA, MHA, MS) or an administrative specialty residency is desirable.

The Senior Hospital Administrator is responsible for the following:

- Having ultimate oversight for the residency program and appoints the Residency Program Director
- Designating the individual responsible for the administration and coordination for the PGY1 Residency Program
- Establishing the mission, vision, goals, and scope of services of the pharmacy based on the needs of the patients served, the needs of the hospital (and any health system of which the hospital may be a component), and developments and trends in health care and hospital pharmacy practice
- Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy
- Actively working with or as a part of hospital or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution
- Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services
- Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards
- Responsible for handling grievances that are still disputed beyond the Residency Program Director (RPD) and Resident Advisory Committee (RAC) level

Residency Program Director (RPD)

The individual responsible for directing the activities of a particular residency program and responsible for maintaining the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle. Responsibilities include activities related to the recruitment, selection, instruction, supervision, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation.

The Residency Program Director is responsible for ensuring the following:

- Organization and leadership of a residency advisory committee (RAC) that provides guidance for residency program conduct and related issues
- Oversight of the progression of residents within the program and documentation of completed requirements
- Implementing use of criteria for appointment and reappointment of preceptors
- Evaluation, skills assessment, and development of preceptors in the program
- Creating, implementing a preceptor development plan for the residency program
- Continuous residency program improvement in conjunction with the residency advisory committee
- Working with pharmacy administration

Residency Coordinator

The individual is assigned by the PGY1 Residency Program Director. The coordinator serves as the point of contact for the PGY1 program when the RPD is not available and is responsible for assisting with resident onboarding and maintaining PharmAcademic learning experience documents throughout the year.

Residency Preceptors

The individuals assigned to educate, train and evaluate the resident within their practice area or area of expertise who:

- Contribute to the success of residents and the program
- Provide learning experiences in accordance with ASHP Accreditation Standards
- Participate actively in the residency program's continuous quality improvement processes
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents and services
- Demonstrate commitment to advancing the residency program and pharmacy services

See Appendix 4 for current preceptor roster

Residency Advisor (Mentor)

Serves as a professional mentor for the resident and meets periodically to discuss progress towards goals and any issues pertaining to the program. The residency advisor may also be a preceptor for one of the resident rotations.

Residency Advisory Committee (RAC)

Oversight committee to discuss and monitor progress of the resident and the PGY1 residency. Membership is comprised of preceptors involved in the PGY1 residency program, as appointed by the RPD. RAC meeting will occur monthly and minutes will be maintained as a permanent record of the committee proceedings and actions. Minutes will be prepared by one delegated member of the committee.

RAC committee member responsibilities include

- Annual reviews of the incoming resident's developmental plan for training schedule and learning objectives
- Quarterly reviews of the resident's progress toward residency completion
- Participates in on-going process of assessment of the residency program including a formal annual program evaluation
- Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each period of training is provided and resident evaluations are conducted in a timely manner
- Establishes residency application requirement, applicant procedures, and forms review process for evaluation and selection of the resident
- Reviews, maintains and updates the educational and learning experiences of the residency program in accordance with the ASHP standards
- Provides annual review of preceptor qualifications, preceptor training and development process
- Conducts corrective actions and dismissals as necessary under the advisement of the Senior Hospital Administrator and the Residency Program Director
- Serve on the Preceptor Development Committee

Preceptor Development Committee

Members of RAC also serve as the Preceptor Development Committee whose responsibilities include the following:

- Provides review of the qualifications of the Residency Program Director and preceptors and establish their functions and responsibilities

- Work with preceptors to enhance their qualifications and create training plans to do so
- Coordinate and implement preceptor development activities
- Maintain records of preceptor development activities

Qualifications of Resident Applicants

The UPMC PGY1 residency program participates in the American Society of Health-System Pharmacists (ASHP) Resident Matching process also known as the “Match”. The Match provides an orderly process to help residents obtain a position in a residency program. ASHP is responsible for establishing the rules and monitoring the implementation of the Match. The administration and conduct of the Match is carried out by National Matching Services Inc. on behalf of ASHP. To participate in the Match, an applicant must be a graduate of or graduating from an ACPE- accredited college of pharmacy, or otherwise and is eligible for licensure in the state of Ohio.

The full procedure on Residency Recruitment and Selection (RP-001) can be found Appendix 8

- Potential candidates are received using the ASHP online PhORCAS system
- Application materials must include the following:
 - PhORCAS Application Form
 - Letter of Intent
 - Curriculum Vitae
 - Official transcripts of all professional pharmacy education
 - Three letters of reference via the PhORCAS recommendation form
- Applicants are screened by the PGY1 RAC committee using the PGY1 Residency Application Screening Tool
- Interviews are scheduled with candidates
- Emails are sent to chosen candidates notifying them of their interview status and inviting them to interview
- Once dates for interviews are received from the candidate, communication is sent outlining:
 - Interview location
 - Presentation requirements
 - Schedule for the day
- After all interviews are completed, the interview committee convenes to determine the Rank Order list for Phase I of the Match for desirable candidates for the PGY1 program. The Phase I Rank is then submitted in order of program preference. Each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant’s preference.

Residency Applicant Interview & Ranking Process

- Each applicant will be evaluated by preceptors using the Residency Interview Screening Tool
- Review of Residency applicants- Top candidates are selected based on screening tool rubric
 - Each applicant is evaluated during interview by preceptors
 - Group discussion is held after each interview & evaluations filled out individually
 - Each applicants score from preceptors is totaled and averaged with results documented
 - Input from current PGY1 resident will be discussed
 - Discuss numerical ranking of applicants based on results and program fit
 - Residents will be excused (residents evaluations not included in totals, and residents do not vote)
- Discussion and voting (preceptors who participated) **TO NOT RANK CANDIDATE**
 - Vote by show of hands to not rank a candidate
 - Unanimous vote required to not rank a candidate
- Discussion and voting (preceptors who participated) of applicants **TO RANK**
 - Vote by show of hands to rank a candidate
 - Majority vote required to rank candidate
- Discussion and voting (preceptors who participated) of **RANK ORDER TO SUBMIT TO NMS**
 - Numerical ranking from evaluation is used as a start; then discussion of applicant, review of interview documents
 - Vote by show of hands on rank order; majority vote required for rank order
- Rank order will be submitted by RPD to NMS

- The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists.

Applicants and programs do not receive information about the rankings submitted by other applicants and programs. Each applicant is given only the result the applicant obtains in the Match while each program is provided only the final result of the match including the names of the applicant it matched.

- If after Phase I of the Match the PGY1 program has an unfilled position, the Match will offer those positions to unmatched applicants in Phase II of the Match. UTM C PGY1 residency will utilize the same application process as outlined above for Phase II.
- The Match results constitute a binding commitment from which neither the applicant nor the program can withdraw without mutual written agreement.
- A letter, putting in writing an appointment agreement with the matched applicant is sent to the matched applicant no later than 30 days following the receipt of the results for each phase of the Match.

Qualifications and Requirements of the Residency Program

Licensure Requirements

- Residents are required to obtain licensure by August 1st of the residency year. Any resident who fails to pass/ take the licensure exam in this timeline must formally document this failure in a letter to the RPD and Pharmacy Director. Residents may be subject to dismissal from the program. A minimum of 2/3 of the residency needs to be completed as a licensed pharmacist in Ohio.
- Failure to meet the above deadlines may result in dismissal from the program and actions will be determined on a case-by-case basis by the RPD.
- All residents must be licensed by the Ohio State Board of Pharmacy. Information on the license process may be access at <http://pharmacy.ohio.gov/>.
- The resident assumes financial responsibility for all costs associated with licensing, including but not limited to review courses or materials, the exam and processing fees, and the license and/ or transfer fee.
- The full policy on Inadequate Resident Performance and Corrective Action (3364-133-118) can be found onsite at Z:Pharmacy/Policies or online at https://www.utoledo.edu/policies/utmc/pharmacy_hsc/

Obtain a National Provider Identifier

In addition to licensure, residents are required to obtain a National Provider Identifier (NPI) after obtaining Ohio pharmacist license. Obtaining an NPI can be completed online at <https://nppes.cms.hhs.gov/?forward=static.npistart#/>

Pass UT Human Resources Mandated Resident Pre-employment Qualifications

If you do not pass all UT Human Resources Mandated Pre-employment items, including drug tests and updated immunizations, your participation in the residency program will be reviewed, and you may be subject to dismissal.

Complete all UTM C Mandated Trainings

Annual Safety Training

- Go to <https://testbank.utoledo.edu/Public/Login.aspx>.
- Required trainings will appear
- Any additional requirements needed can be searched for and completed

Pharmacist Training Pathway

Resident pathway will be completed during the orientation month. This pathway document should be carried with you from location to location so that preceptors can check off appropriate training and learning experiences.

CITI Program Training

- Citi training must be documented prior to participating in institutional research
- Each resident will need to be trained prior to completing a project containing human subjects as the target population
- This training provides information needed for the IRB submission process as well as contact information for the IRB department
- This training should be completed online through CITI and accessed on the IRB website under the Training and Education tab found at <https://about.citiprogram.org/en/homepage/>

Basic Life Support (BLS) Training

Each resident is expected to maintain BLS certification. The BLS training is offered at various times all throughout the residency year. The RPD or program coordinator can facilitate scheduling training. It is the expectation of the resident to maintain certification all throughout the residency year without expiration.

Residency Completion Requirements

Residents in all residency programs will be required to complete 12.5 months of training and perform or participate in a number of pharmacy related/professional activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. In addition to the expectations outlined by the accreditation standards, Residents should be able to:

- Describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes
- Function independently as a pharmacist in a variety of settings
- Participate in drug use review and drug policy development in the managed care setting
- Understand how to manage the drug distribution process for an organization's members (employee benefits)
- Provide medication therapy management services at the outpatient pharmacies
- Communicate effectively in writing and verbally with other team members
- Design and implement clinical programs to enhance the efficacy of patient care
- Provide medication and practice-related information, education and/or training
- Exercise leadership and practice management skills throughout residency
- Demonstrate project management skills and develop a manuscript suitable for publication
- Participate in quality improvement initiatives including each department PDSA quality improvement initiative
- Completion of program requirements will be documented with summative evaluations for each rotation and a documented final exit interview with the resident. Specific resident work products/records/files/electronic tracking or other projects tied to a specific learning experience will be saved by year within that specific learning experience folder for future reference and teaching purposes and also uploaded to PharmAcademic
- A checklist of the minimum requirements for completion of this residency is available in Appendix 5

Participate in a Medication Use Evaluation (MUE)

The MUE will be used to evaluate the cost impact for the employee prescription benefit through prescription claims provided in partnership with the PBM. The role of the MUE will be to identify opportunities for clinical programming to improve health outcomes of UPMC members. It may also be used to evaluate the application of clinical guideline compliance.

Teaching Certificate Program

The PGY1 program provides a Teaching Certificate Program. Participation in the program is mandatory. Resident involvement in the teaching activities fosters development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. The program is designed to demonstrate faculty roles and responsibilities while promoting teaching skills essential to developing and delivering didactic or experiential instruction.

Complete All Required PGY1 Learning Experiences

The resident will participate in all required learning experiences as defined by the PGY1 residency program. See Appendix 2 T&E grid. Any modifications to the learning experiences will be discussed with the RPD and documented as to the reason for the change.

At the beginning of each rotation, the preceptor will review the rotation expectations, learning objectives and specify the degree of autonomy the resident will have on the rotation. In addition, residents will be expected to document all activities appropriately throughout the month.

The resident is expected to fully cooperate with the PGY1 program and the university in coordinating and completing RAC and ASHP accreditation submissions and activities, including the legible and timely completion of patient medical/pharmacy records, charts, reports, preceptor and program evaluations, or other documentation required by the RAC, ASHP, hospitals, department, or program.

Expectations and Responsibilities of the Resident

Policies and Procedures

It is the responsibility of the resident to comply and adhere to the policies, practices, rules, bylaws, and the regulations of the PGY1 pharmacy residency program, Residency Advisory Committee (RAC) and all departmental procedures.

Professional Conduct

The PGY1 residency is committed to providing excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. The resident must understand that he/she is a representative of the University of Toledo and the UTM Outpatient Pharmacies and Ambulatory Clinics and is expected to conduct him/herself in a professional manner at all times. It is the responsibility of all residents to comply and adhere to the policies, practices, rules, bylaws, and the regulations of the PGY1 pharmacy residency program, Residency Advisory Committee (RAC) and of the policies of the University of Toledo Medical Center (UTMC) and all the facilities to which the resident rotates. A detailed description of the standards may be found at:

http://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_01.pdf

It is also the responsibility of the resident to comply and adhere to all applicable state, federal, and local laws, as well as the standard required to maintain accreditation by the Joint Commission (TJC), ASHP, RAC, and any other relevant accrediting, certifying, or licensing organizations.

Professional Commitment

The resident's primary professional commitment must be to this residency program.

The resident must be committed to the following:

- The mission and values of The University of Toledo, UTM and the Department of Pharmacy
- Completing the goals and objectives for training established by the residency program
- Making an active use of the constructive feedback provided by the residency program preceptors and to actively seek constructive verbal and documented feedback that directs learning

Time Commitment

A residency is a full time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the requirements of completion. The resident must manage his/her external activities so as not to interfere with the program. It is expected that a minimum of 2100 hours will be required to successfully complete the program. Residents are expected to spend the majority of their time in direct patient care activities. A minimum of 8 hours per day will be spent onsite. Time spent attending scheduled meetings, case presentations, etc. will be considered patient care activities. Preparation for these scheduled meetings will not be considered patient care activities. Should scheduling conflicts arise between patient care and non-patient care related activities, you will need to contact your program director. Additional time dedicated to presentation, assignments and research projects will be required. This time will vary throughout the year.

Professional Dress

All residents are expected to dress in an appropriate, professional manner whenever they are in the institution or attending any function as a representative of UTM. Clean white lab coats of full length will be worn including scrubs per the preceptor's discretion in patient care areas. Any specific problems with dress code will be addressed by the residency program director and/or preceptor. UTM Security requires all personnel to wear his/her badge at all times when they are on campus. If the badge is misplaced, a temporary badge is available at Security. If the employee badge is lost, the resident must report the loss immediately to Security, and render a fee for replacement. This identification badge will also be utilized to obtain access to any area requiring a badge swipe for admittance. A detailed policy regarding employee badges may be found at:

<http://www.utoledo.edu/policies/administration/finance/pdfs/3364-40-23%20%20Identification%20badges.pdf>

Patient Confidentiality and Care

Patient confidentiality will be strictly maintained by all residents. Any consultation concerning a patient will be held in privacy with the utmost concern for the patient and family member's emotional and physical well-being. A detailed policy may be found at: <http://www.utoledo.edu/policies/administration/compliance/pdfs/3364-15-10.pdf>. It is also expected that the resident provide safe, effective and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees, and visitors of the Hospitals and rotation sites to which the Resident is assigned.

Electronics and Responsible Use

The use of any electronics (both personal and University-provided) and the use of computing resources are subject to the requirements of legal and ethical behavior within the university community. The resident may be given university-provided electronics for use while employed at the University of Toledo Medical Center. All electronics must be returned in good-working condition at the end of residency. Any lost, stolen, or damaged electronics (by negligence, etc.) will be replaced at the resident's expense. A detailed policy regarding electronics, electronic mail, and responsible use can be found at:

https://www.utoledo.edu/policies/administration/info_tech/pdfs/3364-65-07-electronic-communication-policy.pdf

Attendance

Residents are expected to attend all functions as required by the Residency Program Director (RPD) and rotation preceptors. The residents are solely responsible for their assigned operational pharmacy practice and are responsible for assuring that these service commitments are met in the event of an absence. All leave requests should be discussed at least 30 days in advance with the involved preceptor(s) to assure that service responsibilities can be fulfilled. An excused absence is defined as vacation, sick, or professional leave discussed with and signed off by the respective rotation preceptor and program director. This schedule may have slight variations depending on factors such as clinics, staffing, teaching, professional obligations and unexpected variability in preceptor schedules. (See Appendix 3 Resident Schedule)

In the case of inclement weather or other emergencies, all essential services on the Health Science Campus will continue. Essential personnel are required to report to work during all emergencies when scheduled. The PGY1 Resident will report to work when the outpatient pharmacies and clinics remain open. Please refer to the detailed policy found at:

https://www.utoledo.edu/policies/administration/humanresources/pdfs/3364_25_14.pdf

Leave of Absence

Residents are expected to perform their duties for a minimum of 12 calendar months. Therefore, absence due to a vacation, illness, personal business, etc. should not exceed allotted time. Any unexpected hardship must be communicated with the residency program director and absence will be planned. Any make up time must be added to the projected date of completion of the required 12 months of training. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. Arrangements with individual residents and the RPD will be made for any unforeseen long-term leave of absence and may include a furlough of pay and completions to be determined when appropriate.

Types of Residency Leave Defined

Time Away (20 workdays)

- Resident vacation leave will be arranged with prior approval of preceptor and program director 30 days in advance whenever possible. A request must be submitted to the program director and preceptor in the form of a calendar invite or other acceptable method for requesting time off as previously discussed with program director
- Your residency program director and coordinator will work with you to determine any special needs for time off for the year
- No more than 5 days can be missed in any given experience without scheduling make-up
- For job interviews and PGY2 interviews, the vacation leave must be approved by the residency director and preceptor prior to accepting the interview offer date
- Residents will receive professional days off for mandatory attendance of the ASHP Midyear conference
- For any one calendar month if the resident needs more than five days off the resident must work with the program preceptor and director to develop a make-up plan
- Any unused vacation or sick days are not eligible to be 'paid out' at the conclusion of the residency year

Bereavement Leave (3 days)

Up to 3 days may be taken for bereavement of an immediate family member and can be used from sick time allotted.

Court Leave

Residents are encouraged to request deferment of jury duty however, should you wish to participate you must notify the RPD as early as possible. Arrangement will be made to make up time with your appropriate preceptor.

Extended leave

Due to unforeseen circumstances (e.g. illness, maternity leave, jury duty, etc.) there may be an extended leave from the program. This may significantly impact achieving program objectives in the defined program year and alternative options may need to be considered. The full procedure on Pharmacy Residency Vacation/Leave Time (RP-006) can be found in Appendix 8.

Corrective Action, Failure to Achieve Certification and Involuntary Dismissal Policies

The corrective action process will be utilized only when the resident fails to present him/herself in a professional manner, follow policies and procedures of the University, College, Department, or Medical Center, make satisfactory progress on any of the residency goals or objectives (not to be determined by one rotation), or make satisfactory progress towards the completion of a residency requirement. Each resident will be treated with fairness and respect. The director of pharmacy, program directors, preceptors, and faculty will follow a corrective action process based on counseling and a warning system when a serious deficiency in the resident's performance is noted. The corrective action process will be used when addressing areas of resident performance or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified schedule(s) will result in the resident not receiving a certificate of successful completion of the training program and may result in involuntary dismissal. However, certain behaviors or actions will be considered immediate grounds for dismissal and the corrective action process will not apply.

The full policy on Inadequate Resident Performance and Corrective Action (3364-133-118) can be found onsite at Z:Pharmacy/Policies or online at https://www.utoledo.edu/policies/utmc/pharmacy_hsc/

The full procedure on Resident Grievance Process (RP-03) and Timely Reporting of Time Management Concerns (RP-004) in Appendix 8.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

ASHP duty hour standards:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Duty Hours must be limited to 80 hours per week, averaged over a four week period, inclusive of internal and external moonlighting. Residents must be provided with one day in seven days free from all educational and clinical responsibilities, averaged over a 4-week period. Residents must have at minimum 8 hours between scheduled duty periods. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Continuous duty periods of residents should not exceed 16 hours. The full procedure on Pharmacy Residency Duty Hours (RP-002) can be found in Appendix 8.

Moonlighting (internal or external)

Must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. The ability to moonlight must be discussed with the RPD when allowed per the annual budget.

The following must be considered and documented in the resident employee record:

- All moonlighting hours must be counted towards the 80 hour maximum weekly hour limit
- The resident will be responsible for tracking times of arrival and departure each day, as well as hours worked
- Record of these hours will be entered into an electronic spreadsheet (Duty Hours Log) to be reviewed by the RPD/ RAC on a monthly basis
 - Preceptors will monitor overall performance of resident judgment while on scheduled duty periods and determine if the moonlighting hours affect their ability to achieve educational goals and objectives of their residency program and provide safe patient care
 - If it is determined that moonlighting is affecting the ability of the resident to complete required PGY1 residency requirements, the resident will be required to immediately stop moonlighting.
- The PGY1 program does not currently require an In-House Call or At-Home call. If at any time it is deemed necessary for the program to add call hours the program will follow ASHP guidelines for these on call services

Participation in Recruitment Efforts

The resident will assist with the recruitment efforts of the PGY1 residency program. Each resident is an important source of information for potential candidates. Candidates will expect to be able to interact with the current residents at the ASHP midyear showcase and the current resident is expected to spend time providing information to interested candidates. Residents will be asked to staff residency showcases and recruitment events.

Active Involvement in an Academic Medical Center Learning Environment

As part of an academic medical center, it is our mission to improve the human condition and to provide an environment conducive to professional development. It is an expectation that the resident will participate and lead learning experiences with APPE, IPPE, and other learners.

Participation in Departmental Quality and Safety Initiatives

The purpose of the Quality Assessment, Performance Improvement and Patient Safety Plan is to provide a formal mechanism by which the University of Toledo Medical Center (UTMC) utilizes objective measures to monitor and evaluate the quality of services provided to patients. Quality is defined broadly to include care that strives to be safe, effective, patient centered, timely, cost efficient, and equitable. The plan facilitates a multidisciplinary, systematic performance improvement approach to identify and pursue opportunities to improve patient outcomes and reduce the risks associated with patient safety in a manner that embraces the mission of the hospital, pharmacy and PGY1 residency program. The PGY1 resident will be exposed to numerous quality initiatives throughout the residency.

Patient Safety Event and Incident Reporting

- See Hospital Policy: <https://www.utoledo.edu/policies/utmc/administrative/pdfs/3364-100-50-39.pdf>
- Reportable events must be described on the online Incident Report. This online submission will be forwarded and used by department managers and quality management for patient safety and quality initiatives
- When an incident is placed in patient safety net the pharmacy team will review the incident and follow up with necessary evaluation of the root cause of the issue and make necessary changes to prevent the incident from taking place again
- The resident will be responsible for performing an annual review of all outpatient pharmacy events and for presenting both data and improvement initiatives to pharmacy leadership

General Information

Period of appointment and stipend

- 12.5 months from mid-June through June 30 of the residency year
- \$50,000 per annum paid biweekly
- Medical dental, vision, and prescription insurance benefits are provided. It is the resident's obligation to select and enroll in the benefit program. For benefit, costs and program selection please visit the Human resources benefit website at <http://www.utoledo.edu/depts/hr/benefits/index.html>
- The University will facilitate resident access to confidential counseling, medical and psychological support services. Resident will be eligible to participate in educational programs regarding physician impairment and substance abuse.
 - The University will provide appropriate accommodations for Residents with disabilities in accordance with the Americans with Disability Act and the Section 504 of the Rehabilitation Act, in addition to the University's policy and applicable law:
https://www.utoledo.edu/policies/administration/diversity/pdfs/3364_50_03_nondiscrimination_o.pdf

Letter of Acceptance and Contract

The residency program director (RPD) will provide the PGY1 resident with a letter outlining their acceptance upon matching with the applicant.

Keys and Resident Office Space

The office for the resident is located in the Health Education Building (HEB) within the College of Pharmacy. Keys will be provided during orientation. Additionally, a proximity badge will provide access to other clinical locations. The loss of key or proximity badge must be reported immediately to security and the resident will incur a cost to replace. All keys must be returned prior to termination of employment. In addition, the resident office will contain a computer, secondary monitor, phone and various office supplies.

Resident Mailbox

Incoming mail can be received and outgoing mail can be dropped off utilizing the Health Science Campus Outpatient Pharmacy mailing address of:

UTMC HSC Outpatient Pharmacy
Attn: Insert Resident Name
3000 Arlington Avenue MS 1076
Toledo, Ohio 43614

Professional Liability Insurance

Coverage will be provided to the resident by the University for acts or omissions that occur during the resident's participation in the program and covered under the policy. Moonlighting activities of the resident will not be covered. It is recommended to get personal professional liability insurance if you are moonlighting.

Travel

Travel expenses are subject to change within residency year. These expenses include flights, hotels, and registration for conference meetings and will be covered with budgetary approval. Alcohol is not reimbursed.

- Flights, hotels, and registration will be coordinated through the department and must be paid on the residency purchasing card
- Food, automobile mileage, transportation, and other miscellaneous charges are to be at the resident's expense
- Questions regarding travel stipend and reimbursement should be directed to the RPD

Structural Design and Organization of Residency Program

The resident will be expected to meet competency areas, goals and objectives as set forth by ASHP accreditation standards. The resident will be expected to become competent within the learning experiences in the following seven required competency areas associated with learning experience documents and objectives:

- Patient Care
- Advancing Practice and Improving Patient Care
- Leadership and Management
- Teaching, Education, and Dissemination of Knowledge
- Managed Care
- Teaching and Learning
- Specialty Pharmacy

Preceptors assure required competency in each of the above areas by teaching or evaluating required educational goals and objectives. Competency within these areas will be achieved by the teaching and evaluation of these goals through learning experiences in the following required areas of focus:

- Orientation (Core)
- Managed Care (Core + Longitudinal)
- Pharmacy Administration (Core)
- HIV (Core)
- Anticoagulation (Core)
- Community-University Health Center (Core)
- Specialty Pharmacy (Core + Longitudinal)
- Transitions of Care (Core + Longitudinal)
- Internal Medicine (Core + Longitudinal)
- Staffing (Longitudinal)
- Research and MUE (Longitudinal)
- Teaching Certificate (Longitudinal)

While attaining competency in these areas, learning experiences will focus on managing and improving the medication-use system, quality and safety, formulary management, adherence and cost effective access to care. See Appendix 2 T&E grid rotation goals and objectives.

The resident will achieve two thirds of their resident experiences providing direct patient care to specialty clinic patients, employees enrolled in the UT prescription benefits plan, inpatients transitioning out of the hospital, patients seen within the UT anticoagulation clinic, patients within the internal medicine and family medicine clinic, and patients cared for during the staffing component of the program. See Appendix 3 Example Schedule.

Assessment and Evaluation

Residency Self-assessment, Feedback and Evaluation Process

Regular assessment is vital to the success of the resident and program in several ways:

- Ensuring that the resident is meeting the defined goals and objectives to be a quality, well-rounded practitioner

- Providing the resident with opportunities for self-assessment and reflection for personal development and growth
- Allowing for assessment of the preceptor and learning experience (by the resident) for continued growth and success of the program
- The assessment strategy will include three different types of evaluations:
 - Preceptor evaluation of residents' attainment of educational goals and objectives
 - Resident self-evaluation of their attainment of educational goals and objectives
 - Resident evaluation of the preceptor and learning experience

Evaluations are completed using [PharmAcademic](#). The full procedure on Resident Evaluation (RP-005) can be found in Appendix 8.

Self-assessment (Initial Assessment)

At the beginning of the residency, the residents will be required to complete the entering interests form and the Objective-Based Self-Evaluation through PharmAcademic. These are assigned within PharmAcademic at the beginning of the residency year.

The purpose of the initial assessment is to determine:

- Short- and long-term career goals of the incoming resident
- Incoming strengths (*required*)
- Professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives
- Personal strengths related to being a professional
- Incoming areas for improvements (*required*)
- Professional areas for improvement in terms of knowledge, skills, and abilities related to the education goals and objectives
- Personal areas for improvement related to being a professional
- Incoming learning interests related to required or elective learning opportunities

Resident Evaluation Scale

Evaluations are to be completed using [PharmAcademic](#). Documentation in PharmAcademic must be timely (within 7 days of the end of the rotation). All stakeholders will receive an email reminder from PharmAcademic to complete evaluations. Experience objectives will be evaluated with the following scale:

Achieved for Residency

- A resident must have 'Achieved' all the objectives at least once for each competency and upon preceptor consensus before resident can 'Achieve for Residency'
- Preceptors on subsequent rotations will not be required to evaluate (but they still have the option)
- It makes it clear to all subsequent preceptors that this item has been 'Achieved for Residency'
- It lets the resident know that the program is monitoring their progress as a whole, not just on each experience
- RPD can change the evaluation status of an objective to 'Achieved for Residency' status if warranted
- Generally reserved for facilitating phase of resident development

Achieved

- Generally used during the facilitating phase of resident development

Satisfactory Progress

- Generally used in the modeling/coaching phase of resident development

Needs Improvement

- Generally used during the instructing phase of resident development

Not Applicable

- Generally used when this does not apply to your learning experience

Types of Evaluations

Resident Self-Reflection

Each resident will self-reflect on areas that are going well and areas for improvement within the residency program as well as the impact of the resident's communication and behavior on the achievement of goals. This will be discussed on the first day of each learning experience.

Resident Self-Evaluation

Evaluation based on the resident's performance during the learning experience. This evaluation is to be reviewed at the end of the rotation during the discussion of the resident's summative evaluation.

Resident's Evaluation of Preceptor and Experience

Each resident will complete an evaluation of the preceptor and experience within 7 days of the end of the experience or quarterly for longitudinal experiences. The evaluation reminder will be sent to the resident via PharmAcademic. The Resident evaluation of the preceptor will be reviewed by the preceptor at the end of each rotation. The RPD will also use the evaluations as a tool and discussion during the preceptor's evaluation when applicable.

Preceptor's Evaluation of Resident's Performance

Each preceptor will complete a criteria-based evaluation of the resident within 7 days of the end of the experience or quarterly for longitudinal experiences. The preceptor will be sent a reminder to complete the evaluation within PharmAcademic. The preceptor should let the resident know what criteria they are using for the evaluation process in a narrative and summative process. The evaluation is to be discussed with the resident at the end of the learning experience.

Longitudinal Evaluation Process

Longitudinal activities, when applicable, will be evaluated at least once per quarter and will be set up in PharmAcademic. The evaluations must be completed within 7 days of the end of the quarter to allow adequate time for the Residency Program Director/Advisor to incorporate the comments from the evaluations into the resident's quarterly evaluation.

Developmental Plan

An incoming and quarterly developmental plan will be reviewed to determine progress toward achieving program goals and objectives. The RPD will review the resident's progress and/or evaluations to date and add comments to the plan accordingly and determine if program outcomes and goals are being achieved. The RPD will also consider residents self-evaluation and preceptor feedback to determine achievement of residency program goals for that quarter. Assessing information collected about a resident is a component of the development plan, but is not the plan itself. The RPD, preceptors and resident will customize the training program for the resident based upon assessment of the resident's ongoing growth, knowledge, skills, attitudes, abilities and career interests. Any necessary updates to the developmental plan will be made and reviewed with all preceptors at the next RAC meeting. Adjustments to the developmental plan will be made based upon review of the resident performance relevant to the previous quarter's plan as follows:

- Using input from preceptor(s) and resident as per discussion at the monthly RAC meeting
- Identifying new strengths or areas for improvement based on preceptor formative and summative evaluation feedback
- Recognizing changes in resident short and/or long term career goals and interests
- Identifying at least three potential goals or actions for the resident to focus on
- Noting if there is no need for changes in the development plan based on current progress
- Timely signing of the document by both the RPD and the resident and uploading into PharmAcademic to be shared with all preceptors of the program

End of Residency Self-Evaluation

At the end of the year, the resident will complete a Goal-Based Residency Self-Evaluation and Exit Interview.

Evaluation Standards and Expectations on Providing Feedback

Preceptors are trained and residents should expect to receive formative evaluations during the course of their experiences as part of the instructional process. Residents should utilize formative evaluations to gain understanding and make timely adjustments during the learning experience.

Formative evaluations will focus on the development of clinical reasoning skills

Learning Stages	Bloom's Revised Taxonomy (Cognitive Dimensions)	Preceptor Role	Learner Role
Culminating Integration	Create	Facilitating	Independent Practice
Practical Application	Evaluate Analyze	Coaching	Guided Practice
	Apply	Modeling	Shared Demonstration
Foundational Skills and Knowledge	Understand Remember	Instruction	Demonstration

Residents should expect to have their self-assessment incorporated into the development of each learning experience. This will allow each learning experience to be at the appropriate level for the learner and will ensure the growth of the residents' experiences while on rotation.

- Resident will perform self-reflection at the beginning of each learning experience
 - Reflection is based on objectives associated with the experience and where the resident has progressed up to the point of starting the new experience
- Resident will perform self-evaluation at the end of each learning experience
 - Evaluation is based on the resident's performance during the learning experience
 - This evaluation will be reviewed at the end of the rotation during the discussion and signing of summative evaluations in PharmAcademic

ARCH Model of Providing Feedback

Residents should expect to receive feedback that incorporates shared perspectives on performance.

A	Ask for self-reflection and self-assessment
R	Reinforce correct knowledge, skills or behavior
C	Correct incorrect knowledge, skills, or behavior
H	Help the learner with an improvement plan

The ARCH model is a tool utilized to provide formative evaluations to the resident during their learning experience with numerous benefits.

Providing Summative Evaluations to Learners

Residents will periodically be provided summative feedback (at the midpoint or endpoint of the LE).

Preceptors will incorporate criteria-based feedback based upon learning activities into residents summative evaluations using PharmAcademic. Criteria for each learning objective is readily available in the resident learning experience document.

ASHP requires ample opportunities for improvement for learners in the summative evaluation process. Feedback may be presented utilizing the "Stop, Start, Continue" Feedback Model when completing summative evaluations. This model encompasses opportunities for growth and gives the resident positive feedback about areas in which he/she is successful.

STOP	What do you want the learner to STOP doing?
START	What do you want the learner to START doing?
CONTINUE	What do you want the learner to CONTINUE doing?

Pharmacy Personnel and Contact Numbers

Outpatient Pharmacy and Ambulatory Clinical Staff

Pharmacist	Title	Phone Number
Holly Smith	Director of Pharmacy, Ambulatory Services and Residency Program Director	419-383-1956
Bree Meinzer	Managed Care Manager, Clinical Pharmacist	419-383-1591
Monica Socha	Outpatient Pharmacy Manager, Main Campus	419-530-3471
Nikki Hamons	Outpatient Pharmacy Manager, UTCare	419-383-3355
Sarah Lorenzen	Outpatient Pharmacy Manager, UTAccess	419-383-5766
Patrick Amsdell	Outpatient Pharmacy Manager, Health Science Campus	419-383-3750
Holiday Caton	340B Manager	419-383-3609
Megan Sizemore	Family Medicine Clinical Pharmacist	419-383-5529
Jeff Mikolay	Outpatient Clinical Pharmacist, Transplant	419-383-1052
Rami Barazi	Outpatient Clinical Pharmacist, Anticoagulation	419-383-6390
Amanda Porter	Outpatient Clinical Pharmacist, UT Access	419-383-5766
Marilee Clemons	Internal Medicine Clinical Pharmacist	419-383-1932

Department of Pharmacy

Pharmacist	Title	HSC Phone Extension
Russell Smith	Senior Hospital Administrator	3788
Lindsey Eitnrear	Director of Pharmacy, Acute Care Services	3875
Kellie Shiekh	Critical Care Pharmacist, Residency Program Director	1942
Rachel McLuckie	Clinical Research Pharmacist	3794
Molly Holland	Clinical Operations Director	3608
Eric Betka	Clinical Oncology Pharmacy Supervisor	5373

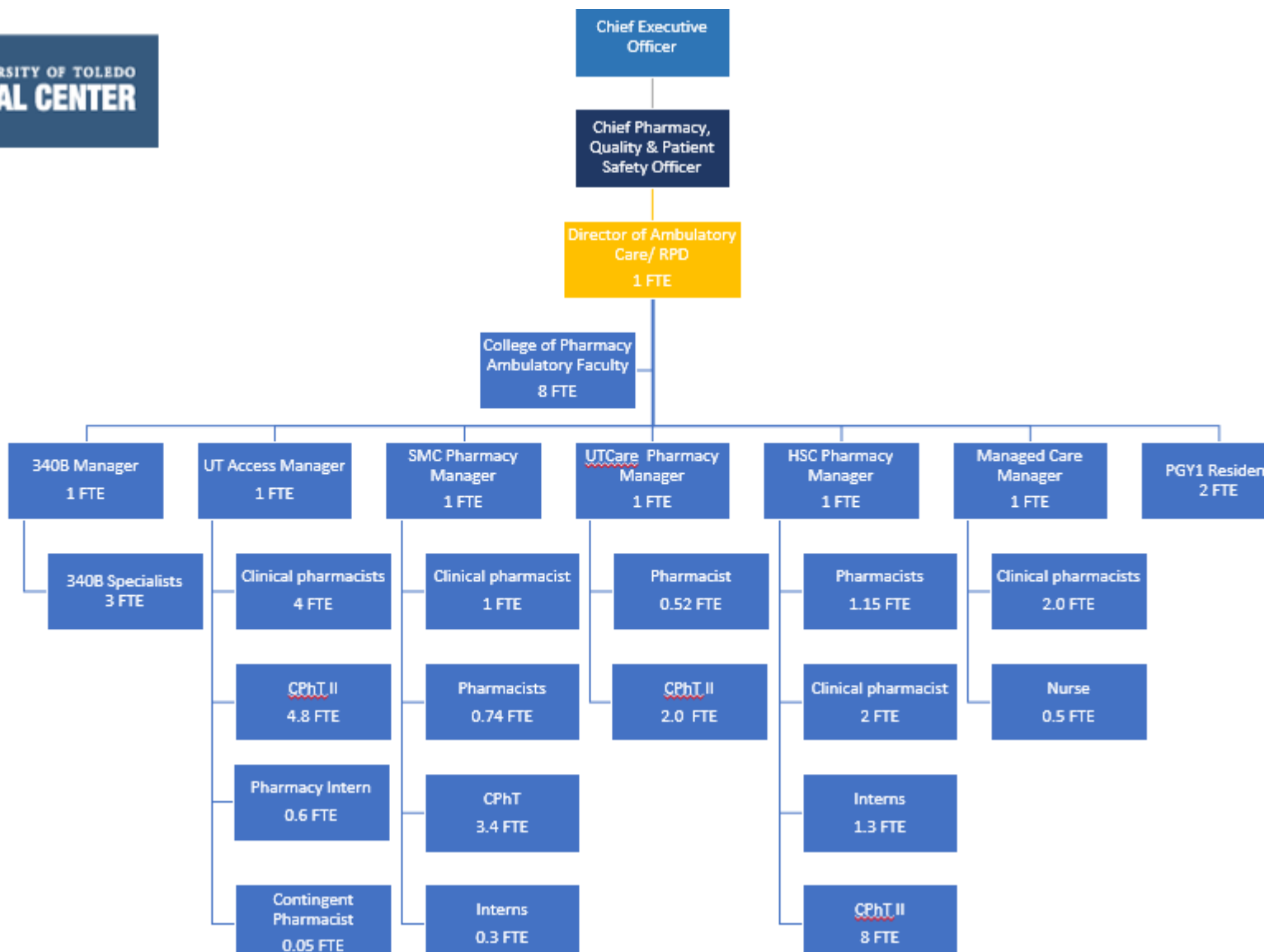
Other Important Phone Numbers

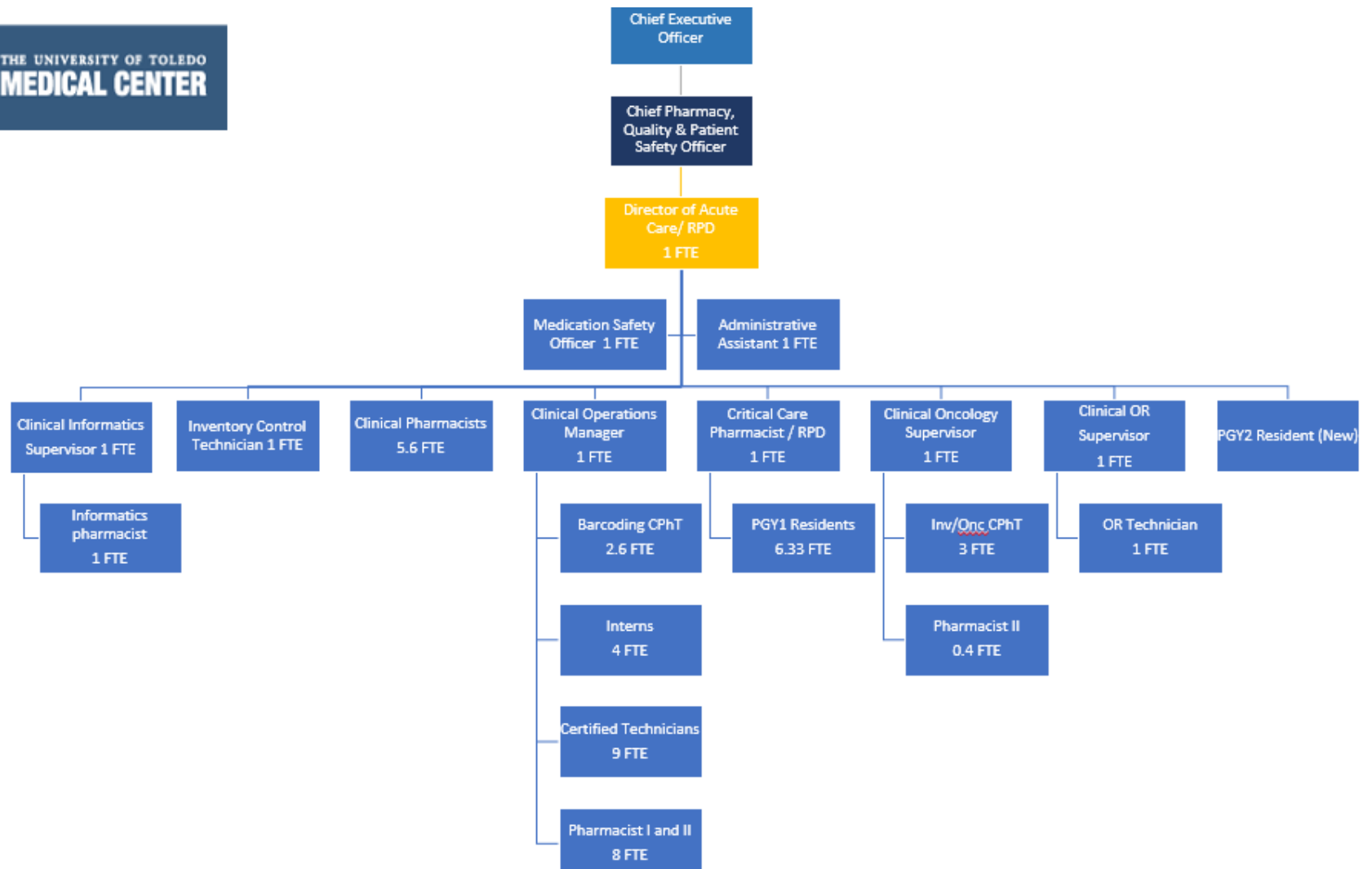
Employee	Specialty Area(s)	Phone Number
	Human Resources Consultant	419-530-4747
	Security/Police (non-emergency)	419-383-2601
	Parking Enforcement	419-383-4100
	Rocket Card (ID Badge Services)	419-383-4400
	Payroll	419-530-8780

Appendices

SEE NEXT PAGE

Appendix 1 Organizational Chart for the University of Toledo Medical Center Pharmacy Department





Appendix 2 T&E Grid Example

(Z:Pharmacy/ PGY1OutPatient/TEGrid)

PGY1 Residency Goals & Objectives													last updated 06/4/20
Revised 6/4/20 NH	Orientation	Managed Care	Pharmacy Administration	Community-University Health Care Clinic	Specialty Clinic	Anticoagulation	UTCARE HIV Specialty	Transitions of Care	Internal Medicine	Research and MUE	Teaching Certificate	Staffing	Family Medicine
ROTATION TYPE	CORE	CORE + LONGITUDINAL	CORE	CORE	CORE + LONGITUDINAL	CORE	CORE	CORE + LONGITUDINAL	CORE + LONGITUDINAL	LONGITUDINAL	LONGITUDINAL	LONGITUDINAL	LONGITUDINAL
Rotation Duration	5 weeks	6 weeks (core) 26 weeks (longitudinal)	6 weeks (core)	6 weeks (core)	6 weeks (core) 26 weeks (longitudinal)	6 weeks (core)	6 weeks (core)	6 weeks (core) 52 weeks (longitudinal)	6 weeks (core) 52 weeks (longitudinal)	52 weeks	26 weeks	52 weeks	52 weeks
Preceptors:	Smith, H	Meinzer, B	Smith, H	Householder, V	Lorenzen, S	Doughty, Y	Hamons, N	Sizemore, M	Clemons, M	Lorenzen/Meinzer	Sizemore, M	Hogrefe/Sizemore	Kadia, N
Competency Area R1: Patient Care													
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients following a consistent patient care process.													
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.		T		T/E	T/E	T/E	T/E	T/E	T/E				T/E
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.		T		T/E	T/E	T/E	T/E	T/E	T/E				T/E
Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.		T		T/E	T/E	T/E	T/E	T/E	T/E				T/E
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.		T		T/E	T/E	T/E	T/E	T/E	T/E				T/E
Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).		T		T	T/E	T/E	T/E		T/E				T/E
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.		T		T	T/E	T/E	T/E	T	T/E				T/E
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where		T		T	T/E	T/E	T/E		T/E				T/E
Objective R1.1.8: Demonstrate responsibility to patients.		T		T/E	T/E	T/E	T/E	T/E	T/E				T/E
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.													
Objective R1.2.1: (Applying) Manage transitions of care effectively.						T/E		T/E					
GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.													
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.												T/E	
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.		T								T/E			T
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.												T/E	
Competency Area R2: Advancing Practice and Improving Patient Care													
GOAL R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.													
Objective R2.1.1: (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.		T/E											T/E
Objective R2.1.2: (Applying) Participate in a medication-use evaluation.										T/E			
Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.										T/E			
Objective R2.1.4: (Applying) Participate in medication event reporting and			T/E										

PGY1 Residency Goals & Objectives													
last updated 06/4/20													
Revised 6/4/20 NH	Orientation	Managed Care	Pharmacy Administration	Community-University Health Care Clinic	Specialty Clinic	Anticoagulation	UTCARE HIV Specialty	Transitions of Care	Internal Medicine	Research and MUE	Teaching Certificate	Staffing	Family Medicine
ROTATION TYPE	CORE	CORE + LONGITUDINAL	CORE	CORE	CORE + LONGITUDINAL	CORE	CORE	CORE + LONGITUDINAL	CORE + LONGITUDINAL	LONGITUDINAL	LONGITUDINAL	LONGITUDINAL	LONGITUDINAL
Rotation Duration	5 weeks	6 weeks (core) 26 weeks (longitudinal)	6 weeks (core)	6 weeks (core)	6 weeks (core) 26 weeks (longitudinal)	6 weeks (core)	6 weeks (core)	6 weeks (core) 52 weeks (longitudinal)	6 weeks (core) 52 weeks (longitudinal)	52 weeks	26 weeks	52 weeks	52 weeks
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GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.													
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.										T/E			
Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.										T/E			
Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.										T/E			
Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.										T/E			
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.										T/E			
Competency Area R3: Leadership and Management													
GOAL R3.1 Demonstrate leadership skills.													
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.		T	T/E										
Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.	T	T/E											
GOAL R3.2 Demonstrate management skills.													
Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.			T/E										
Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare.			T/E										
Objective R3.2.3: (Applying) Contribute to departmental management.			T/E										
Objective R3.2.4: (Applying) Manage one's own practice effectively.			T/E										
Competency Area R4: Teaching, Education, Dissemination of Knowledge													
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.													
Objective R4.1.1: (Applying) Design effective educational activities.		T/E									T		
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.		T/E									T		
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.		T		T/E							T		
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.		T/E									T		
GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.													
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational.	T	T/E											
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.	T	T/E											

PGY1 Residency Goals & Objectives													
last updated 06/4/20													
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Competency Area E4: Managed Care Pharmacy													
GOAL E4.1 Maintain confidentiality of patient and proprietary business information.													
Objective E4.1.1 (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.	T	T/E											
Objective E4.1.2 (Applying) Observe organizational policy for the safeguarding of proprietary business information.	T	T/E											
GOAL E4.2 Understand the interrelationship of the pharmacy benefit management company, the health plan, and the delivery system functions of managed care.													
Objective E4.2.1 (Understanding) Explain the health-plan functions of managed care, including pharmacy and medical benefit and management, medication cost shares, formulary design, medication criteria development, prior authorization, pharmacy access, and contract negotiations (medication acquisition/rebates/network pharmacy), specialty and traditional medication		T/E											
Objective E4.2.2 (Understanding) Explain the interrelationship of the health plan and the delivery system functions of managed		T/E											
GOAL E4.3 Understand unique aspects of providing evidence-based, patient-centered medication therapy management with interdisciplinary teams in the managed care environment.													
Objective E4.3.1 (Understanding) Compare and contrast ways in which the provision of medication therapy management may or may not differ in the managed care environment as compared to various lines of business (Commercial, Medicare, Medicaid, Health Exchanges).		T/E											
Competency Area E6: Teaching and Learning													
GOAL E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.													
Objective E6.1.1 (Understanding) Explain strategies and interventions for teaching, learning and assessment in healthcare education.											T/E		
Objective E6.1.2 (Understanding) Explain academic roles and associated issues.											T/E		
GOAL E6.2 Develops and practices a philosophy of teaching.													
Objective E6.2.1 (Creating) Develop a teaching philosophy statement.											T/E		
Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.											T/E		
Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching.											T/E		
Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, experiences in a teaching portfolio.											T/E		
Competency Area E7: Specialty Pharmacy													
GOAL E7.1: Effectively fulfill the major functions of a specialty pharmacy, including intake, clinical management, fulfillment, and facilitating optimal outcomes.													
Objective E7.1.1 (Applying) Effectively conduct the patient intake process for specialty pharmacy patients.					T/E		T						
Objective E7.1.2 (Applying) Effectively engage in clinical management activities for specialty pharmacy patients.					T/E		T						
Objective E7.1.3 (Applying) Effectively conduct fulfillment activities for specialty pharmacy patients.					T/E		T						
Objective E7.1.4 (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.					T/E		T						

Appendix 3 2023-2024 PGY1 Residency Schedule

(Z:Pharmacy/PGY1OutPatient/Schedule)

2023 2024	Core M, T, W, F	Longitudinal Afternoon				
Week		M	T	W	R	F
6/18-6/24	Orientation					
6/25-7/1	Orientation					
7/2-7/8	Orientation					
7/9-7/15	Orientation					
7/16-7/22	Orientation					
7/23-7/29	Core 1 Managed Care	IM	TOC	FM	Staffing-Main	Specialty
7/30-8/5		IM	TOC	FM	Staffing-HSC	Specialty
8/6-8/12		IM	TOC	FM	Staffing-Main	Specialty
8/13-8/19		IM	TOC	FM	Staffing-HSC	Specialty
8/20-8/26		IM	TOC	FM	Staffing-Main	Specialty
8/27-9/2		IM	TOC	FM	Staffing-HSC	Specialty
9/3-9/9	Core 2 Specialty	IM	TOC	FM	Staffing-Main	Specialty
9/10-9/16		IM	TOC	FM	Staffing-HSC	Specialty
9/17-9/23		IM	TOC	FM	Staffing-Main	Specialty
9/24-9/30		IM	TOC	FM	Staffing-HSC	Specialty
10/1-10/7		IM	TOC	FM	Staffing-Main	Specialty
10/8-10/14	Core 3 Administration	IM	TOC	FM	Staffing-HSC	Specialty
10/15-10/21		IM	TOC	FM	Staffing-Main	Specialty
10/22-10/28		IM	TOC	FM	Staffing-HSC	Specialty
10/29-11/4		IM	TOC	FM	Staffing-Main	Specialty
11/5-11/11		IM	TOC	FM	Staffing-HSC	Specialty
11/12-11/18	Core 4 Transitions of Care	IM	TOC	FM	Staffing-Main	Specialty
11/19-11/25		IM	TOC	FM	Staffing-HSC	Specialty
11/26-12/2		IM	TOC	FM	Staffing-Main	Specialty
12/3-12/9		IM	TOC	FM	Staffing-HSC	Specialty
12/10-12/16		IM	TOC	FM	Staffing-Main	Specialty
12/17-12/23	Core 5 Internal Medicine	IM	TOC	FM	Staffing-HSC	Specialty
12/24-12/30		IM	TOC	FM	Staffing-Main	Specialty
12/31-1/6		IM	TOC	FM	Staffing-HSC	Specialty
1/7-1/13		IM	TOC	FM	Staffing-Main	Specialty
1/14-1/20		IM	Mngd Care	FM	Staffing-HSC	TOC
1/21-1/27	Core 6 Community	IM	Mngd Care	FM	Staffing-Main	TOC
1/28-2/3		IM	Mngd Care	FM	Staffing-HSC	TOC
2/4-2/10		IM	Mngd Care	FM	Staffing-Main	TOC
2/11-2/17		IM	Mngd Care	FM	Staffing-HSC	TOC
2/18-2/24		IM	Mngd Care	FM	Staffing-Main	TOC
2/25-3/2	Core 7 Anticoagulation	IM	Mngd Care	FM	Staffing-HSC	TOC
3/3-3/9		IM	Mngd Care	FM	Staffing-Main	TOC
3/10-3/16		IM	Mngd Care	FM	Staffing-HSC	TOC
3/17-3/23		IM	Mngd Care	FM	Staffing-Main	TOC
3/24-3/30		IM	Mngd Care	FM	Staffing-HSC	TOC
3/31-4/6	Core 8 UTCare	IM	Mngd Care	FM	Staffing-Main	TOC
4/7-4/13		IM	Mngd Care	FM	Staffing-HSC	TOC
4/14-4/20		IM	Mngd Care	FM	Staffing-Main	TOC
4/21-4/27		IM	Mngd Care	FM	Staffing-HSC	TOC
4/28-5/4		IM	Mngd Care	FM	Staffing-Main	TOC
5/5-5/11	Core 9 Transitions of Care	IM	Mngd Care	FM	Staffing-HSC	TOC
5/12-5/18		IM	Mngd Care	FM	Staffing-Main	TOC
5/19-5/25		IM	Mngd Care	FM	Staffing-HSC	TOC
5/26-6/1		IM	Mngd Care	FM	Staffing-Main	TOC
6/2-6/8		IM	Mngd Care	FM	Staffing-HSC	TOC
6/9-6/15	Core 10 Specialty	IM	Mngd Care	FM	Staffing-Main	TOC
6/16-6/22		IM	Mngd Care	FM	Staffing-HSC	TOC
6/23-6/30		IM	Mngd Care	FM	Staffing-Main	TOC

CCC 6pm-8pm

Notes:
Research: Thursday AM
Staffing: Residents rotate between Main Campus and Health Science Campus
Teaching Certificate: Incorporated in 2nd half of Residency

2023 2024	Core M, T, W, F	Longitudinal Afternoon				
Week		M	T	W	R	F
6/18-6/24	Orientation					
6/25-7/1	Orientation					
7/2-7/8	Orientation					
7/9-7/15	Orientation					
7/16-7/22	Orientation					
7/23-7/29	Core 1 Managed Care	FM	Mngd Care	IM	Staffing-HSC	TOC
7/30-8/5		FM	Mngd Care	IM	Staffing-Main	TOC
8/6-8/12		FM	Mngd Care	IM	Staffing-HSC	TOC
8/13-8/19		FM	Mngd Care	IM	Staffing-Main	TOC
8/20-8/26		FM	Mngd Care	IM	Staffing-HSC	TOC
8/27-9/2		FM	Mngd Care	IM	Staffing-Main	TOC
9/3-9/9	Core 2 Community	FM	Mngd Care	IM	Staffing-HSC	TOC
9/10-9/16		FM	Mngd Care	IM	Staffing-Main	TOC
9/17-9/23		FM	Mngd Care	IM	Staffing-HSC	TOC
9/24-9/30		FM	Mngd Care	IM	Staffing-Main	TOC
10/1-10/7		FM	Mngd Care	IM	Staffing-HSC	TOC
10/8-10/14	Core 3 Anticoagulation	FM	Mngd Care	IM	Staffing-Main	TOC
10/15-10/21		FM	Mngd Care	IM	Staffing-HSC	TOC
10/22-10/28		FM	Mngd Care	IM	Staffing-Main	TOC
10/29-11/4		FM	Mngd Care	IM	Staffing-HSC	TOC
11/5-11/11		FM	Mngd Care	IM	Staffing-Main	TOC
11/12-11/18	Core 4 Internal Medicine	FM	Mngd Care	IM	Staffing-HSC	TOC
11/19-11/25		FM	Mngd Care	IM	Staffing-Main	TOC
11/26-12/2		FM	Mngd Care	IM	Staffing-HSC	TOC
12/3-12/9		FM	Mngd Care	IM	Staffing-Main	TOC
12/10-12/16		FM	Mngd Care	IM	Staffing-HSC	TOC
12/17-12/23	Core 5 Administration	FM	Mngd Care	IM	Staffing-Main	TOC
12/24-12/30		FM	Mngd Care	IM	Staffing-HSC	TOC
12/31-1/6		FM	Mngd Care	IM	Staffing-Main	TOC
1/7-1/13		FM	Mngd Care	IM	Staffing-HSC	TOC
1/14-1/20		FM	TOC	IM	Staffing-Main	Specialty
1/21-1/27	Core 6 UTCare	FM	TOC	IM	Staffing-HSC	Specialty
1/28-2/3		FM	TOC	IM	Staffing-Main	Specialty
2/4-2/10		FM	TOC	IM	Staffing-HSC	Specialty
2/11-2/17		FM	TOC	IM	Staffing-Main	Specialty
2/18-2/24		FM	TOC	IM	Staffing-HSC	Specialty
2/25-3/2	Core 7 Specialty	FM	TOC	IM	Staffing-Main	Specialty
3/3-3/9		FM	TOC	IM	Staffing-HSC	Specialty
3/10-3/16		FM	TOC	IM	Staffing-Main	Specialty
3/17-3/23		FM	TOC	IM	Staffing-HSC	Specialty
3/24-3/30		FM	TOC	IM	Staffing-Main	Specialty
3/31-4/6	Core 8 Transitions of Care	FM	TOC	IM	Staffing-HSC	Specialty
4/7-4/13		FM	TOC	IM	Staffing-Main	Specialty
4/14-4/20		FM	TOC	IM	Staffing-HSC	Specialty
4/21-4/27		FM	TOC	IM	Staffing-Main	Specialty
4/28-5/4		FM	TOC	IM	Staffing-HSC	Specialty
5/5-5/11	Core 9 Specialty	FM	TOC	IM	Staffing-Main	Specialty
5/12-5/18		FM	TOC	IM	Staffing-HSC	Specialty
5/19-5/25		FM	TOC	IM	Staffing-Main	Specialty
5/26-6/1		FM	TOC	IM	Staffing-HSC	Specialty
6/2-6/8		FM	TOC	IM	Staffing-Main	Specialty
6/9-6/15	Core 10 Specialty	FM	TOC	IM	Staffing-HSC	Specialty
6/16-6/22		FM	TOC	IM	Staffing-Main	Specialty
6/23-6/30		FM	TOC	IM	Staffing-HSC	Specialty

CCC 6pm-8pm

Appendix 4 Current Residency Preceptors

Marilee Clemons, PharmD, BCACP

Marilee Clemons, PharmD, BCACP is the Lead Clinical Pharmacist at The University of Toledo General Internal Medicine Clinics and Assistant Clinical Lecturer at The University of Toledo College of Pharmacy and Pharmaceutical Sciences. She received her BS in Biology, BS in Chemistry, and PharmD from Shenandoah University in Winchester, VA. She then completed a PGY1 community care pharmacy residency at Charitable Pharmacy of Central Ohio in Columbus, Ohio and a PGY2 ambulatory care residency at The Ohio State University General Internal Medicine Clinics. Marilee collaborates with providers to design therapeutic drug and monitoring plans for patients and also performs comprehensive medication reviews, chronic disease state management, and medication education during scheduled pharmacy visits. In addition to patient care, Marilee co-leads the UT GIM quality committee and participates in initiatives aimed to improve quality metrics and health outcomes with the GIM population.

Nicole Hamons, PharmD, BCACP

Nikki Hamons is the Outpatient Pharmacy Supervisor of the UTCare Pharmacy at UTMC. Nikki received her Doctor of Pharmacy in 2008 from the University of Toledo. In April of 2017, Nikki became a Board Certified Ambulatory Care pharmacist. She has over 14 years of pharmacy practice experience with over 13 of those as a pharmacy manager/supervisor. Nikki joined UT in August of 2015 and quickly adapted to her current role in our in-house 340B pharmacy associated with the University of Toledo Ryan White Clinic. Here she has overseen a physical pharmacy move, become a preceptor for APPE students and PGY1 pharmacy residents, and collaborated with the Ryan White team to ensure proper therapeutic HIV drug regimens for patients while providing excellent customer service to each individual. She is APhA certified in vaccination administration and in September of 2021, Nikki received AAHIVP certification through the American Academy of HIV Medicine. She is also a member of the UT outpatient pharmacy leadership committee, UT resident advisory committee and currently serves as the Coordinator for the Managed Care, ***Ambulatory Care and Community Pharmacy Residency Program***.

Monica Hogrefe, PharmD, BCACP

Monica Hogrefe, PharmD, BCACP is the Pharmacy Manager at The University of Toledo Main Campus Outpatient Pharmacy. Monica received her Doctor of Pharmacy degree in 2011 from The University of Findlay. She has over 15 years of pharmacy experience practicing as a pharmacist for over 9 of those years. Monica joined The University of Toledo pharmacy team in 2015. Prior to her 2015 employment at UT, Monica was a pharmacist for Kroger in Toledo, OH. In her current role, she looks for opportunities to enhance and implement pharmacy services. During her time at UT she has implemented an immunization program and has enhanced current MTM services. In addition, Monica looks for opportunities to help her patients achieve optimal clinical outcomes by ensuring that they understand their medications from indication to administration to monitoring. Monica is certified as a Board Certified Ambulatory Care Pharmacist. She is also APhA certified in travel health services and medication therapy management services. She is a member of the UT Pharmacy Leadership Team, the UT Residency Advisory Committee, the UT PEPSI Committee, and the Rho Chi National Pharmaceutical Honor Society. Monica's professional interests include interacting with patients in the community pharmacy setting, collaborating with other healthcare professionals, and mentoring pharmacy students and residents.

Sarah Lorenzen, PharmD, BCACP, CSP

Sarah Lorenzen is the UT Access Pharmacy Manager at UTMC. Sarah earned her Doctor of Pharmacy degree from The University of Toledo College of Pharmacy and Pharmaceutical Sciences in 2015 and completed her PGY-1 Residency in 2016. She obtained her Ambulatory Pharmacist Board Certification in July 2018 and her Certified Specialty Pharmacist Credential in October 2020. Sarah established the specialty pharmacy service as a pilot program during her residency year and was hired on as UT's first specialty pharmacist following completion of her residency year. Sarah has grown physician relationships and the specialty pharmacy operation to cover all medical specialty service lines and generate over \$60M in revenue and over \$20M in patient assistance since she started the program in July 2016. The UT Access Pharmacy moved

to a new location at the Comprehensive Care Center in 2019, where Sarah oversees the hybrid retail and specialty pharmacy in this space. Sarah has worked extensively on several research and quality initiatives during her time at UTMC, demonstrating the impact of pharmacy services in several clinics and has had the opportunity to present on a national level on these specialty pharmacy initiatives. Sarah is a preceptor for the PGY-1 Managed Care, Ambulatory and Community Residency Program for specialty pharmacy and research learning experiences and serves as a preceptor for the traditional PGY-1 Pharmacy Residency program. Sarah also precepts IPPE and APPE students as well as clinical shadowing experiences and was recognized as the APPE Preceptor of the Year in 2019. Sarah serves as an active member of several committees, including the Outpatient Leadership Committee, Residency Advisory Committee, Vizient Ambulatory Services Committee, the Acentrus Clinical Workgroup for Specialty Pharmacy, and the Acentrus Specialty Pharmacy Benchmarking Committee.

Bree Meinzer, PharmD, BCACP

Bree Meinzer is the Managed Care Operations Manager at The University of Toledo. After graduating from Ohio Northern University Raabe College of Pharmacy in 2016, Bree completed her PGY1 Pharmacy Practice Residency with a focus in ambulatory care and disease state management services at ONU HealthWise. Bree became a Board Certified Ambulatory Care Pharmacist in 2019, a Certified Anticoagulation Care Provider in 2021 and is currently APhA certified in vaccination administration, medication therapy management, and patient-centered diabetes care. In her current role, Bree is responsible for overseeing a \$16M prescription benefit for the University of Toledo covering 10,000 lives. In addition to providing benefit design recommendations, trend analysis, and \$2.2M in cost savings associated with employee steerage to one of four UTMC pharmacies, Bree is also responsible for implementing population health services to employees to improve health outcomes and reduce overall healthcare costs. Bree helps members maneuver the complexities of their prescription benefit in order to avoid obstacles to medication adherence and best utilize health care dollars. Bree also oversees the pharmacist run UTMC anticoagulation clinic. Bree currently serves as an active member of the UT operations leadership team, UT residency advisory committee, Benefits Design Committee, and serves as preceptor to various students and residents.

Megan Sizemore, PharmD, BCACP

Megan Sizemore is a Clinical Pharmacist and Assistant Professor at The University of Toledo Medical Center, Comprehensive Care Center. She received her PharmD in 2013 from Ohio Northern University. Megan has worked in community pharmacy for over 15 years and joined UTMC in 2016. Megan received Board Certifications in both Ambulatory Care (BCACP) and Medication Therapy Management (BCMTMS) in 2019. In 2020, Megan moved to the Comprehensive Care Center and began working with the Family Medicine center as the primary Family Medicine Pharmacist. She assists with over 100 patients care who have been referred to pharmacy by Family Medicine for either diabetes or polypharmacy. She also serves as an Assistant Professor in the Physician Assistant college, to provide expertise for the pharmacology course, and provides education to Physician residents within Family Medicine. She obtained her board certification in Advanced Diabetes Management (BC-ADM) in 2022 and has been heavily involved in growing research within the department. She is passionate about patient care and helping patient gain access to the medications that they need.

Amanda Porter, PharmD, BCACP, CACP

Amanda Porter is an Outpatient Clinical Pharmacist at The University of Toledo Access Pharmacy. She graduated from The University of Toledo College of Pharmacy and Pharmaceutical Sciences in 2015 and then completed a PGY1 Pharmacy Practice Residency with a focus in ambulatory care at Shenandoah University. Amanda became a Board Certified Ambulatory Care Pharmacist in 2018 and is APhA certified in vaccination administration. She joined the UTMC team in July 2016 as an anticoagulation pharmacist and was the first pharmacist to join the newly started specialty pharmacy (now UT Access pharmacy) team. A team that has grown from one pharmacist servicing two clinics to five pharmacists, four technicians and six clinics. She has specifically helped expand specialty pharmacy services into the gastroenterology clinic and hepatitis C patient population, helping to treat and cure over 150 patient's hepatitis C since 2017. Amanda has acted as a preceptor and co-preceptor for IPPE and APPE students and PGY1 pharmacy residents.

Jeffrey Mikolay, PharmD, BCPS

Jeff Mikolay is the dedicated transplant clinical pharmacist at the University of Toledo Medical Center (UTMC) and an Outpatient Clinical Pharmacist at UT Access Pharmacy. Jeff graduated with his Doctor of Pharmacy degree from the University of Toledo in 2012. He went on to start his career as a Clinical Staff Pharmacist at ProMedica Toledo Hospital and ProMedica Russell J. Ebeid Children's Hospital. Jeff became a Board Certified Pharmacotherapy Specialist in 2017. Subsequently, he joined UTMC in 2017 as Transplant Clinical Pharmacist. From 2018-2021, Jeff completed a Non-traditional PGY1 Pharmacy Residency with a Teaching and Learning Certificate at UTMC. In his current role, Jeff practices in a variety of settings including inpatient acute care, ambulatory care transplant clinics and specialty pharmacy. Jeff established several new pharmacy services in collaboration with the transplant department such as integration into the outpatient transplant clinic, direct involvement with the transplant patient discharge process, development of a transplant focused pharmacist intervention tool, transitions of care tracking tool and comprehensive infusion ordering pathways. Jeff has initiated various quality improvement initiatives within both the pharmacy and transplant departments. He is a preceptor for inpatient residents and managed care residents. He currently serves as an active member of the UTMC Pharmacy and Therapeutics Committee, Transplant Operations Committee, Transplant First Year Patient Committee and Transplant Morbidity & Mortality Committee. National involvement includes the American College of Clinical Pharmacy (ACCP) Immunology/Transplant PRN Historian & Communication Committee (1/18-1/20) and American Society of Transplant (AST) TxPharmCOP and ACCP Immunology/Transplantation PRN Hepatitis C Organ Transplant Toolkit Workgroup - Subcommittee Lead for Medication Access.

Rami Barazi, PharmD, CACP

Rami Barazi, PharmD, CACP is an outpatient clinical pharmacist at the UTMC Anticoagulation Clinic. He earned his Bachelor of Science in Pharmaceutical Sciences and Doctor of Pharmacy degrees from the University of Toledo College of Pharmacy and Pharmaceutical Sciences. He also obtained his Anticoagulation Board Certification (CACP) in October 2021. His role in the pharmacist-run anticoagulation clinic includes providing patient education, point of care INR testing, medication dose adjustment, and perioperative anticoagulation management. He works closely with various providers to optimize anticoagulation therapy. Rami has previous experience in a variety of outpatient pharmacy settings, including with Rite Aid Pharmacy and the UT Care Pharmacy. He has also served as an adjunct professor for Mercy College's Physician Assistant Program instructing the pharmacology course. Rami is a preceptor for the PGY-1 Managed Care, Ambulatory Care and Community Care (MAC) program for the anticoagulation rotation and the teaching certificate, as well as a preceptor to IPPE and APPE students throughout the year. He serves as an active member of the Residency Advisory Committee and Anticoagulation P&T Subcommittee.

Holly Smith, RPh, MBA

Holly Smith is the Director of Ambulatory Pharmacy Services and serves as PGY1 Pharmacy Residency Program Director at The University of Toledo Medical Center (UTMC) in Toledo, OH. After receiving a Bachelor of Science in Pharmacy from The University of Toledo in 2001, she began her career working as a Pharmacy Manager for Walgreens in Toledo, OH. During her 11 year management career at Walgreens, Holly became an APhA certified immunizing pharmacist providing vaccinations at numerous clinics within the community. Partnering with a local assisted living facility, she began a home delivery service to provide medications, education and counseling services for residents and established relationships with local physicians to market pharmacy services for patients within her area of practice.

In 2012 she transitioned her talents to The University of Toledo Medical Center as the Outpatient Pharmacy Manager and expanded operations of outpatient pharmacy services to include: iMEDS transition of care services providing medications and counseling for all patients discharged from the hospital; implementation of robotic technology to enhance workflow; began vaccination, medication therapy management and mail order programming; and participated in the strategic design and move of the outpatient pharmacy to its new location within the Medical Pavilion.

In 2017, she received a promotion to Assistant Director of Pharmacy responsible for overseeing ambulatory pharmacy services at UTMC. During her time as Assistant Director, Holly created the Pharmacy Patient Assistance Foundation (PPAF) to aid in providing medication access to patients at UTMC. Utilizing the savings generated through the 340B program, PPAF serves as the payer of last resort with the goal of decreasing both patient readmissions and length of stay.

She was selected to present, 'Patient Assistance: It Just Makes Cents' at the 2019 Vizient Educations Summit that outlined implementation of this home grown foundation.

In her current role as the Director of Ambulatory Pharmacy Services she has continue to expand on current service line offerings at UTMC including the building of a brand new pharmacy located in the Comprehensive Care Center which services both specialty and non-specialty patients. Her current responsibilities include: directing four outpatient pharmacies two of which are specialty pharmacies filling nearly 200,000 annual prescriptions; oversight of the 340B drug pricing program and inventory management; working closely with the managed care team facilitating employee prescription benefit services; oversight of the University of Toledo College of Pharmacy APPE block experience; and serving as the Pharmacy Residency Program Director (RPD) for the ASHP accredited PGY1 UTMC managed care, ambulatory care and community pharmacy residency. In her first year as RPD, Holly expanded the program during 2021-2022 to include a position for a second resident and is looking forward to the 2022-2023 residency year facilitating learning experiences for two residents along with the creation of a formal mentorship program for outpatient pharmacy interns.

Known for being a visionary leader that is dedicated to advancing the practice of pharmacy, Holly has been instrumental in development of the outpatient pharmacy enterprise placing pharmacists in ambulatory clinics partnering with specialty providers to achieve optimal patient care. During her time at UTMC, the pharmacy has continued to experience unprecedented growth in numbers including prescriptions dispensed and patients served.

Placing an emphasis on life-long learning, she received her Executive MBA through the University of Toledo College of Business and Innovation in 2017. This intensive 12 month program culminated with study-abroad learning experiences taking place in Estonia, Finland and Russia. During this rigorous program, she networked with other working professionals from diverse backgrounds in a team-based learning environment while simultaneously maintaining all job responsibilities at UTMC.

Throughout her entire professional career, relationship building has maintained a core strength attributing to both achievement of goals and overall leadership growth. She continually strives to elevate the practice of pharmacy, researches and implements innovative practice models to enhance the patient experience and is dedicated to providing quality learning experiences for the various students she directs and precepts. Throughout her entire pharmacy career, she has maintained a dedicated passion to mentor, prepare and guide future pharmacists to flourish and achieve success in their desired practice area.

Appendix 5 Minimum Requirements for Completion of PGY1 Residency

University of Toledo Medical Center Managed Care, Ambulatory Care, and Community Residency

Resident: _____

Residency Year: _____

- List will be reviewed and updated quarterly during quarterly meetings to discuss resident's development plan
- RPD will review list at the end of residency, update if needed, and attest that resident completed all program requirements for residents receiving a certificate of completion
- Finalized checklist will be uploaded into the resident's PharmAcademic file

MINIMUM REQUIREMENTS FOR COMPLETION OF RESIDENCY

Requirement	✓ if Completed
Evaluation of "Achieved" in all goals for Required Competency Area R1 Evaluation of "Achieved" in at least 80 % of goals for required RLS Competency R2, R3, R4, E4, E6, and E7 Evaluation of "Satisfactory Progress" or "Achieved" in <u>all goals</u> for required RLS Outcomes Competency R2, R3, R4, E4, E6, and E7	
Complete all required learning experiences and associated preceptor assigned projects	
Complete all assigned evaluations in PharmAcademic	
Complete teaching certificate program	
Complete research project and provide a publishable form of manuscript approved by primary project preceptor	
Complete required research presentations	
Complete MUE	
Design a pharmacy department quality improvement project/ clinical program	
Projects, presentations, work products uploaded to PharmAcademic	

Appendix 6 Resident Placement
Current 2023-2024 PGY1 Pharmacy Program Residents



2023-2024 Resident

Kara Douglass, PharmD

Education: The University of Toledo

Hometown: Wauseon, Ohio

Interests (professional and personal): Dr. Douglass is interested in family medicine, transitions of care, and chronic disease management. She enjoys camping, watching sports, traveling, and spending time with her husband and two dogs.



2023-2024 Resident

David (Robbie) Keister, PharmD

Education: The University of Toledo

Hometown: Lambertville, Michigan

Interests (professional and personal): Dr. Keister is interested in primary care, endocrinology, and cardiology. He enjoys playing baseball, basketball, and beach volleyball and has dreams to travel the world someday.

Previous Program Resident Roster



2023-2024 Resident

Dalena Tran, PharmD

Education: Chapman University School of Pharmacy

Hometown: Los Angeles, CA

Career Interests: Dr. Tran is interested in ambulatory pharmacy practice and precepting, within internal medicine and family medicine settings.

Major residency project: Crohn's Disease and Ulcerative Colitis: An Analysis of Guideline Compliance

Post Residency Placement: PGY2 Ambulatory Care, VA-Los Angeles, CA



2022-2023 Resident

Katie Robertson, PharmD

Education: The Ohio State University, PharmD, BSPS

Hometown: Geneva, Ohio

Career Interests: Dr. Robertson is interested in ambulatory pharmacy practice within internal and family medicine settings.

Major Residency Project: Oral Anticoagulant Therapy Upon Discharge from The University of Toledo Medical Center: An Analysis of Guideline Compliance

Post Residency Placement: Ambulatory Care Pharmacist, University Hospitals, Parma, OH



2021-2022 Resident

Ella Salter, PharmD

Education: University of Toledo, BSPS, PharmD

Hometown: Ortonville, Michigan

Career Interests: Ambulatory Care, Pharmacist Management of Chronic Disease States

Major Residency Project: Adherence to GOLD Guidelines: Analysis of Guideline Directed Therapy in an Employee Benefit Population

Post Residency Placement: PGY2 Kaiser Foundation Health Plan, Denver, Colorado



2021-2022 Resident

Chelsea Morken, PharmD

Education: South Dakota State, BSPS, PharmD

Hometown: Mitchell, South Dakota

Career Interests: Ambulatory Care, Mental Health, Psychiatry

Major Residency Project: Rheumatoid and Psoriatic Arthritis: An Analysis of Prescribing Patterns of New Advanced DMARDs

Post Residency Placement: PGY2 Mayo Clinic Health System, Mankato, Minnesota



2020-2021 Resident

Susie Bostdorff, PharmD

Education: University of Toledo, BSPS, PharmD

Hometown: Colorado Springs, Colorado

Career Interests: Family Medicine and pharmacy's role in transitions of care

Major Residency Project: Diabetic Therapy in Type II Diabetic Patients with Clinical Atherosclerotic Cardiovascular Disease in a Family Medicine Clinic: An Analysis of Guideline Compliance

Post Residency Job Placement: The University of Toledo Medical Center
Toledo, OH
Clinical Outpatient Pharmacist, Transitions of Care



2019-2020 Resident

Lauren Levi, PharmD

Education: The Ohio State University, BSPS, PharmD

Hometown: Tiltonsville, Ohio

Career Interests: Ambulatory Pharmacy, Specialty Pharmacy

Major Residency Project: Impact of clinical pharmacy services on access to care for chronic hepatitis C treatment

Post Residency Job Placement: Ochsner Medical Center
New Orleans, Louisiana
Clinical Specialty Pharmacist



2018-2019 Resident

Megan Johnson, PharmD

Education: The Ohio State University, BSPS, PharmD

Hometown: Wellington, OH

Career Interests: Ambulatory care, Specialty Pharmacy

Major Residency Project: Rheumatology clinic performance on rheumatoid arthritis specific merit based incentive payment system (MIPS) measures

Post Residency Job Placement: TrellisRx
Akron, OH
Clinical Oncology Pharmacist



2017-2018 Resident

Michael Pelyhes, PharmD

Education: Cedarville University, BSPS, PharmD

Hometown: Augusta, MI

Career Interests: Managed Care, Formulary management, PBM benefit design

Major Residency Project: Rheumatoid arthritis: guideline-directed medication therapy patterns review

Post Residency Job Placement: Serve U RX
Milwaukee Wisconsin
Clinical Pharmacist



2015-2016 Resident

Sarah Lorenzen, PharmD

Education: University of Toledo, BSPS, PharmD

Hometown: Oregon, OH

Career Interests: Specialty Pharmacy

Major Residency Project: Anticoagulation therapy in nonvalvular atrial fibrillation upon discharge

Post Residency Job Placement: University of Toledo access Specialty Pharmacy
Toledo, Ohio
Specialty Pharmacy Manager



2014-2015 Resident

Yana Doughty, PharmD

Education: University of Toledo, BSPS, PharmD

Hometown: Mayfield Heights, OH

Career Interests: Anticoagulation Management

Major Residency Project: Impact of a pharmacist driven discharge prescription delivery program on 30 day hospital readmission rates

Post Residency Job Placement: University of Toledo Medical Center
Toledo, Ohio
Anticoagulation Clinical Pharmacist

Appendix 7 PGY1 Pharmacy Residency Manual Sign Off

I have read and understand the contents of the Pharmacy Residency Manual specific to the PGY-1 Residency Program at the University of Toledo Medical Center. I understand the outlined policies and procedures related to this program and the University of Toledo Medical Center and understand the consequences of a violation of said policies and procedures.


Name: _____

Date: _____

RPD: _____

Date: _____

Appendix 8 Residency Procedures

Name of Procedure: <u>Residency Recruitment and Selection</u> Procedure Number: RP-001 Department: Pharmacy Approving Officer: Pharmacy Residency Program Director Responsible Agent: Pharmacy Residency Program Director Scope: University of Toledo Medical Center	 THE UNIVERSITY OF TOLEDO MEDICAL CENTER Original Effective Date: 9/13/2023				
<table> <tr> <td><input type="checkbox"/> New procedure proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New procedure proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
<input type="checkbox"/> New procedure proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy				
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy				

(A) Procedure Statement

ASHP accredited residency programs must select individuals appropriately qualified to enter and complete a pharmacy residency curriculum.

(B) Purpose of the Procedure

This procedure will ensure fair and equitable selection of qualified applicants to enter into post-graduate training at The University of Toledo Medical Center.

(C) Procedure

PGY1 Resident Eligibility: Applicants with the following qualifications are eligible for appointment to UTMCM PGY1 pharmacy residency programs:

- PharmD degree from an ACPE Accredited University or FPGEAC certification following graduation from a pharmacy degree program that is a minimum of 5 years.
- Eligible for licensure in Ohio by the start of the residency program

PGY2 Resident Eligibility: Applicants with the following qualifications are eligible for appointment to UTMCM PGY2 pharmacy residency programs:

- Certificate of completion from an ASHP accredited PGY1 program
- PharmD degree from an ACPE Accredited University or FPGEAC certification following graduation from a pharmacy degree program that is a minimum of 5 years.
- Eligible for licensure in Ohio by the start of the residency program

Resident Recruitment:

- Program administrators, preceptors, and residents will attend a variety of residency showcases at the local, state/regional, and national level to ensure geographic diversity in dissemination of program information.
- If program information is being disseminated directly to colleges of pharmacy, the program will ensure that HBCUs and colleges in areas with a high population of underrepresented individuals will be included on the dissemination list.

Resident Selection:

- Residency Programs must select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. The University of Toledo Medical Center and its Pharmacy Residency Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

Performance in pharmacy school, personal letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process.

- UPMC programs participate in the American Society of Health System Pharmacists (ASHP) Match via the Pharmacy Online Residency Centralized Application Service (PhORCAS) in selecting residents.

Application Review Process

- All applicants to a particular program will be considered for evaluation using the same criteria and application scoring rubric. These criteria may include eligibility as outlined above, GPA, and legal ability to obtain employment in the State of Ohio.
- Race, sex, age, religion, color, national origin, disability or any other legally protected status will not influence a candidate's application review.
- To reduce the risk of bias, individual application sections will be reviewed separately by a variety of reviewers, with the application being reviewed in its entirety by only select individuals, such as the residency program director (RPD), coordinator, or a delegate.
- Program administration will review individual and composite application scores and, taking into consideration the number of applicants, available residency positions, and open interview spots, determine a minimum acceptable application score. All candidates with at least the agreed upon minimum score will be invited to interview.

Resident Ranking Process


- All interviewers participating in any phase of the interview process receiving informational training on reduction of bias prior to the first interview date.
- Interviewers are provided a standardized list of interview questions. Interviewers may then select questions from the supplied list and are encouraged to maintain consistency of questioning throughout the interview process.
- All interviewed candidates for a particular program will be scored using the same interview rubric. This rubric may be program specific.
- After completion and scoring of all interviews, scores will be compiled by the RPD or delegate.
- Application scores, interview scores, and interviewer comments are reviewed and discussed by a group of program administrators, including the RPD, and preceptors involved in the interview process. During this meeting, the group will determine whether each interviewed candidate will be ranked, and in what order the rank list will be submitted.
- The RPD will have final approval of the rank list.

Phase II Considerations

- Due to the time constraints of Phase II, each program has the right to amend application review criteria to narrow the applicant pool to a manageable size.
 - Criteria adjustment can be made to GPA or application submission date.
 - Criteria adjustment cannot be made to exclude any applicant based on sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
 - Criteria adjustment must be universally applied to the entire applicant pool at the close of the program's application submission deadline.
- Applications eligible for review will be evaluated using the same application scoring rubric utilized in Phase I.
- Interviews conducted may be structured differently than Phase I, however all Phase II interviews will all be universally conducted in the same manner, using the same interview techniques and scoring rubric.
- Application and interview scores will be reviewed by the RPD and any appropriate delegates involved in the Phase II interview process to determine eligibility for ranking and the rank order to be submitted.
- The RPD will have final approval of the rank list.

Consideration of candidates from pass/fail institutions:

- Where GPA is a criterion under review, applicants from a pass/fail institution will be assigned a score equivalent to the average GPA score for all applicants in their respective cohort.

Name of Procedure: <u>Pharmacy Residency Duty Hours</u> Procedure Number: RP-002 Department: Pharmacy Residency Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: UPMC Pharmacy Residencies	 THE UNIVERSITY OF TOLEDO MEDICAL CENTER Original Effective Date: 9/13/2023
_____ New procedure proposal <input checked="" type="checkbox"/> Minor/technical revision of existing procedure _____ Major revision of existing procedure _____ Reaffirmation of existing procedure	

(A) Procedure Statement

PGY1 Pharmacy residents shall follow American Society of Health-Systems Pharmacy (ASHP) duty hours requirements. These requirements can be found at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

(B) Purpose of Procedure

The intent of the Duty Hours procedure is to establish and define the requirements for pharmacy resident work hours such that appropriate rest and time away from work functions support a safe work environment for residents and the patients they care for.

(C) Procedure

1. Definitions

- a. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.


Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

- b. Moonlighting: Voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- c. Continuous duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
- d. Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

2. Duty Hours Tracking:
 - a. Duty hours attestations will be recorded in the PharmAcademic system within each resident's individual profile.
 - b. Duty hours must be reviewed monthly by the RPD and resident.
 - c. Any duty hours violations must be reported to the RPD within one calendar week.
 - d. If, after any duty hours violation, the resident reports or is noted to be fatigued by the RPD or a supervising preceptor, the resident will be dismissed from duty for a period of no less than 8 hours to rest.
 - i. If the violation was due to a program administration oversight, no PTO will be used for the additional absence.
 - ii. If the violation is due a resident scheduling error or moonlighting, the resident will be charged PTO for the additional absence.
3. Maximum Hours of Work per Week and Duty-Free Times:
 - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
 - b. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - c. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days
 - d. Residents must have 8 hours free of duty between scheduled duty periods.
4. Maximum Duty-Period Length
 - a. Continuous duty periods of residents will not exceed 16 hours.
 - b. If continuous scheduled duty exceeds 16 hours, in-house call rules will apply.
5. In-House Call
 - a. Should a situation call for in-house call with continuous duty beyond 16 hours:
 - i. Continuous duty will not exceed 24 hours
 - ii. The resident will be provided access to a sleeping area for strategic napping
 - iii. The resident may be relieved from call prior to 24 hours if the supervising pharmacist deems them too fatigued to safely maintain on call responsibilities. In this case, the RPD will be notified immediately and will arrange alternative coverage if needed
 - iv. Following in-house call of 16-24 hours, there must be an uninterrupted 14 hour period free of scheduled duty
 - v. Residents will not be scheduled for in-house call more frequently than every third night averaged over a 4-week period
 - vi. When in-house call occurs after normal business hours, the supervising pharmacist in the central pharmacy department will supervise resident functions during the call period. At the supervising pharmacist's discretion, the clinical pharmacist on call can be contacted 24/7 for complex situations.
6. Moonlighting Requirements
 - a. All moonlighting hours are counted toward residency duty hours.
 - b. All moonlighting, whether internal or external, require RPD approval and acknowledgement by the primary preceptor of the current rotation.
 - i. Moonlighting shift request form can be found in Appendix A and in the residency manual.
 - c. If approved, all preceptors who serve as supervisors during the two weeks surrounding the moonlighting shift (one week prior, one week after) will be notified to be on the lookout for signs of fatigue and lack of rest.
 - d. Approval of moonlighting shift can be revoked by the RPD if signs of fatigue are present prior to the moonlighting shift.

- e. If signs of fatigue are noted after the moonlighting shift, it will be up to the discretion of the RPD and/or supervising preceptor to remove the resident from patient care activities.
 - i. Should a resident be removed from duty due to fatigue following a moonlighting shift, they will be required to take suitable PTO for a minimum of one working day to recover before returning to regular residency activities.
- f. All hours worked during residency including outside employment of any kind, must be tracked and logged in the residency Duty Hours form.
- g. Maximum allowable moonlighting hours for any two-week period are that which would cause the resident to equal 80 weekly duty hours either of the two weeks.
 - i. The timing of any moonlighting shifts must allow for the required duty free periods as outlined in this policy and in accordance with ASHP requirements.

Name of Procedure: <u>Residency Grievance Process</u> Procedure Number: RP-003 Department: Pharmacy Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: UT Department of Pharmacy	 Effective Date: 9/13/2023 Original Effective Date: 9/13/2023
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(A) Procedure Statement


Residents are provided a procedure to initiate grievances to allow for effective problem solving and resolution. All information will be handled in a confidential manner.

(B) Purpose of Procedure

A grievance is defined as any dispute or controversy between the resident and any of the program supervisory personnel concerning the application of the Resident's Graduate Pharmacy Education agreement, the policies and procedures of the program, and the policies, procedures, rules and regulations of the Hospitals or University.

(C) Procedure

1. If applicable, the Resident should resolve the grievance with the involved preceptor, peer, or Residency Program Director.
2. If the Resident is not satisfied with the resolution proposed in step 1, the grievance must be submitted by the Resident, in writing, to the Program Director briefly setting forth the complaints giving rise to the grievance. The Program Director, in consultation with the Director of Pharmacy is recommended if deemed appropriate, shall resolve the grievance within thirty (30) calendar days of its receipt. The proposed resolution will be in writing.
3. If the grievance pertains to any dispute or controversy between the Resident and the policies, procedures, rules and regulations of the Hospital or University, the Director of Pharmacy will be notified and will work in conjunction with the Program Director for resolution.
4. If the Resident is not satisfied with the resolution proposed in Step 3, the Resident may submit the grievance, in writing, to the Director of Pharmacy within five (5) days of receiving the Program Director's proposed resolution. The Director of Pharmacy shall respond, in writing, within thirty (30) calendar days of receipt of the grievance.


Name of Procedure:	<u>Timely Reporting of Time Management Concerns</u>	 THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Procedure Number:	RP-004	
Department:	Pharmacy Residency	
Approving Officer:	Pharmacy Residency Program Director	
Responsible Agent:	Pharmacy Residency Program Director	
Scope:	University of Toledo Medical Center	Effective Date: 9/13/2023

(A) Procedure Statement

In order to identify and correct time management deficiencies in a timely manner, preceptors will report missed deadlines/lack of follow up directly to the residency program director (RPD).

(B) Procedure

1. Rotational, longitudinal, and project preceptors are encouraged to state deadlines in writing. (Via email, Outlook/e-calendar appointment, or as part of a syllabus)
2. Residents are responsible for managing their own time in order to meet all residency deadlines.
3. Failure to meet one major or two minor deadlines, as determined by the preceptor, will be reported to the RPD via email. Email should include the following:
 - a. Documentation of original deadline
 - b. Short summary of any communication from resident prior to deadline indicating deadline may be missed/any plans to correct course of timeline
 - c. Date and time work was received from resident, if submitted prior to communication with RPD
4. Reporting exception can be made if resident communicates concern for meeting timeline in advanced notice with preceptor approval to adjust deadline (per the discretion of the preceptor) or if preceptor communicated being flexible with deadline.
5. Examples of major deadlines (not all inclusive):
 - a. Final version of project/presentation/assignment
 - b. Milestone points for longitudinal projects (IRB submission, completed data collection, completed data analysis, final manuscript)
 - c. Failure to attend a mandatory project meeting
6. Examples of minor deadlines (not all inclusive):
 - a. First draft of project/presentation/assignment for initial preceptor feedback
 - b. Incremental progress/presentation updates (research data collection, presentation/assignment revisions, individual manuscript section deadlines)
 - c. Attendance, but failure to adequately prepare for a mandatory project meeting
 - d. Initial meeting with preceptor for P&T or other committee assignments
7. RPD will compile preceptor reports for each resident.
 - a. Two reports from an individual preceptor for any one learning experience or three reports from at least two preceptors of different learning experiences will result in coaching meeting with RPD. Time management strategy will be reviewed with discussion on reason for missed deadlines/plan for improvement.
 - b. After initial coaching, 2 additional preceptor reports will result in formal disciplinary write up pursuant to corrective action policy 3364-133-118. If disciplinary action reaches level 2 (formal/written counseling) an action plan will be developed with specific goals for improved time management.

Name of Procedure Resident Evaluation Procedure Number: RP-005 Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: Pharmacy Residency Programs	 Effective date: 9/13/2023 Original Effective Date: 9/13/2023
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(A) Procedure Statement

To assure appropriate resident development, an evaluation process will be followed by the residents and preceptors.

(B) Purpose of Procedure

To define the evaluation process and procedures for pharmacy residency programs and

(C) Procedure

Regular assessment is vital to the success of the resident and program in several ways:

- Ensuring that that the resident is meeting the defined goals and objectives to be a quality well-rounded practitioner.
- Providing the resident with opportunities for self-assessment and reflection for personal growth.
- Allowing for assessment of the preceptor and learning experience (by the resident) for continued growth and success of the program.

The assessment strategy will include three different types of evaluations:

1. Preceptor evaluation of residents' achievement of educational goals and objectives.
2. Residents' self-evaluation of their achievement of educational goals and objectives.
3. Residents' evaluation of the preceptor and learning experience.

Evaluations are completed using PharmAcademic. Residents, preceptors, and residency program director (RPD) all have access to this system with a unique login and password. Education objectives will be evaluated with the following scale:

Needs Improvement (NI)- Resident's progress may not result in achievement of objectives

- Generally used during the instructing phase of resident development
 - For example: resident is able to identify drug-related problems <50% of the time and requires direct guidance toward solutions and recommendations.
- Must include narrative comment specifically addressing concern and a goal attainment strategy going forward

Satisfactory Progress (SP)- Resident's progress is expected to result in achievement of objectives

- Generally used during the modeling/coaching phase of resident development
 - For example: resident is able to identify drug-related problems 50-80% of the time, and can produce some solutions and recommendations independently.

Achieved (ACH)- Resident's performance meets what is expected of a PGY1 graduate of the residency program

- Generally reserved during the facilitation phase of resident development

- For example: resident is able to identify drug-related problems >80% of the time, and can produce most solutions and recommendations independently.
- Must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved

Achieved for Residency (AChR)- Resident's performance meets or exceeds what is expected of a PGY1 graduate of the residency program

- Generally reserved during facilitating phase of resident development
 - For example: resident is able to identify drug related problems >80% of the time and can produce an appropriate solution and recommendation for each. Resident has been evaluated on this objective before, and performance on this experience is consistent with past evaluation.
- Must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved for residency
- Resident must have 'Achieved' the objective/goal at least once before you can 'Achieve for Residency'
- Subsequent rotations will not require preceptors to evaluate (but they still have the option)

Types of Evaluations

Summative evaluations are completed by the resident and preceptor at the end of each rotation as well as quarterly for longitudinal experiences. The components of this evaluation vary depending on the type of rotation and are based on overall program goals and objectives.

Learning Experience evaluations are completed by the resident to provide assessment of the overall learning opportunities provided by the rotation. The evaluation is reviewed by the preceptor.

Preceptor evaluations are completed by the resident for any preceptor (rotation or longitudinal experience) to provide assessment of the role the preceptor throughout the experience being evaluated.

Custom evaluations are composed of questions developed/determined by the RPD or preceptor.

Formative evaluations are completed by the preceptor at a specific time point to evaluate a specific experience within a rotation. Formative evaluations can also be completed by the RPD or other preceptors at any time during the residency for feedback on longitudinal experiences.

A detailed assessment strategy table showing the evaluation category, tool, individual responsible, submission date, and the individual to whom the evaluation should be submitted can be found below.

Quarterly Development Plan

The RPD and resident will meet quarterly to review the resident's interests, strengths, areas for improvement, and feedback to develop a residency schedule to facilitate successful completion of the program and an ideal learning experience to challenge the resident.

An evaluation of the residents' progress in achieving program's goals and objectives will be completed as part of the Developmental Plan. The RPD will review the resident's evaluations quarterly and add comments accordingly. The RPD will determine if program outcomes and goals are being achieved. The RPD will also consider residents self-evaluation and preceptor feedback to determine achievement of residency program goals for that quarter (Achieved for Residency status).

RPD will review the Quarterly Development Plan with the resident at the end of each quarter. Residents will perform a self-assessment on their progress during the discussion with the RPD and updates to the developmental plan will be made based on the resident's self-assessment.


Adjustments to the first, second, and third quarter plans are made based upon review of the resident

performance relevant to the previous quarter's plan:

- With input from preceptor(s) and residents;
- The identification of new strengths or areas for improvement,
- Changes in residents' short- or long-term career goals and interests.
- A quarterly resident review at RAC will be used as a mechanism by which adjustments to the development plan will be made based on both formative and summative feedback.
- If there is no need for changes in the development plan, this is documented.
- Assessment information collected about a resident is a component of the development plan, but is not the plan itself.

Residency Evaluation Responsibilities

Evaluation Type	Method of Evaluation	Frequency	Responsibility		
			Resident	Preceptor	RPD
ROTATION					
Rotation Midpoint	Narrative	During Rotation	X	X	
Formative	Snapshot	During Rotation	X	X	
Resident	RLS Outcomes, Goals & Objectives	End of Rotation	X	X	
Preceptor	Likert-scored questions with comments	End of Rotation	X		
QUARTERLY					
Longitudinal	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Residency Research Project	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Summary of Resident's Progress (Quarterly Development Plan)	RLS Outcomes, Goals & Objectives	Quarterly	X		X
	Narrative (template lists the required contents)	Quarterly	X		X
FINAL					
Summary	Narrative and RLS Outcomes, Goals & Objectives	End of Program	X		X

Name of Procedure: <u>Pharmacy Residency Vacation/Leave Time</u> Procedure Number: RP-006 Department: Pharmacy Residency Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: UTMC Pharmacy Residencies	 THE UNIVERSITY OF TOLEDO MEDICAL CENTER Effective Date: 9/13/2023 Original Effective Date: 9/13/2023				
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(A) Procedure Statement

Paid time off for residents is encouraged for the purpose of increasing the personal well-being of the employee.

(B) Purpose of Procedure

The intent of the Vacation/Leave Time Off procedure is to give each resident time away from residency responsibilities.

(C) Definitions

Paid Time Off (PTO): Paid time allotted to a resident to be excused from their workday for vacation, illness, personal health, interviews, bereavement, and professional conferences other than those required by the residency program.

Family and Medical Leave Act (FMLA): The Family and Medical Leave Act of 1993 is a United States labor law requiring covered employers to provide employees with job-protected, unpaid leave for qualified medical and family reasons.

Federal Holidays: Federal holidays are observed by the University of Toledo. The schedule of observed holidays can be found in the employee's MyUT portal. Holidays are defined based upon the academic calendar.

Time away from the program: The total number of days taken for PTO, holidays, religious time, jury duty, military leave, parental leave, leaves of absence, conferences (including those required by the program), and extended leave.

(D) Procedure

1. For any one calendar month, the maximum number of allowed time off is 5 work days
 - a. If additional days are needed or required, the resident must work with the rotation preceptor and the program director to develop a plan to make up the required time.
2. Residents are expected to be present during the final week of the residency, and leave should not be "stored up" until that time. Exceptions may be considered due to extenuating circumstances on a case-by-case basis, but approval of leave during this time is not guaranteed.
3. Federal Holidays: Residents will be awarded paid federal holidays, which vary based on program-specific staffing requirements. If residency obligations require work on a scheduled holiday (other than assigned staffing), alternative arrangements will be considered on a case-by-case basis.
4. Paid Time Off (PTO): The pharmacy resident is allowed 20 days of PTO. Resident's PTO will be arranged with prior written approval of preceptor(s) and residency program director (RPD) or residency coordinator, with the exception of unexpected illness.
 - a. Leave request form must be completed for all PTO taken, which can be found in the Residency Manual.
 - i. For planned PTO, the leave request form must be completed prior to taking leave.

- ii. For unexpected illness, the leave request form must be turned in upon the resident's return to work as retrospective documentation of PTO.
- b. The RPD and preceptor(s) must approve vacation leave 30 days in advance (whenever possible)
 - i. For job interviews and PGY2 interviews, the annual leave must be approved by the residency director and preceptor(s) prior to accepting the interview offer date
 - ii. Simultaneous leave for multiple residents may not be feasible in order to assure continuity of quality patient care.
 - iii. Early planning for leave (e.g. at the beginning of the residency year) between residents, program directors, and preceptors is encouraged so that leave is distributed appropriately throughout the residency year. In the event of an acute illness, the resident should contact the current preceptor and RPD as soon as possible to discuss the situation. Email notification alone is not considered adequate notification. In addition, the resident should call the appropriate pharmacy personnel to report the absence at least 1 hour prior to their scheduled shift whenever possible. The resident may be required to provide written documentation by healthcare professional of acute illness.
- 5. Professional Leave: The resident will be allowed time to attend required professional meetings or seminars as determined by the residency program for professional development. Any additional professional leave will be deducted from allotted PTO.
- 6. Court Leave: Residents are encouraged to request deferment of jury duty. If unable to defer, the RPD must be notified as early as possible. Jury duty applies to "time away from residency" per ASHP standards and may need to be made up during the course of the residency year.
- 7. Extended Leave: Extended leave is granted on a case-by-case basis.
 - a. Only those residents who have been employed for a minimum of 12 months are eligible to qualify for FMLA.
 - b. Any leave request that exceeds the amount of available leave will be decided by the Director of Pharmacy and RPD. If leave will result in the resident being unable to complete requirements of program in the allotted time, program extension without pay may be an option.
 - c. Any absence resulting in greater than 6 weeks away from the residency program will result in dismissal from the residency.
- 8. Time away from the residency program cannot exceed 37 days per 52-week training period without requiring extension of the program.
 - a. If needed, training will be extended to make up any absences that exceed the allotted time. Extension beyond the allotted time must be equivalent in competencies and time missed.
 - b. If extension is provided, all residency requirements must be complete within 15 months of the program start date.
 - c. No additional compensation will be given for time spent making up time away from the program that exceeds 37 days.