

PGY1 PHARMACY RESIDENCY MANUAL

2024-2025



Accredited

THE UNIVERSITY OF TOLEDO

Toledo, Ohio

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Dear Pharmacy 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. This residency program offers an array of experiences designed to prepare individuals for roles in pharmacy with a focus in managed, ambulatory, and community care.

The following pages of our Residency Manual are meant to serve as a guide and reference to our program. Within the manual you will learn about the structure, design, and conduct of the program as well as be introduced to current preceptors and residents, and past pharmacy residents.

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. You will also be given teaching responsibilities to further develop your communication skills and abilities as a preceptor and teacher.

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. Your preceptors will assist in the development of your one-on-one patient skills while developing your clinical knowledge in specific patient care areas. They 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.

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 services in ambulatory and community settings. 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.

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 (RPD), 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 the profession of pharmacy.

Regards,

A handwritten signature in black ink that reads 'Breanna Meinzer'. The signature is written in a cursive, flowing style.

Breanna Meinzer, PharmD, BCACP, CACP
Managed Care Pharmacy Manager, PGY1 Pharmacy Residency Program Director

Standard 1: Recruitment and Selection of Residents

1.1. *Residency Applicants*

1.1.1. **Resident Recruitment**

Residency recruitment will be completed through various methods including an open house, residency showcases (may include ASHP, OSHP, etc), job fairs at pharmacy schools, and distributing recruitment resources to pharmacy schools. A focus of the recruitment will be to individuals underrepresented in the profession of pharmacy. The full procedure on Residency Recruitment and Selection (RP-001) can be found in Appendix 8.

1.1.2. **Candidate Criteria**

Pharmacy Residency Applicants will be received through an online submission process with an established deadline in early January. All requested application materials must be included to be considered for an interview. The following are required to be considered:

- PharmD degree from an ACPE-accredited school/ college of pharmacy (or one in the process of pursuing accreditation)
- Eligibility for licensure in the state of Ohio
- Ability to start residency on established start date
- Letter of Intent
- College transcript
- Three (3) letters of recommendation
- Curriculum Vitae

1.1.3. **Screening Procedure**

All qualifying candidates will be screened by at least two (2) preceptor screeners using a standardized rubric that considers scholarly activity, work or practice experience, letters of recommendation, learning experience rotations, and letter of intent. These scores are averaged among the number of preceptor screeners and reviewed by the RPD. Interview offers will be extended to the top number of qualifying candidates.

1.2. *Interview*

Interviews will be offered to qualifying candidates via email. Once interview dates are confirmed, candidates will receive an email confirming the interview date along with an itinerary for the day. Candidates who are not offered an interview will also be notified via email.

1.3. *Interview Scoring Rubric*

The scoring rubric for purposes for ranking candidates after interview will consist of an average of all components of the interview and the presentation.

1.4. *Rank Process*

1.4.1. **Initial Rank**

After completion of all interviews, the interview committee convenes to determine the Rank Order List for Phase I of the Match. Rank order will be submitted by RPD to NMS. Residency Procedure-001 outlines the full process for creating initial rank list.

1.4.2. Phase II

In the event the program does not match residency positions during Phase I, the program may pursue candidates through the second phase of the match. Application received during Phase II of the match will be reviewed similarly to Phase I. An opportunity to interview will be offered to the top candidates. The number of offers will depend upon the number of open resident positions. Residency Procedure-001 in Appendix 8 outlines the full process for reviewing and creating a Phase II rank list.

Standard 2: Program Requirements and Policies

2.1. *Term of Appointment*

The term of appointment for the UTMC Pharmacy Residency program is 53 weeks.

2.2. *Residency Policies and Procedures*

Pharmacy Residency policies and procedures may be accessed through the z: drive on any UToledo network computer. These are also located in Appendix 8. The following policies and procedures govern the administration of the Pharmacy Residency Programs:

- 3364-133-118 Inadequate Resident Performance and Corrective Action
- RP-001 Resident Recruitment and Selection
- RP-002 Pharmacy Residency Duty Hours
- RP-003 Resident Grievance
- RP-004 Timely Reporting of Time Management Concerns
- RP-005 Resident Evaluation
- RP-006 Pharmacy Resident Leave Time Off
- RP-007 Preceptor Appointment, Reappointment, and Development

2.3. *Duty Hours*

Duty hours are defined as all clinical and academic activities related to the residency program. Duty hours do not include reading and preparation time. Residents will adhere to duty hours restrictions outlined in Residency Procedure RP-002. For the full RP-002 procedure, refer to Appendix 8. Resident will track their hours and will document in the Duty Hours Tracking Spreadsheet in addition to attesting in PharmAcademic.

ASHP Duty Hour Requirements for Pharmacy Residencies:

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

2.4. *Moonlighting*

All moonlighting hours are counted toward residency duty hours. Residents are permitted to moonlight either externally or internally (subject to budget and position availability) with RPD approval and acknowledgment by the primary preceptor of the current rotation. Moonlighting is limited to 24 hours within a 4-week period. For full procedure related to moonlighting, reference Residency Procedure RP-002 in Appendix 8.

2.5. *Requirements for Licensure*

Residents are required to obtain licensure with the Ohio State Board of Pharmacy by August 1st of the residency year. The resident resumes financial responsibility for all costs associated with licensing, including but not limited to review materials, examination fee, processing fee, and the license and/or transfer fee. Failure to meet the deadline of licensure may result in dismissal from the program. For full policy related to licensure requirements, reference policy on Resident Performance and Corrective Action (3364-133-118) in Appendix 8.

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

2.6. *Requirements for Successful Completion*

Requirements for successful completion of the residency are provided to the candidate prior to the onsite interview and again after successfully matching as part of the residency position acceptance process. Requirements for completion and progress on requirements for completion are documented in the quarterly development plan. See Appendix 2 for list of requirements for successful completion.

Prior to starting the residency program, the resident will be required to pass all UToledo Human resources mandated pre-employment items, including drug test and updated immunizations. Failure to complete or pass these items may result in dismissal from the program.

At the start of the residency program, the resident is required to attend New Employee Orientation and will be required to complete all UTMC mandated training. This includes but is not limited to the annual safety training test bank, pharmacist training pathway, CITI program training, and Basic Life Support (BLS) if certification will expire within the residency year.

2.7. *Candidates Invited to Interview*

All candidates invited to interview with the program will be provided with the current manual and corresponding policies.

2.8. *After the Match*

Once a candidate successfully matches with the pharmacy residency, the RPD or Residency Program Coordinator (RPC) will send an acceptance letter no later than 30 days from the match date that includes the following items:

- Pre-employment requirements
- Term of appointment

Residency specific policies will be reviewed with residents during the orientation learning experience and within 14 days from the start of the residency.

2.9. *Resident Workspace and Resources*

Each resident will be provided a dedicated workspace and equipment which includes a desk, chair, desktop phone, laptop computer, and desktop computer. All clinical applications, systems, and references can be utilized and accessed on both the resident desktop and laptop. The

resident office 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. A 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 residency close out.

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, OH 43614

2.10. *Certificate of Completion*

Residents who successfully complete and document the programs completion requirements will be awarded a residency certificate of completion and the end of the residency term.

Standard 3: Structure, Design, and Conduct of the Residency Program

3.1. *Program Structure and Design*

3.1.1. Description

The pharmacy enterprise covers both campuses on the University of Toledo. The enterprise consists of the inpatient pharmacy, Health Science Campus Outpatient Pharmacy, Main Campus Outpatient Pharmacy, UTCare 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 department of pharmacy serves as an integral role in providing service to the University of Toledo and University of Toledo Medical Center. The leadership for the PGY1 Pharmacy Residency program with experiences in managed care, ambulatory care, and community is overseen by dedicated preceptors within the UTMC ambulatory care clinics, hospital, and community pharmacies.

3.1.2. Mission:

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 patients with a broad range of disease states.

3.2. *Learning Experiences*

Residents will be scheduled for all required learning experiences based on preceptor availability and interest after the conclusion of Orientation. All learning experiences will be scheduled in PharmAcademic for the residency year.

Program Structure:

Learning Experience	Required or Elective	Duration	Additional Information
Orientation	Required	3-weeks (June-July)	Orientation to the Residency Program and Practice Sites
Managed Care	Required	4-week core; 21-week longitudinal	Core: Concentrated experience where resident attends 4 days per week. Longitudinal: Residents attend one day per week.
Pharmacy Administration	Required	4 weeks (January)	Core: Concentrated experience where resident attends 4 days per week.
Internal Medicine	Required Longitudinal	46 weeks	Resident will attend Internal Medicine one day per week located at the Comprehensive Care Center. One evening every 4 weeks will be spent at the Community Care Clinic providing free care to the community of South Toledo. In addition, the residents will precept outpatient APPE students in topic discussions each month over the lunch hour one day per week.
Transitions of Care	Required Longitudinal	46 weeks	Residents will attend one day per week and will be working specifically in the transplant population assisting with transitioning out of the hospital.
Specialty Pharmacy	Required Longitudinal	21 weeks	One day per week within the UT Access pharmacy located at the Comprehensive Care Center.
Staffing	Required Longitudinal	50 weeks	Residents will staff one-half day per week and will rotate between the HSC Outpatient Pharmacy and the Main Campus Pharmacy located at the University of Toledo Main Campus Student Health Center. This learning experience requires travel to a different campus (Main Campus).
Research and MUE	Required Longitudinal	53 weeks	Residents will have one half-day per week dedicated to working on their major research project and MUE.
Teaching and Learning Curriculum Program	Required Longitudinal	53 weeks	Residents will complete small group facilitation and in addition to a large format didactic lecture. Residents will gain exposure in creating evaluation questions, handouts, providing feedback, and developing a teaching portfolio. Successful completion of the TLCP is a requirement for successful completion of the PGY1 Pharmacy program.
Anticoagulation	Required Longitudinal	21 weeks	One day per week in the Heart and Vascular Center of UTMC.
The resident will have the opportunity to choose and complete 1 elective learning experience. Additional learning experiences may be developed based on the resident's interest and preceptor availability.			
Cardiology	Elective Longitudinal	21 weeks	One day per week working within the outpatient cardiology clinic.
Specialty Clinic	Elective Longitudinal	21 weeks	One day per week working within specialty clinics at the Comprehensive Care Center, such as rheumatology, GI, and/or dermatology.

HIV	Elective Longitudinal	21 weeks	Residents will have one day per week within the UTCare pharmacy caring for HIV positive patients of the Ryan White Clinic. Residents will also work with providers to see outpatient HIV positive patients with both infectious disease and primary care.
Community	Elective Longitudinal	21 weeks	Residents will spend one day per week within the Main Campus Pharmacy and Student Health Center caring for students and employees of the university. This learning experience requires travel to a different campus.
Required Meeting Attendance			
Vizient	December	2-3 days	Residents are required to attend various national and regional meetings throughout the year. These are built into the residents learning experiences. Travel expenses are subject to change within the residency year. Registration, flights, and hotel for expected attendance days will be coordinated through the department and must be paid on the residency purchasing card. Anything outside of the outlined will be the responsibility of the resident.
ASHP Midyear	December	4-5 days	
Ohio Pharmacy Resident Conference (OPRC)	May	1 day	

PGY1 Projects:

- Research Project
 - Each PGY1 Pharmacy Resident will develop, conduct, analyze, and present a research project over the course of the residency year. Research ideas are generated by the pharmacists in each practice area and are discussed with the incoming residents. Research topics and questions will be chosen prior to the end of orientation to ensure timeliness of deadlines and requirements.
 - Each resident will have a preceptor dedicated to advise the resident in research methods and logistics and may have a preceptor dedicated as the content expert. Depending on the area of research, the preceptor may serve as both.
- Medication Use Evaluation
 - Each resident will conduct a medication use evaluation during the second half of the Research and MUE learning experience. The MUE will utilize employee benefit claims from the University of Toledo.
- Drug class review, treatment protocol, utilization management criteria, and/or order set
 - Residents will be required to complete any of the above within any respective learning experience.

3.3. Development Plan

An incoming and quarterly development 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 development plan will be made and reviewed with all preceptors at the next RAC meeting. Adjustments to the development 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
- 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
- Tracking progression on objectives achieved for residency and requirements for completion of the program

3.4. *Evaluation of the Resident*

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

- For Learning experiences with more than one preceptor, supporting preceptors are required to provide feedback in PharmAcademic due prior to the primary preceptor submitting the evaluation.

Regular assessment is vital to the success of the resident 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

Evaluations are completed using PharmAcademic. There are two different types of evaluations of the resident:

- Preceptor evaluation of the residents' attainment of educational goals and objectives
- Resident self-evaluation of their attainment of educational goals and objectives

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. Residents will be evaluated on the following scale. For any rating less than achieved, preceptor will provide examples to resident on how to achieve the objective. For full definitions and criteria for each refer to Resident Evaluation RP-008 in Appendix 8.

- Achieved for Residency
- Achieved
- Satisfactory Progress
- Needs Improvement

3.5. *Evaluation of the Preceptor and Learning 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.

Requirements of the Residency Program Director and Preceptors

4.1. *Residency Program Director (RPD) and Residency Preceptors*

The leadership for the PGY1 Pharmacy Residency Program is overseen by dedicated preceptors within the UTMC ambulatory clinics and outpatient pharmacies.

Residency Program Director:

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:

This individual is assigned by the RPD. The coordinator serves as the point of contact for the PGY1 Pharmacy Residency Program when the RPD is not available and is responsible for assisting with resident onboarding.

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.

4.2. Program Oversight

Residency Advisory Committee (RAC):

Oversight Committee to discuss and monitor progress of the resident and the PGY1 Pharmacy Residency Program. Membership is comprised of preceptors involved in the PGY1 Pharmacy Residency Program, as appointed by the RPD. RAC meetings will occur monthly, and minutes will be maintained as a permanent record of the committee proceedings and actions.

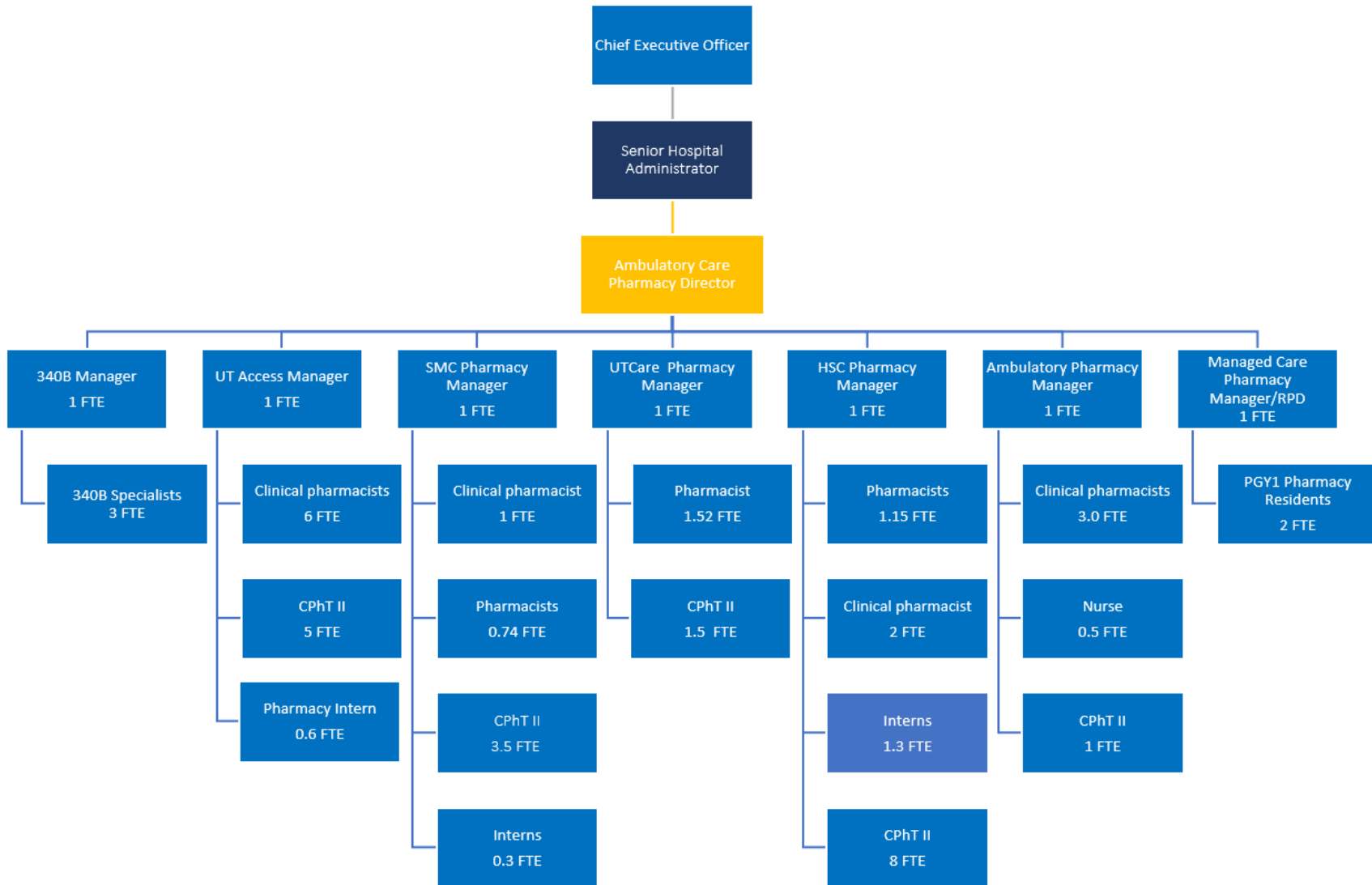
RAC committee member responsibilities:

- Annual reviews of the incoming resident’s development plan for training schedule and learning objectives
- Quarterly reviews of the resident’s progress toward residency completion
- Participates in ongoing 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 requirements, 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

Preceptor Appointment, Reappointment, and Development:

UTMC Pharmacy Residency Program Preceptors are appointed and reappointed on a regular basis. For full details on appointment and reappointment of preceptors, reference RP-007 Preceptor Appointment, Reappointment, and Development in Appendix 8.

Appendix 1: Organization Chart for UTMC Outpatient Pharmacy Department



Appendix 2: Minimum Requirements for Completion of Residency

ACTIVITY/DELIVERABLE	# REQUIRED	DOCUMENTATION	Q1	Q2	Q3	End of residency verification
Active Pharmacist License	1	Save copy of Pharmacy licenses				
R1.1 objectives marked as ACHR (6 objectives)	100 % (6)	Tracked by RPD in PharmAcademic™ Each objective marked ACHR will be tracked in this table quarterly				
R1.2-R4 objectives marked as ACHR (25 objectives)	≥ 80 % (19)	Tracked by RPD in PharmAcademic™ Each objective marked ACHR will be tracked in this table quarterly				
No objectives rated as NI at most recent evaluation	0	Tracked by RPD in PharmAcademic™ Each objective marked NI will be tracked in this table quarterly				
(R1.4.2) Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	1	Resident must include final projects.				
(R2.1.2) Project plan for major project	1	Save final project plan, including timeline, and IRB documents, if applicable.				
(R2.1.6) Verbal presentation of project results	2	Save final poster presented at national conference (ASHP Midyear or equivalent) and podium presentation slides (2 slides per page) from residency conference (OPRC or equivalent) as PDF. If project was presented to committee, save meeting minutes.				

(R2.1.6) Manuscript of major project	1	Save final manuscript suitable for publication.				
(R2.1.2 & R2.1.6) Project report for MUE	1	Save final MUE report. If project was presented to committee, save meeting minutes.				
(R4.1.2) Education Handout	1	Save final version of education handout developed.				
(R4.1.3) Pharmacy Presentation	1	Save final slide presentation of verbal education (2 slides per page) as PDF.				
Complete Teaching & Learning Curriculum Program (TLCP)	1	Receive certificate for successful completion.				
Patient Care Encounters	10	Scan and save de-identified patient encounter notes demonstrating variety of patient care services.				

Appendix 3: Sample Residency Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
6/23-6/29	Orientation	Orientation	Orientation	Orientation	Orientation
6/30-7/6	Orientation	Orientation	Orientation	Orientation	Orientation
7/7-7/13	Orientation	Orientation	Orientation	Orientation	Orientation
Focused Core					
7/14-7/20	Managed Care	Managed Care	Managed Care	Research/Staffing HSC	Managed Care
7/21-7/27	Managed Care	Managed Care	Managed Care	Research/Staffing Main	Managed Care
7/28-8/3	Managed Care	Managed Care	Managed Care	Research/Staffing HSC	Managed Care
8/4-8/10	Managed Care	Managed Care	Managed Care	Research/Staffing Main	Managed Care
Longitudinals					
8/11-8/17	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
8/18-8/24	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
8/25-8/31	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
9/1-9/7	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
9/8-9/14	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
9/15-9/21	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
9/22-9/28	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
9/29-10/5	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
10/6-10/12	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
10/13-10/19	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
10/20-10/26	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
10/27-11/2	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
11/3-11/9	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
11/10-11/16	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
11/17-11/24	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
11/25-11/30	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
12/1-12/7	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
12/8-12/14	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
12/15-12/21	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
12/22-12/28	Internal Medicine	Elective	Transitions of Care	Research/Staffing Main	Anticoagulation
12/29-1/4	Internal Medicine	Elective	Transitions of Care	Research/Staffing HSC	Anticoagulation
Focused Core					
1/5-1/11	Pharmacy Admin	Pharmacy Admin	Pharmacy Admin	Research/Staffing Main	Pharmacy Admin
1/12-1/18	Pharmacy Admin	Pharmacy Admin	Pharmacy Admin	Research/Staffing HSC	Pharmacy Admin
1/19-1/25	Pharmacy Admin	Pharmacy Admin	Pharmacy Admin	Research/Staffing Main	Pharmacy Admin
1/26-2/1	Pharmacy Admin	Pharmacy Admin	Pharmacy Admin	Research/Staffing HSC	Pharmacy Admin
Longitudinals					
2/2-2/8	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
2/9-2/15	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
2/16-2/22	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
2/23-3/1	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
3/2-3/8	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
3/9-3/15	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
3/16-3/22	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
3/23-3/29	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
3/30-4/5	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
4/6-4/12	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
4/13-4/19	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
4/20-4/26	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
4/27-5/3	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
5/4-5/10	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
5/11-5/17	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
5/18-5/24	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
5/25-5/31	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
6/1-6/7	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
6/8-6/14	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
6/15-6/21	Specialty	Managed Care	Internal Medicine	Research/Staffing HSC	Transitions of Care
6/22-6/28	Specialty	Managed Care	Internal Medicine	Research/Staffing Main	Transitions of Care
				CCC: 6pm-8pm	
Notes:	Research: Thursday AM				
	Staffing: Residents rotate between Main Campus (closes at 5:30pm) and Health Science Campus (closes at 7:00pm)				
	Teaching Certificate: Incorporated throughout residency year				

Appendix 4: Current Preceptor Roster

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 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 PGY1 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 PGY1 Managed Care, Ambulatory and Community Residency Program for specialty pharmacy and research learning experiences and serves as a preceptor for the traditional PGY1 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, CACP

Bree Meinzer is the Managed Care 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 \$19M 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.

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 from 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.

Holly Smith, RPh, MBA

Holly Smith is the Director of Ambulatory Pharmacy Services 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. 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. In 2017, she received a promotion to Assistant Director of Pharmacy responsible for overseeing ambulatory pharmacy services at UTMC. In her current role as the Director of Ambulatory Pharmacy Services she has continued to expand on current service line offerings at UTMC. Placing an emphasis on life-long learning, she received her Executive MBA through the University of Toledo College of Business and Innovation in 2017. 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. 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, 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.

Alexis Ryan, PharmD

Alexis Ryan is an outpatient clinical pharmacist at the University of Toledo Medical Center (UTMC) Anticoagulation Clinic. Receiving her Doctor of Pharmacy degree from the University of Toledo, Alexis followed her didactic education with a PGY1 hospital-based residency at ProMedica Flower Hospital prior to starting her career at UTMC. Alexis' journey at UTMC started with part-time positions in outpatient psychiatry and the anticoagulation clinic. By February 2024, Alexis was staffing full time in the anticoagulation clinic and is currently working towards sitting for the Certified Anticoagulation Care Provider exam. As an accessible healthcare provider, Alexis strives to provide excellent patient care to the underserved population of the anticoagulation clinic and was a recipient of the Shining Star Award for service excellence in April 2024. Alexis has had the opportunity to partake in precepting of students and residents throughout her career and looks forward to helping shape the education and future of students and residents to come.

Appendix 5: Current Residents



2024-2025 Resident

Joy Park, PharmD

Education: The University of Toledo, BSPS, PharmD

Hometown: Hongcheon, South Korea

Interests (professional and personal): Dr. Park is interested in ambulatory care, especially diabetes and heart failure management. She also enjoys crocheting, water coloring, and going on walks.



2024-2025 Resident

Anna Rader, PharmD

Education: The Ohio State University, BSPS, PharmD

Hometown: Johnstown, Ohio

Interests (professional and personal): Dr. Rader is interested in all aspects of ambulatory care as well as managed care. Outside of work she enjoys spending time with her family, any form of shopping, and reading the occasional book.

Appendix 6: Previous Resident Roster



2023-2024 Resident

Kara Douglass, PharmD

Education: The University of Toledo, BSPS, PharmD

Hometown: Wauseon, Ohio

Career Interests: Dr. Douglass is interested in ambulatory care pharmacy managing patients with chronic disease within primary care.

Major Residency Project: Primary Care Medication Monitoring for PrEP Patients: An Analysis of Guideline Compliance

Post Residency Placement: Outpatient Clinical Pharmacist, University of Toledo Medical Center



2023-2024 Resident

David (Robbie) Keister, PharmD

Education: The University of Toledo, BSPS, PharmD

Hometown: Lambertville, Michigan

Career Interests: Dr. Keister is interested in primary care, endocrinology, and cardiology.

Major Residency Project: Assessing Lipid Targets: Evaluation of Optimal Lipid-Lowering Outcomes

Post Residency Placement: PGY2 Ambulatory Care, St. Vincent Mercy Medical Center, Toledo, Ohio



2023-2024 Resident

Dalena Tran, PharmD

Education: Chapman University School of Pharmacy, PharmD

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, California



2022-2023 Resident

Katie Robertson, PharmD

Education: The Ohio State University, BSPS, PharmD

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, Ohio



2021-2022 Resident

Ella Salter, PharmD

Education: The 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



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: Clinical Specialty Pharmacist, Ochsner Medical Center, New Orleans, Louisiana



2020-2021 Resident

Susie Bostdorff, PharmD

Education: The 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: Clinical Outpatient Pharmacist, The University of Toledo Medical Center, Toledo, Ohio



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: Clinical Oncology Pharmacist, TrellisRx, Akron, Ohio



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: Clinical Pharmacist, Serve U RX, Milwaukee Wisconsin



2015-2016 Resident

Sarah Lorenzen, PharmD

Education: The 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: UT Access Specialty Pharmacy Manager, The University of Toledo Medical Center, Toledo, Ohio



2014-2015 Resident

Yana Doughty, PharmD

Education: The 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: Anticoagulation Clinical Pharmacist, The University of Toledo Medical Center, Toledo, Ohio

Appendix 7: PGY1 Pharmacy Residency Manual Sign-off

I have read and understand the contents of the Pharmacy Residency Manual specific to the PGY1 Pharmacy 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 Policies

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	 <p>Effective: 6/24/2024</p> <p>Original Effective Date: 9/13/2023</p>	
<input type="checkbox"/> New procedure proposal <input type="checkbox"/> Major revision of existing policy		<input checked="" type="checkbox"/> Minor/technical 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 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 (UTMC).

(C) Procedure

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

- PharmD degree from an ACPE Accredited University or FPGEC 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 Pharmacy Resident Eligibility: Applicants with the following qualifications are eligible for appointment to UTMC PGY2 pharmacy residency programs:

- Certificate of completion from an ASHP accredited PGY1 pharmacy residency program.
- PharmD degree from an ACPE Accredited University or FPGEC 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.

Pharmacy 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.

Pharmacy Resident Selection:

- Residency Programs must select from among eligible applicants on the basis of pharmacy 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.
- UTMC programs participate in the American Society of Health System Pharmacists (ASHP) Match via the Pharmacy Online Residency Centralized Application Service (PhORCAS) in selecting pharmacy 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 taking into consideration the number of applicants, available residency positions, and open interview spots to 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 receive 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.
- Scores from all components of the application and interview are compiled to create the initial rank order list. This list is then 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.
 - Reasons candidates may not be ranked include but are not limited to unprofessional behavior during the interview, poor performance in skills assessment, or lack of alignment with the goals and values of the program and institution.
 - Candidates with similar scores may be moved up or down rank list based on majority decision of the group if information regarding the candidate's performance is not adequately captured by the scoring rubric (ie: skills assessment score is low

due to incorrect drug choice, however clinical thought process and problem-solving skills were above average.) Candidates with similar scores may be moved up or down rank order based on alignment with goals and values of the program and institution. These specifics are documented during the rank meeting.

- The RPD will have final approval of the rank list and will store all documentation securely on the access-restricted Pharmacy Residency Administration shared drive.


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 and will store all documentation securely on the access-restricted Pharmacy Residency Administration shared drive.

Consideration of candidates from pass/fail institutions:

- All candidate applications from pass/fail institutions will be reviewed unless the candidate does not meet other previously outlined eligibility requirements.
- 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.

<p>Approved by:</p> <p>_____ Date _____</p> <p>Bree Meinzer, PharmD, BCACP, CACP PGY1 Pharmacy Residency Program Director 44069</p> <p>_____ Date _____</p> <p>Kellie Shiekh, PharmD, BCCCP, BCPS PGY1 Pharmacy Residency Program Director 44405</p> <p><i>Review/Revision Completed By: Pharmacy Residency</i></p>	<p>Review/Revision Date: 1/18/2024 6/24/2024</p> <p>Next Review Date: 7/2025</p>
<p>Policies Superseded by This Procedure:</p>	

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: UTMC Pharmacy Residencies	 <p>Effective: 6/24/2024</p> <p>Original Effective Date: 9/13/2023</p>
<input type="checkbox"/> New procedure proposal <input checked="" type="checkbox"/> Minor/technical revision of existing procedure <input type="checkbox"/> Major revision of existing procedure <input type="checkbox"/> 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.
 - ii. Residents requiring removal from duties more than once within a 12 week-period may have moonlighting privileges revoked at the discretion of the RPD.
- f. All hours worked during residency including outside employment of any kind, must be tracked and logged by the resident and included in the duty hours attestation in PharmAcademic.
- g. Maximum allowable moonlighting hours for any four-week period is 24 hours.
 - i. Moonlighting hours that would cause the resident to exceed 80 weekly duty hours either the week before or after the shift are prohibited.
 - ii. 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.

<p>Approved by:</p> <hr/> <p>Bree Meinzer, PharmD, BCACP, CACP PGY1 Pharmacy Residency Program Director 44069</p> <hr/> <p>Kellie Shiekh, PharmD, BCCCP, BCPS PGY1 Pharmacy Residency Program Director 44405</p> <p><i>Review/Revision Completed By: Pharmacy</i></p>	<p>Review/Revision Date: 1/18/2024 6/24/2024</p> <hr/> <p>Next Review Date 7/2025</p>
<p>Policies Superseded by This Policy:</p>	

Moonlighting Approval Form:

UNIVERSITY OF TOLEDO MEDICAL CENTER RESIDENCY PROGRAMS

Name _____

Individual Shift Request:

For full weekends, both Saturday and Sunday shifts can be submitted on one form

Date: _____ Number of hours per shift: _____

Date: _____ Number of hours per shift: _____

If requested shift is within the next 2 weeks, provide the total number of duty hours claimed in the last 2 week period: _____ hours

If requested shift is beyond 2 weeks from the time of request, provide the estimated duty hours for the 2 weeks prior to the shift, based on rotation and schedule. Assume a minimum of 10 hour days and include all on-call or staffing shifts: _____ hours

Recurring shift request:

(Must be re-approved quarterly)

Describe recurrent shift: _____

Frequency of recurrence: _____ Number of hours per shift: _____

Approval period (no greater than 3 months): _____

By signing below, I (resident) acknowledge that I have no actual or potential conflicts with residency requirements during the requested moonlighting shift. I have reviewed the requirements for duty hours and verified that I can maintain the requirements as outlined by ASHP without violation. If at any time during my scheduled residency duty I am unable to maintain good judgement as it pertains to patient care due to fatigue or lack of meaningful rest, I am responsible for contacting my direct supervisor and residency director immediately to find a suitable replacement.

Resident Signature


Date

APPROVALS:

Primary Preceptor

Residency Program Director

Responsibilities of residency program director or delegate: Inform all preceptors who will be supervising the resident one week prior to and one week following the shift to be on the lookout for signs of fatigue. Residency program director should be notified immediately if there is concern for poor judgement or inability of the resident to complete safe and effective patient care.

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: UTMC Pharmacy Residencies	 <p style="text-align: right;">Effective Date: 7/1/2024 Original Effective Date: 9/13/2023</p>
<input type="checkbox"/> New procedure proposal <input checked="" type="checkbox"/> Minor/technical revision of existing procedure <input type="checkbox"/> Major revision of existing procedure <input type="checkbox"/> Reaffirmation of existing procedure	

(C) Procedure Statement

Pharmacy 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.

(D) 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.

Approved by:

Review/Revision Date:

6/24/2024

Bree Meinzer, PharmD, BCACP, CACP
PGY1 Pharmacy Residency Program Director
44069

Date


Kellie Shiekh, PharmD, BCCCP, BCPS
PGY1 Pharmacy Residency Program Director
44405

Date

*Review/Revision Completed By:
Pharmacy Residency*

Next Review Date: 7/2025

Policies Superseded by This Policy:

Name of Procedure: <u>Timely Reporting of Time Management Concerns</u> Procedure Number: RP-004 Department: Pharmacy Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: UTMC Pharmacy Residencies	 <p>Effective Date: 6/24/2024 Original Effective Date: 9/13/2023</p>
<input type="checkbox"/> New procedure proposal <input checked="" type="checkbox"/> Minor/technical revision of existing procedure <input type="checkbox"/> Major revision of existing procedure <input type="checkbox"/> Reaffirmation of existing procedure	

(E) 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.

Approved by:	Review/Revision Date: 6/24/2024
_____ Bree Meinzer, PharmD, BCACP, CACP PGY1 Pharmacy Residency Program Director 44069	_____ Date
_____ Kellie Shiekh, PharmD, BCCCP, BCPS PGY1 Pharmacy Residency Program Director 44405	_____ Date
<i>Review/Revision Completed By:</i> <i>Pharmacy</i>	
Next Review Date 7/2025	
Policies Superseded by This Policy:	

Name of Procedure: <u>Resident Evaluation</u> Procedure Number: RP-005 Department: Pharmacy Approving Officer: Residency Program Director Responsible Agent: Residency Program Director Scope: UTMC Pharmacy Residencies	 <p style="text-align: right;">Effective Date: 6/24/2024 Original Effective Date: 9/13/2023</p>
<input type="checkbox"/> New procedure proposal <input checked="" type="checkbox"/> Minor/technical revision of existing procedure <input type="checkbox"/> Major revision of existing procedure <input type="checkbox"/> Reaffirmation of existing procedure	

(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.

(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.
- Resident independently completes activities related to the objective accurately < 50% of the time.
 - 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.
- Resident independently completes activities related to the objective accurately 50-80% of the time.
 - 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 graduate of the residency program.

- Generally reserved during the facilitation phase of resident development.
- Resident independently completes activities related to the objective accurately >80% of the time.
 - 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 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 is scored as achieved for residency.
- An objective can be achieved for residency in any of the following ways:
 - Preceptor evaluation of ACH on two independent summative evaluations.
 - Discussion of the resident's performance regarding the objective at a RAC meeting with majority RAC member vote to achieve for residency.
 - For the predetermined list of objectives that are project based or only evaluated one time, a preceptor evaluation of ACH will be considered AChR.
 - See Appendix A for complete list of objectives that apply.
 - Objectives falling into this category may be program specific due to variations in program structure.
 - If an objective scheduled to be evaluated only once is not achieved on the first attempt, it may be scheduled to be evaluated again for a similar or different learning activity. In this scenario, a designation of ACH on a subsequent evaluation will be deemed AChR.
- Subsequent rotations will not require preceptors to evaluate, but they still have the option.
 - If an objective is marked NI on a subsequent evaluation, the resident will need to achieve the objective again to be considered AChR at the end of the residency year.
- For successful program completion, all objectives within R1.1 and an overall 80% of objectives must be AChR.

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.

<p>Approved by:</p> <hr/> <p>Bree Meinzer, PharmD, BCACP, CACP PGY1 Residency Program Director 44069</p> <p style="text-align: right;">Date</p> <hr/> <p>Kellie Shiekh, PharmD, BCCCP, BCPS PGY1 Residency Program Director 44405</p> <p style="text-align: right;">Date</p> <p><i>Review/Revision Completed By:</i> <i>Pharmacy Residency</i></p>	<p>Review/Revision Date: 6/24/2024</p>
<p>Policies Superseded by This Policy:</p>	<p>Next Review Date: 7/2025</p>


Appendix A: Objectives that may be AChR after one preceptor evaluation rated ACH.

Program 44405:

R1.4.2
R2.1.1
R2.1.2
R2.1.3
R2.1.4
R2.1.5
R2.1.6
R3.1.1
R3.1.2
R3.2.4
R4.1.1
R4.1.2
R4.1.3
R4.1.4

Program 44069:

R1.4.1
R1.4.2
R2.1.1
R2.1.2
R2.1.3
R2.1.4
R2.1.5
R2.1.6
R3.1.1
R3.1.2
R3.2.2
R3.2.4
R4.1.1
R4.1.2
R4.1.3
R4.1.4

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	 <p>Effective 6/24/2024 Original Effective Date: 9/13/2023</p>
<input type="checkbox"/> New procedure proposal <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(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. **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.
2. **Paid Time Off (PTO):** The pharmacy resident is allowed a total of 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. Due to differences in staffing requirements, the following program-specific PTO stipulations apply:

- i. 44405: A minimum of 5 PTO days must be taken before January 1st
 - ii. 44069: Up to a maximum of 10 PTO days can be used for vacation.
 - b. 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.
 - c. The RPD and preceptor(s) must approve PTO for vacation leave 30 days in advance (whenever possible)
 - i. For job interviews and PGY2 Pharmacy Residency 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.
 - d. Time off needed after the resident utilizes 20 PTO days may be approved on a case-by-case basis but will require the time be made up.
 - i. Resident must work with the program director and rotation preceptor if applicable to develop a plan to make up required time.
 - ii. Resident must obtain approval of make-up plan prior to the additional time off except in the case of acute/unexpected illness.
- 3. 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.
- 4. 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.
- 5. 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 or benefits 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.
- 6. 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.

7. 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.
8. Total 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 or benefits will be given for time spent making up time away from the program that exceeds 37 days.

<p>Approved by:</p> <hr style="width: 80%; margin-left: 0;"/> <p>Bree Meinzer, PharmD, BCACP, CACP PGY1 Pharmacy Residency Program Director 44069</p> <p style="text-align: right; margin-right: 20px;">_____ Date</p> <hr style="width: 80%; margin-left: 0;"/> <p>Kellie Shiekh, PharmD, BCCCP, BCPS PGY1 Pharmacy Residency Program Director 44405</p> <p style="text-align: right; margin-right: 20px;">_____ Date</p> <p><i>Review/Revision Completed By:</i> <i>Pharmacy</i></p>	<p>Review/Revision Date: 1/18/2024 6/24/2024</p>
<p>Next Review Date: 7/2025</p>	
<p>Policies Superseded by This Policy:</p>	

Name of Procedure: <u>Pharmacy Preceptor Appointment, Reappointment, and Development</u> Procedure Number: RP-007 Department: Pharmacy Approving Officer: Pharmacy Residency Program Director Responsible Agent: Pharmacy Residency Program Director Scope: UTMC Pharmacy Residencies	 <p>Original Effective Date: 7/1/2024</p>
<input checked="" type="checkbox"/> New procedure proposal <input 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 ensure pharmacy residency preceptors meet the requirements of the ASHP standards and participate in regular preceptor development.

(B) Purpose of Procedure

This procedure will outline the process for new preceptor appointment, active preceptor reappointment, and the requirements for preceptor development.

(C) Procedure

a. Definitions:

- i. New preceptor: A pharmacist who is newly hired into a position that requires precepting. The pharmacist may be a new employee to the institution or an established employee who has moved from a job position that did not require precepting to a job position that does require precepting.
- ii. Active preceptor: A pharmacist who has successfully completed the initial appointment process and meets all ASHP standards for preceptor eligibility.
- iii. Primary preceptor: Designation in PharmAcademic wherein the preceptor is responsible for rotation orientation, resident progression monitoring, and final evaluation. The primary preceptor is required to submit a written summative evaluation in PharmAcademic and will receive a written preceptor evaluation from the assigned pharmacy resident.
- iv. Supporting preceptor: Designation in PharmAcademic wherein a preceptor on a team-taught rotation may assist in precepting a pharmacy resident and contribute feedback both verbally and within PharmAcademic, however is not required to submit a final evaluation in writing. The supporting preceptor will receive a written preceptor evaluation from the assigned pharmacy resident.
- v. Preceptor in development: A pharmacist who does not meet one or more of the criteria for preceptor eligibility but has an active development plan in place.
- vi. Development plan: A plan created for a pharmacist who does not meet all ASHP eligibility criteria outlining the deficient area(s) and actions required achieve ASHP preceptor eligibility.
- vii. Preceptor development credit (PDC): A designation awarded to a preceptor development activity that requires up to approximately one hour of live or

recorded preceptor development, independent study activity with completion assessment, or individualized development sessions with the RPD to assess preceptor skills, review resident evaluations, and/or review preceptor self-assessment/performance.

- b. Process for appointment:**
 - i.** All new preceptors must apply for initial preceptor appointment using the form in Appendix A, submitted to the appropriate RPD(s).
 - 1.** New preceptors are exempt from review of resident feedback for initial appointment.
 - 2.** New preceptors who will have responsibilities in multiple programs will undergo initial review for appointment by all applicable RPDs jointly.
 - ii.** New preceptors must review and complete the new preceptor orientation training pathway in Appendix B.
 - 1.** Prospective preceptor is responsible for completing the self-assessment column of the pathway.
 - 2.** RPD or designee is responsible for documenting the method of assessment and completing the evaluator initials and date columns.
 - a.** Self-assessment ratings of 2 or 3 can be signed off by RPD or designee with a verbal understanding.
 - b.** Self-assessment ratings of 1 require RPD or designee to demonstrate, test, or create mock event to ensure understanding before sign-off.
 - iii.** New preceptors must complete the current ASHP Academic and Professional Record (APR) form for submission with preceptor appointment application.
 - iv.** New preceptors must meet all preceptor eligibility and qualification requirements outlined in ASHP standards prior to being appointed as a primary preceptor.
 - v.** Upon approval of appointment, RPD will add preceptor to PharmAcademic. At this time, the preceptor must submit their APR electronically to PharmAcademic.
- c. Process for re-appointment:**
 - i.** Active preceptors must apply for preceptor re-appointment using the form in Appendix A, submitted to the appropriate RPD(s).
 - ii.** Active preceptors must maintain their APR in PharmAcademic.
 - 1.** Previous outdated entries must be removed prior to reappointment.
 - 2.** Updated examples for each required section must be recent within 4 years, unless otherwise outlined in the APR instructions.
 - 3.** Preceptor is responsible for ensuring any existing deficiency alerts are resolved before application submission.
 - iii.** RPD or designee will review resident feedback from preceptor and applicable learning experience evaluations in PharmAcademic.
 - iv.** Active preceptor must be current with preceptor development requirements outlined in section f of this procedure.
 - v.** Active preceptors with responsibilities in multiple programs will undergo review for reappointment by all applicable RPDs jointly.
- d. Preceptor development plan:**

- i. Preceptors in development must have a preceptor development plan outlining which areas of eligibility and/or preceptor qualifications are deficient.
 1. For each deficiency, a plan must be in place for how the preceptor will correct the deficiency.
 2. All preceptor development plans must be resolved within two years of implementation.
 3. Preceptors in development will be assigned a preceptor mentor in PharmAcademic who will be responsible for reviewing and cosigning any written evaluations prior to distribution to the resident.
 4. Preceptors in development may serve as supporting preceptors in a team-taught fashion but may not serve as primary preceptors until the development plan is resolved.
 - e. Schedule of preceptor review and appointment:
 - i. The maximum duration of appointment is 4 years.
 - ii. All preceptors are required to maintain and update their APR in PharmAcademic annually, at a minimum.
 - iii. Preceptors who fail to update their APR annually or are found to have a deficiency in ASHP standards may be subject to an earlier complete review of appointment.
 - f. Preceptor development requirements:
 - i. All active preceptors are required to obtain 4 preceptor development credits per calendar year.
 1. New preceptor PDC requirements will be prorated based on the time of year of initial appointment. (ie: New preceptors appointed in July are required to obtain 2 PDCs by the end of the calendar year.)
 - ii. Sufficient preceptor development will be provided by the RPD or a delegate with RPD approval to meet the requirement of 4 PDCs annually.
 - iii. Preceptors are permitted to obtain preceptor development independently but must have the activity approved by the RPD to receive credit.
 - iv. Preceptor development must focus on increasing knowledge and skills that can be applied to effectively precepting residents rather than activities solely centered around improving or increasing clinical knowledge.
 - v. A preceptor who has responsibilities in multiple programs is only required to obtain 4 PDCs globally and does not need to obtain separate preceptor development for each program.

