

**The Ohio State University Residency Program**  
**Pharmacy Residency Manual**  
**College-based Programs**

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## **Purpose, Aim, and Governance**

### **PGY1 Pharmacy Program Purpose**

To build on PharmD education and outcomes to contribute to the development of a clinical pharmacist responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

### **PGY1 Community-based Pharmacy Residency Program Purpose**

To build upon the doctor of pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

### **PGY2 Ambulatory Care Purpose**

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice.

PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

### **AIM of the Ohio State University College-based Residency Programs**

Our aim is to empower pharmacists to be agents of change to lead practice transformation through collaborative and interprofessional patient care, education, and research.

## **Residency Governance**

At The Ohio State University College of Pharmacy there are various committees, at different levels, which meet to discuss the overall quality and areas for improvement among all the residencies.

### **Residency Leadership Committee (RLC):**

Comprised of members from the Medical Center and the College of Pharmacy and meets monthly or at least quarterly. This committee provides oversight of global issues among both residency sites. ( ie Resident retreat, Midyear recruitment, graduation, integrated website, standardization of policies when applicable, dismissal policy, etc. )

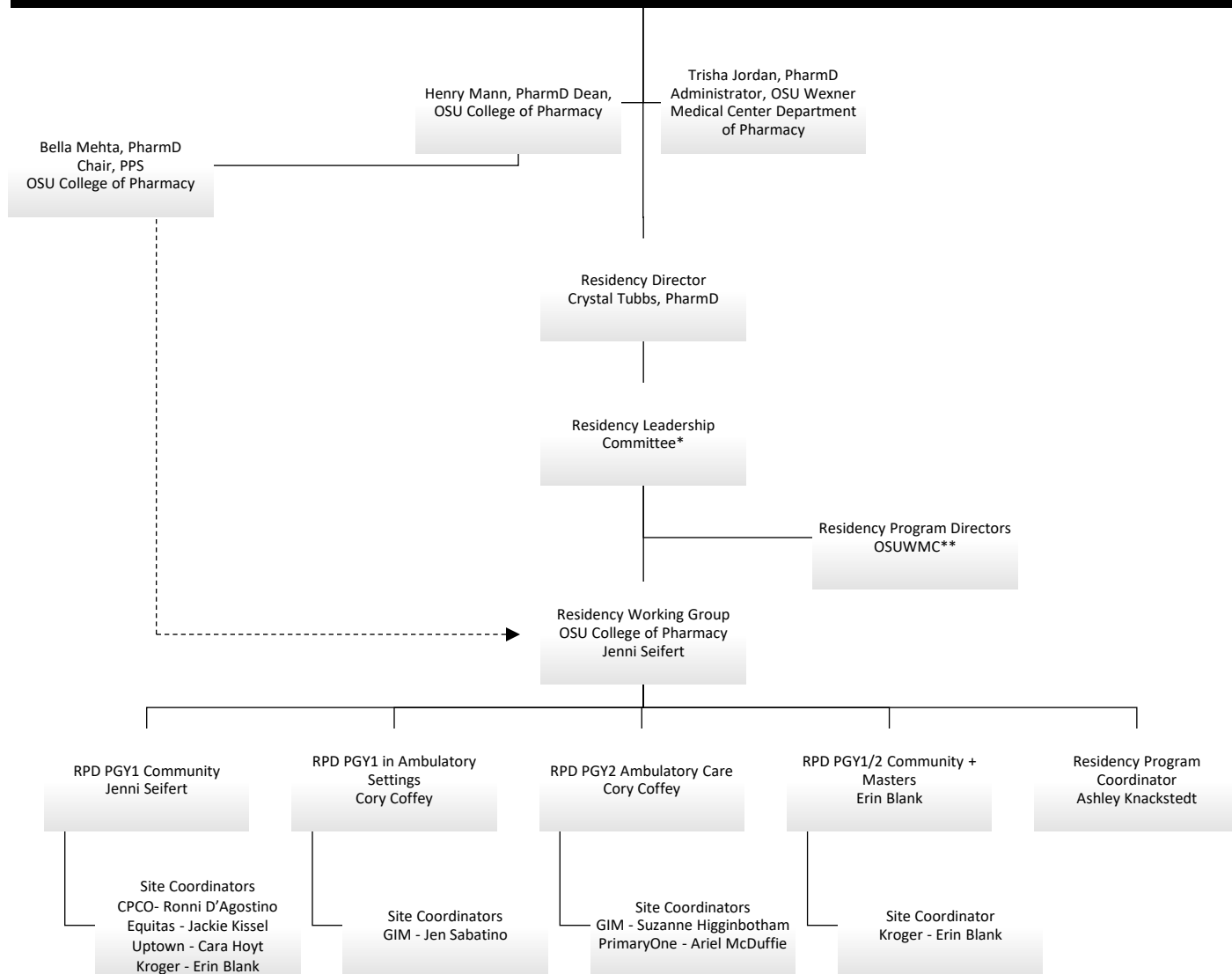
### **Residency Working Group (RWG):**

Comprised of RPD's, program managers and a facilitator at The Ohio State University College of Pharmacy. This group meets monthly and provides oversight of issues which pertain to the college-based residencies. The group works on quality improvement of the residencies by providing guidance and consistency on various aspects of the residency education. (i.e. develop of a research committee, updating the residency manual, accreditation preparedness, preceptor appointment/reappointment, preceptor development, etc.)

**Residency Advisory Committee (RAC):**

Each of the residency sites has a residency site-coordinator who sits on the RAC which meets every other month to discuss the growth of the resident and each resident's trajectory to achieving the residency's goals. As part of the program's quality assurance, the RAC determines appropriate preceptor development programming and conducts an annual CQI assessment of the program.

# The Ohio State University Pharmacy Residency Programs Organizational Chart



**\*RLC Membership**

- Crystal Tubbs (Residency Director) – Chair
- Josh Gaborcik (RPD Pharmacotherapy)
- Stuart Beatty (Preceptor Ambulatory Care GIM)
- Kerry Pickworth (Preceptor Cardiology)
- Kelli Barnes (Preceptor, GIM)
- Claire Murphy (Preceptor Critical Care)
- Brittany O'Brien (Residency Program Manager, OSUMC)
- Melissa Snider (RPD PGY2 Ambulatory Care)
- Justin Kullgren (Preceptor – OSUWMC)
- Ashley Knackstedt (Residency Administrative Assistant)
- Jenni Seifert (RPD PGY1 Community)

**\*\*OSUWMC RPDs**

- Casey May (RPD PGY1)
- Mike Boyd (RPD PGY2 Cardiology)
- Jessica Elefritz (RPD PGY2 Critical Care)
- Melissa Snider (RPD PGY2 Ambulatory Care)
- Erin Reichert (RPD PGY2 Emergency Medicine)
- Tracy Wiczor (RPD PGY2 Hem/Onc)
- Josh Gaborcik (RPD PGY1/PGY2 Pharmacotherapy)
- Lynn Wardlow (RPD PGY2 Infections Diseases)
- Shawn Johnson (RPD PGY2 Informatics)
- Holli Winters (RPD PGY2 Transplant)
- Hallie Barr (RPD PGY2 Investigational Drug Services)
- Maureen Saphire (RPD PGY2 Pain & Palliative Care)
- Robert Weber (RPD HSPAL)

**The Ohio State University  
College of Pharmacy  
PGY1, PGY2, and Combined MSY1/2 Residency Programs  
Policies and Procedures**

**I. Resident Requirements**

A. Position

1. The resident is employed 100% by The Ohio State University (OSU) College of Pharmacy with the official title of Clinical Instructor House Staff.
2. The position is effective for one year (12 continuous months) for each PGY1 and PGY2 residency program.
3. A new appointment will be required if the resident's affiliation with the College is extended.
4. The resident will not have any priority status with respect to other or future OSU College of Pharmacy, OSU Wexner Medical Center, University or State of Ohio employment.
5. If the resident is required to continue beyond one year due to prolonged absence or due to other circumstances, the decision to allow continuance must follow respective applicable policies and be made in conjunction with The OSU College of Pharmacy, Human Resources, the Chair of the appropriate Pharmacy Division or the Dean, the RWG, the training site, and the resident.
6. This is a full-time commitment and will require full effort to assure completion of the program. The resident is not eligible for overtime compensation. The minimum time commitment is 40 hours per week. Additional effort may be required, depending upon the nature of the residency.
7. OSU will withhold applicable taxes and State Teachers Retirement System (STRS) or Alternative Retirement Plan (ARP) contributions, and also will withhold any payroll deductions authorized by the resident and approved by OSU. STRS or ARP cannot be refunded, however it might be able to be rolled over into the resident's next position.
8. The resident has the responsibility for purchasing his/her own personal pharmacy liability insurance at the level of coverage required by their practice site and the college.

9. The resident has the responsibility of providing his/her own transportation to and from the residency training sites.
10. The resident shall meet the requisite health requirements of the university and the training sites.
11. The resident is subject to all applicable rules, policies and procedures of the resident's assigned training sites, department or administrative unit, the College, OSU Wexner Medical Center, OSU, the University System of Ohio, and the State of Ohio.
12. If the resident identifies a dispute unable to be resolved directly with the site coordinator and/or RPD they shall be referred to the Chair of the Division of Pharmacy Practice and Science for resolution and then to the Dean of the College for resolution.

#### B. Administrative Requirements

1. The following are required for all residents within 60 days of start date:
  - a. Updated immunization record including TB skin test
  - b. Proof of personal pharmacy liability insurance within one week of issue of Ohio license
  - c. Completion of the following training
    - i. CITI training
    - ii. Conflict of Interest (COI) disclosure
    - iii. Course management tools as needed
    - iv. Site Specific training that may include
      1. OSHA Blood Borne Pathogen training
      2. CPR
      3. HIPAA training
      4. FERPA training
      5. OSUWMC Computer Based Learning (CBLs) Modules
      6. Others as required by training site
2. Licensure Policy: Residents are encouraged to schedule their licensure exams as soon as they are able and to be licensed in Ohio by July 31 to practice and engage in the residency as a pharmacist. The resident should be licensed within 60 days of starting the residency, and an action plan will be initiated on September 1<sup>st</sup> (or first business day after) if the resident has not successfully attained licensure, according to the failure to progress policy (Appendix 5). If a resident is not licensed by October 1, the resident may be dismissed from the program or have an extension of the program beyond the planned residency year, as outlined in the failure to progress policy and under the supervision of the RWG/RAC. The resident must be licensed for at least 2/3 of their residency program. If an extension is determined to be needed (e.g. if the resident cannot complete patient care requirements because of the need for increased study

time), the salary for the resident will be spread across the extension (no additional earnings will be provided, and health insurance cost increases with reduced appointment). Under no circumstances will the residency be extended beyond 90 days from the end of the residency year (June 30<sup>th</sup>).

3. The resident must adhere to the OSU College of Pharmacy, Pharmacy Specific Duty Hours and Moonlighting Policies (Appendix 1). The resident is required to track his/her own hours, including moonlighting hours. The resident will report adherence to these policies through Pharmacademic and the mechanism approved by ASHP (preset option in Pharmacademic)
4. The resident must adhere to the OSU College of Pharmacy Code of Professionalism for Faculty and Staff found on the OSU College of Pharmacy website. A training module can be viewed at:  
<https://pharmacy.osu.edu/faculty-staff-resources>

### C. Residency Certificate Requirements

Core requirements for all College of Pharmacy programs are listed here. Please see your RPD for individual programs' complete listing of requirements to earn the certificate of completion at the conclusion of the program year. These lists are also part of the residents Individualized Development Plan (IDP) and will be discussed at the entering IDP and each quarterly IDP to track progress.

1. Adhere to all applicable rules, regulations, policies and procedures of the resident's assigned training sites, department or administrative unit, the College, OSU Wexner Medical Center, the Ohio State University, the University System of Ohio, and the State of Ohio.
2. Keep confidential any medical, research or student information entrusted to them.
3. Follow the work/training schedule established by the site coordinator for the training site(s).
4. Work with the RPD, site coordinator(s), and site preceptors to accomplish the training plan.
5. Successfully compete (receive "achieved for residency" status) at least 80% of the learning objectives as described in the ASHP program-specific Competency Areas, Goals and Objectives. For all other objective(s) the resident is making satisfactory progress (marked Satisfactory Progress) toward achievement of the objective(s) as per the individualized training plan. See Residency Programs Evaluation Guidelines (Appendix 2).
6. Complete all evaluations assigned in PharmAcademic as well as any additional



evaluations assigned by preceptors/RPD per the Residency Programs Evaluation Guidelines.

7. Participate in the patient care practice model at all sites as assigned by the site coordinator(s).
8. Work with the site coordinator(s) and other preceptors to develop a major project that is IRB approved and formally present results at a selected residency conference or other venue as chosen per the RPD.
9. Present a project as a poster at a regional and/or national meeting, as a podium at an annual residency conference and/or other appropriate venue.
10. Prepare a report in appropriate manuscript submission format. See Manuscript/Final Paper Completion Requirements (Appendix 3). Work with a preceptor to engage in the publication process.
11. Participate in the College's educational programs as a teacher and/or preceptor of colleagues, pharmacy students and other health care professional students in both the classroom and at experiential training sites.
12. Participate in residency meetings as scheduled by the residency administrator and/or administrative resident and other activities that are indicated in their individualized development plan. Absences for residency meetings should be approved in advance by the RPD.
13. Upload files to PharmAcademic PharmPortfolio by the end of the residency. See PharmAcademic Upload Checklist (Appendix 4).

## **II. Benefits**

- A. The resident will receive and be subject to the following benefits and salary deductions, if applicable. Benefits and costs thereof are subject to change without notice by action of The Ohio State University. Benefits not listed may be available.
  1. Residents are hired as Clinical Instructor House Staff.
  2. Benefits can be located at <https://hr.osu.edu/new-employees/benefits-overview>

3. No leave enumerated in 2 above may be carried beyond the appointment period, even if the appointment is renewed. Upon termination of the appointment, payment shall not be made for any unused leave. Sick leave, however, can be carried forward.

### **III. Disciplinary Policy**

- A. If the resident is failing to show progress toward achievement of residency goals and objectives or is otherwise failing to meet standards and expectations for the residency program, the preceptor and RPD will implement the OSU Residency Programs Failure to Progress Policy. Refer to this policy in Appendix V of this residency manual.

### **IV. Dismissal Policy**

- A. The resident will be dismissed for any of the following reasons unless the RWG and/or the RLC identifies and approves extenuating circumstances:
  1. The resident is terminated from The OSU College of Pharmacy according to College and University policy and procedures.
  2. The resident is terminated from the training site according to the training site's policy and procedures.
  3. The resident who is under a plan within the Failure to Progress policy fails to meet the requirements of his or her individual plan.
  4. The resident fails to obtain and maintain a license to practice pharmacy in the State of Ohio within 90 days of the residency start date. An action plan will be implemented on September 1<sup>st</sup> (or first business day after) if the resident has not successfully attained licensure, according to the failure to progress policy (Appendix 5). If a resident is not licensed by October 1, the resident may be dismissed from the program or have an extension of the program beyond the planned residency year, as outlined in the failure to progress policy and under the supervision of the RWG/RAC. The resident must be licensed for at least 2/3 of their residency program. If an extension is determined to be needed (e.g. if the resident cannot complete patient care requirements because of the need for increased study time), the salary for the resident will be spread across the extension (no additional earnings will be provided, and health insurance cost increases with reduced appointment). Under no circumstances will the residency be extended beyond 90 days from the end of the residency year (June 30<sup>th</sup>).
- B. OSU may terminate employment pursuant to OSU Human Resource Policies and Procedures. Resident serves at the discretion of their appointing authority. In case of involuntary termination, demotion, or suspension because of unsatisfactory performance, at least two weeks advance written notice should be given by the unit appointing authority, unless the termination is a result of actions that necessitate termination without advance notice. Resident may be reprimanded, suspended, demoted, or terminated for violation of University rules, policies, and/or such offenses as incompetence, inefficiency, dishonesty, drunkenness, immoral conduct,

insubordination, discourteous treatment of the public, neglect of duty, and/or failure of good behavior.

- C. Notice of termination or intention of termination, from OSU to the resident shall be deemed received by the resident upon delivery to the resident's assigned OSU workplace. Notice of termination from the resident to OSU shall be deemed received by OSU upon delivery to the Office of the Dean of the College.
- D. This appointment shall terminate automatically as of the date that the resident loses eligibility for employment under U.S. immigration law or is ineligible for licensure by the Ohio Board of Pharmacy in the State of Ohio.

## **V. Leave and Budget Policy**

### **A. Leave Policy and Procedure**

1. Application for leave must be completed for all absences.
2. The residency provides 7 vacation days which begin on July 1 of the residency year (not accrued). The resident must gain approval from the practice site coordinator and RPD for vacation days as far in advance of the vacation as possible. The resident will then submit a request via email to the residency administrative coordinator who will initiate a DocuSign which will route to the resident then the site coordinator then the RPD. The residency administrative coordinator will keep a record of days remaining which will be recorded as part of the DocuSign, and will keep the completed document on file. Vacation is not approved until the DocuSign is complete.
3. When travelling out of town for conferences or other approved business such as interviews, the resident will request through the Workday HR Portal a "PreApproval for Travel". The resident should communicate requests to their RPD prior to submitting request in Workday. Requests must be approved by the RPD before taking business leave.
4. The resident accrues sick time according to University policy. Sick time should be submitted through the Workday HR Portal and approved by the RPD. The resident should notify the site preceptor on duty and the RPD when taking sick time (stay home if sick). Accrued sick time can also be taken according to University policy for bereavement. More information including accrual rates can be found at: <https://hr.osu.edu/benefits/leave/>
5. If professional/personal leave impacts the resident's ability to complete the residency, the site coordinator(s), RPD, RWG, and resident will create a plan to

meet the requirements for completing the residency which may include utilization of the Failure to Progress Policy (Appendix 5).

6. As an employee of The Ohio State University, residents have the title “Clinical Instructor House Staff” which is a “faculty” “term” appointment. If unforeseen circumstances require the resident to take extended sick time beyond what is accrued, or to request an unpaid leave of absence from the residency program, policies set by the university will be adhered to and will determine how to proceed. Due to the one-year nature of the program, leave may not be able to be granted and the resident may be terminated from the program. Under no circumstances will the residency be extended beyond 90 days from the completion of the residency year.
7. In addition to the above leave policy, residents also receive University paid holidays according to University policy, approximately 11 days which do not require an application or submitting through WorkDay. Please refer to <https://hr.osu.edu/policies-forms> for further information including the holiday schedule.
8. During the residency orientation in July, there will be a session with an HR representative from the college of pharmacy to orient residents to the information above including the Workday HR Portal, and the residents will have the opportunity to ask questions.

## B. Budget Policy and Procedures

### 1. Budget Policy

- a. Residency will cover the cost of business cards, the residency retreat, and registration to a regional residency conference.
- b. Each PGY1/MS1 resident will have a stipend budgeted toward registration and travel to one national pharmacy conference as determined per the RPD and the program. Each PGY2/MS2 resident will have a stipend budgeted toward travel to up to two national pharmacy conferences, one budget per conference. All other travel expenses will be covered by the resident out of pocket. Residents are expected to submit posters for presentation to a minimum of one conference.

### 2. Procedure

- a. When possible, charges will be made directly to the residency account through the residency administrative coordinator, using university internal procedures.
- b. The original receipt for ALL charges (including internet purchases) shall be submitted to the residency administrative coordinator.
- c. The residency administrative coordinator will keep a separate budget for each resident.

**VI. COVID-19 required health and safety guidelines**

- A. As a faculty member of The Ohio State University the resident will be required to comply with all required health and safety guidelines which can be found at <https://safeandhealthy.osu.edu/faculty-staff>

**The Ohio State University College  
of Pharmacy PGY1 and PGY2  
Residency Programs**

**Pharmacy Specific Duty Hours and  
Moonlighting Policies**

**Duty Hour Requirements**

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 conferences, 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, conferences); and hours that are not scheduled by the residency program director or a preceptor.

**Maximum Hours of Work per Week**

Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

**Mandatory Duty-Free Times**

1. 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.
2. Residents must have at a minimum of 8 hours between scheduled duty periods.

Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.
2. If a program exceeds 16 hours of continuous duty periods, the “In House Call Program” limitations apply as described in the corresponding section.

### **Tracking of Compliance with Duty Hours**

Residents will track duty hours each month utilizing the standardized reporting in Pharmacademic. RPD will monitor resident compliance with this policy.

Any instances of non-compliance with this policy will be assessed by the RPD and site coordinator and actions taken, as needed, to avoid future instances of non-compliance.

### **Moonlighting**

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program and must not interfere with the resident’s fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.

A maximum of 16 moonlighting hours per month is recommended. Moonlighting beyond 16 hours per month requires negotiation with the site coordinator and RPD.

If moonlighting negatively affects resident’s performance during scheduled hours, they will be required to cease moonlighting until performance improves at which time the resident may be permitted to moonlight at the discretion of the RPD.

### **In-House Call Program**

Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.

The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.

Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.

Residents must have at least 14 hours free of duty after the 24 hours of in-house hours. At-

### **Home or Other Call Programs**

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:

If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.

Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.



**The Ohio State University College  
of PharmacyPGY1 and PGY2  
Residency Programs Evaluation  
Guidelines**

**I. Development Plan**

- A. Residents will complete the ASHP Entering Interests Form, Entering Objective-Based Self-Evaluation in PharmAcademic and any other assigned self-assessment tool(s) by the end of the second week of July.
- B. Residents, RPDs, and primary preceptors will review the tools together and determine development needs of the resident that can be completed during the residency. Additional goals will be selected if needed and appropriate.
- C. The initial development plan will be completed after the self-assessment period. Goals and objectives that the resident has already completed will be marked as achieved in the development plan. Additional goals may be added based on unique needs of the resident.
- D. Comments in the development plan should include the following:
  - Identified strengths, areas for improvement, and focused areas of interest
  - Resident career goals and personal goals
  - How the residency program will be modified to account for initial strengths, areas for improvement, focused areas of interest, and career/personal goals
  - Plans for alterations to required and elective learning experiences to meet the needs of the resident per the development plan
  - Tracking residents' performance on self-evaluation
- E. The RPD or RPD designee will enter the resident's schedule into PharmAcademic. The RPD will run a report to guarantee all objectives have been assigned at least once to a learning experience. The RPD, preceptors, and resident will review Learning Experience Descriptions with Activities after the self-assessment period.
- F. The sponsoring organization director, RPD or RPD designee and the resident will meet quarterly to update the development plan following the schedule below. Resident Specific Reports in PharmAcademic will be evaluated with each update (e.g. Goals Achieved, Goals marked N/A and N/I, Progress on Goals, etc.). The development plan will include progress reports on designated projects and assessments of the resident's quarterly goals.

**II. Evaluation Process**

**A. Formative Evaluation**

The resident will receive informal formative evaluation on a routine basis, including verbal feedback. Documentation of formative feedback may include:

- Track change feedback on electronic copies
- Written feedback on hard copies
- Reiterations of projects
- PharmAcademic “Feedback for Resident” using one of the tools (Documentation of Verbal Feedback, Written Feedback, or Generate a formative assessment), if appropriate
- Calendar of scheduled meeting times with preceptor

## B. Summative Evaluation

1. The summative evaluation tool will be implemented for all learning experience evaluations. At the end of a learning experience, the learning experience preceptor will complete a summative evaluation of the resident’s performance. The resident will evaluate the preceptor and the learning experience. The Learning Experience Descriptions with Activities will be used as a guide for completing the summative evaluation.
2. The resident will complete a self-evaluation, as required by ASHP program guidelines or as requested by their preceptor using the development plan, summative evaluation tool, and the Learning Experience Descriptions with Activities prior to meeting with the preceptor to review the Summative Evaluation completed by the preceptor. Preceptors will discuss with residents differences between preceptors’ evaluations of residents’ performance and self-evaluations performed by residents.
3. The resident is encouraged to provide feedback to the preceptor during the evaluation process to enhance communications and to improve the skills of the preceptor.
4. Summative evaluations are to be completed in a timely manner, preferably on the last day of the learning experience, but no later than 7 days beyond the last day of the learning experience. Most learning experiences are one of the following durations: 1 month, 6 weeks, 12 weeks, 6 months, or the full year. If the learning experience lasts for the entire residency year the evaluations are to be completed quarterly. Learning experiences lasting 4-6 weeks are evaluated at the end as defined above or more often as determined by the RPD. Learning experiences lasting longer than six weeks, but less than 12 months should be evaluated more than once and at no greater than 3 month intervals.
5. The RPD will receive, review, comment, and sign the summative evaluations of each learning experience.
6. The RPD will also meet with the resident and learning experience preceptor to review resident progress toward goals and objectives on a regular basis.

C. Preceptor and Learning Experience Evaluations

1. Preceptor and Learning Experience evaluations are to be completed by the resident preferably on the last day of the learning experience, but no later than 7 days beyond the last day of the learning experience. The resident and preceptor are to discuss the summative evaluations provided by the resident.
2. The RPD will receive, review, comment, and sign the Preceptor and Learning Experience evaluations at the end of each learning experience. If the learning experience lasts longer than 6 months there should also be summative preceptor and learning experience evaluation at the midpoint.

**III. Required Rotations with Learning Experiences**

- A. The RPD of individual programs will provide a list of required rotations with learning experiences to meet residency goals and objectives

**IV. Guidelines for Using Evaluation Scale on Summative Documents**

ASHP default Summative Evaluation scale (NI/SP/ACH/ACHR)

Evaluation Terms	Definitions
NI = Needs Improvement	<ul style="list-style-type: none"> <li>• Deficient in knowledge/skills in this area</li> <li>• Often requires assistance to complete the objective</li> <li>• Unable to ask appropriate questions to supplement training</li> </ul>
SP = Satisfactory progress	<ul style="list-style-type: none"> <li>• Adequate knowledge/skills in this area</li> <li>• Sometimes requires assistance to complete the objective</li> <li>• Able to ask appropriate questions to supplement learning</li> <li>• Requires skill development over more than one rotation or longitudinal experience</li> </ul>
ACH = Achieved	<ul style="list-style-type: none"> <li>• Fully accomplished the ability to perform the objective</li> <li>• Rarely requires assistance to complete the objective; minimum supervision required</li> <li>• No further developmental work needed</li> </ul>
ACHR = Achieved for Residency	<ul style="list-style-type: none"> <li>• Resident consistently performs objective at Achieved level, as defined above, for the residency</li> </ul>
N/A – not applicable	<ul style="list-style-type: none"> <li>• Activity planned but not started or needs more experience to be able to evaluate at this time</li> </ul>

- A. If a resident has an objective marked “NI”, a comment needs to be included to define what actionable steps the resident needs to complete by the next evaluation period to get to the point of “SP”.
- B. Marks can go up or down between evaluation periods until the objective has been marked achieved for residency.
  - C. The mark of achieved for residency of a goal means that all objectives have been satisfactorily met for the residency and the goal no longer requires evaluation.
    - 1. If an objective is marked ACH in 2 or more instances/learning experiences, the RPD may move the objective to ACHR if preceptor comments support doing so
    - 2. If an objective is only assessed in one learning experience and marked ACH, the RPD will discuss with the primary preceptor to determine if moving to ACHR is appropriate.
    - 3. In an instance when a Preceptor-in-Training is completing the evaluation, the mentoring preceptor will be responsible with co-signing the evaluation. The mentoring preceptor is responsible for ensuring ACHR is marked appropriately within the learning experience and may include the RPD as needed for determination.
- C. 100% of all objectives will obtain a mark of Satisfactory Progress or higher by the end of the residency. 80% of these objectives need to be marked achieved for residency for the resident to be considered eligible to receive a certificate. RPDs from individual programs reserve the right to specify particular objectives that must be included in the 80% marked achieved by the end of the residency program.
- D. If a manuscript is not submitted within six months of the ending of the residency, the preceptors for the project have the right to the data and to publish as lead author.

## Self-Assessment and Development Training Plan Schedule

Date Due	Document Name	Person(s) Responsible	Review with
7/15	Self-Assessment Tools	Resident	RPD (include in initial dev. Plan)
<b>First Quarter</b>			
July	Initial Development Plan	RPD, Site Coordinator, Resident, and if needed Preceptors	Sent to all preceptors and RAC
<b>Second Quarter</b>			
Mid-October	Development Plan	RPD, Site Coordinator, Resident, and if needed Preceptors	Sent to all preceptors and RAC
<b>Third Quarter</b>			
January	Development Plan	RPD, Site Coordinator, Resident, and if needed Preceptors	Sent to all preceptors and RAC
<b>Fourth Quarter</b>			
April	Development Plan	RPD, Site Coordinator, Resident, and if needed Preceptors	Sent to all preceptors and RAC
May	End of Year Contract	RPD and Site Coordinator	Resident and Director
May TBD	Residents' Focus Group	Individual selected by RWG	RWG and RAC, findings to preceptors
May TBD	Preceptors' CQI (All preceptor call/feedback mechanism)	RWG	RPD, Preceptors
June	Exit Interview	RPD	RWG/RAC

**The Ohio State University College of Pharmacy**  
**PGY1 and PGY2 Residency Programs Manuscript/Final Paper Completion**  
**Requirements**

All of the following minimum requirements must be met.

Content of written paper includes all the following sections:

- Abstract
- Background with appropriate references documented
- Primary objectives/Hypothesis
- Research Methods
- Results
  - Outcomes associated with all objectives
  - Including tables, figures, graphs that add (don't duplicate) to what is written in the text
- Data Analysis (include addressing significance to practice – statistical +/-clinical)
- Discussion
- Limitations
- Conclusion

Manuscript/Final Paper meets the standards set by the co-authors' journal of choice for manuscript submission (e.g. includes all sections required, references formatted as prescribed by that journal; details like word limit, "Conflict of Interest" statement, corresponding author information, or formatting of figures meet the journal's requirements for submission)

May not be ready to submit for publication but has gone through at least one full re-write with input from the project preceptor(s). (One additional reviewer recommended but not required.)

Preference is to have the written document be related to the resident's research project. If this is not the site's expectation based on the project's current status, it should be documented in the updated development plan at the 3<sup>rd</sup> quarterly review (March) with the residency program director, with the acceptable alternative documented in the plan.

*Resident needs to also assure requirements for IRB final report are completed and any requirements associated with accepted grant, if applicable, are finished prior to completing the residency, as evaluated by their preceptor and the Primary Investigator listed on their IRB documents.*

Preceptor assigned in PharmAcademic as responsible for the major (research) project will have final say on whether the requirements have been adequately met for the residency program.

***If a manuscript is not submitted within six months of the ending of the residency, the preceptors for the project have the right to the data and to publish as lead author.***

## The Ohio State University College of Pharmacy

### Work Product Evidence

#### PharmAcademic File Upload Checklist

Instructions: Scan or make PDF files of large documents and scan non electronic documentation to upload into file manager in PharmAcademic.

Upload documents by June 15<sup>th</sup> in order to receive your residency certificate by the end of June. *Include all drafts (especially showing feedback) and Final Copy.*

<b>Research Project</b>
Round 1 and Round 2 handout
IRB
Abstracts
Grant applications/grant reports (if applicable)
Poster
Podium power point
Manuscript
<b>Teaching</b>
Teaching Philosophy
Lectures/presentations
Materials created for classroom and/or precepting
Materials developed for committees in the college of pharmacy
Other materials developed to enhance learning
<b>Presentations</b>
Tech Talks (if applicable)
Talks presented to patients
Talks presented to other healthcare providers
CPE presentations (if applicable)
Any presentation that helps meet an objective
<b>Projects</b>
Formal responses to DI questions
New or enhanced service description, business plan, or executive summary
QI Project
Protocols created or revised
New or updated collaborative agreement(s)
Small writing projects (including advocacy communications, newsletter articles) (if applicable)
Documentation of any projects developed during residency to meet an objective
<b>ISMP / Medication Safety projects</b>
<b>Medication Use Evaluations (if applicable)</b>
<b>Patient Care</b>
Deidentified patient notes or cases
Any quality markers associated with your patient care
<b>Evaluations/Self Reflections</b>



Copies of evaluation/feedback/notes from research rounds to formulate project (may be referred to as Round 1 and Round 2)
GLRPC or OPRC or equivalent conference evaluator's feedback for your major project.
Teaching evaluations
Self-Reflections on teaching and practice
CPE evaluations (if applicable)
Formative feedback from preceptors (e.g. track change documents, hand written comments on written documents, e-mail feedback on projects, etc.)
Patient notes or e-mails complimenting service provided
Comments from other healthcare providers

## Failure to Progress/Dismissal Policy

Authorized by:

Robert J. Weber, PharmD,  
MS, BCPS, Administrator,  
Pharmacy Services  
Henry Mann, Pharm.D. FCCP, FCCM, FASHP,  
Dean, The Ohio State University College of Pharmacy

### **Title: Pharmacy Residency Programs: Failure to Progress/Dismissal**

**DEFINITION:** When the term “Resident (s)” is used this applies to all PGY1, PGY2, HSPAL (Health-System Pharmacy Administration and Leadership), Pharmacotherapy pharmacy residents and fellows unless defined specifically.

Policy Statement:

Progression through and completion of a pharmacy residency training program is contingent upon the resident’s satisfactory performance in meeting knowledge, performance, and professional behavior standards as defined by The American Society of Health Systems Pharmacists (ASHP) and The Ohio State University Medical Center and College of Pharmacy.

This policy is intended to outline the process by which a resident, who is failing to meet knowledge, performance or professional behavior standards, will be evaluated and supported. The overall goal of such a process would be to identify a plan that would support the resident’s successful completion of the residency program. If, however, the resident is unable to successfully resolve the areas of concern, this policy also provides guidance on a formal review process that may include disciplinary action up to and including termination from the residency program.

The two major approaches to evaluation and remediation will include:

- 1) A Residency Improvement Action Plan and/or
- 2) A Residency Performance Improvement Plan

All documentation that results from any step in this process should be uploaded and documented within PharmAcademic in addition to the Department Human Resources folder for each employee.

1. Problem Identification
  - a. At the midpoint or other RPD designated time for each evaluated learning experience, the assigned preceptor/RPD will be required to complete an evaluation of the residents’ performance. For a month-long rotation, this evaluation could be achieved at the 2 week point of the rotation; for a longitudinal experience, this evaluation could take place quarterly.

2. The evaluation will be an assessment of whether or not the resident is progressing such that they will be able to successfully complete the requirements of the particular learning experience (rotation, research project, teaching assignment, etc.)
  - i. If the preceptor/RPD feels the resident is progressing satisfactorily, the preceptor/RPD would indicate “yes” or satisfactory progression and no further action is required.
  - ii. If the preceptor/RPD feels the resident is NOT progressing satisfactorily, the preceptor/RPD would indicate “no” or needs improvement. If the needs improvement is significant so that the preceptor believes the resident may not complete the objectives of the residency program, then this would then require the completion of a Residency Improvement Action Plan.
3. If an area of concern is identified outside the scope of a specific learning experience, a preceptor and/or Residency Program Director has the authority to implement a Residency Improvement Action Plan.
4. Depending on the severity of the issue, the Residency Program director may request moving straight to a Performance Improvement Plan and/or review by the Ad Hoc Committee.

#### Residency Improvement Action Plan

1. The purpose of a residency improvement action plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations for a specific goal or objective or as determined by the RPD.
2. A residency improvement action plan should be implemented if a preceptor/RPD determines that expectations are not being met for a particular experience and/or the mid-point assessment determines the resident is not on track to successfully complete the experience and/or rotation.
3. The resident, the experience preceptor and the Residency Program Director should all be involved in the creation of this action plan. If there is no experience preceptor involved, a witness should be utilized when the plan is communicated to the resident.
4. The residency improvement action plan will identify the specific residency goal/objective(s) of concern, describe the area(s) for improvement, describe the specific action plan, and specific timeframe to complete.
5. The residency action plan will be shared with the resident in the physical presence of both the experience preceptor (if applicable) and the Residency Program Director. After the action plan is reviewed with the resident, the resident, experience preceptor and Residency Program Director will sign and date the document acknowledging their understanding of the expectations outlined in the action plan.
6. Within 5 working days of the agreed upon timeframe for

evaluation, the experience preceptor (if applicable) and the Residency Program Director will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.

- a. If the resident was able to successfully complete the action plan, no further action is necessary.
- b. If the resident was NOT able to successfully complete the action plan, a Residency Performance Improvement Plan should be initiated.

### Residency Performance Improvement Plan

1. The purpose of a performance improvement plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations defined in an improvement action plan and/or displays behavior that is not conducive to achieving the predetermined goals and objectives of the residency program.
2. A residency performance improvement plan should be implemented if a Residency Program Director determines that a resident has failed an improvement action plan, has required multiple improvement action plans or displays behavior(s) that are inconsistent with the successful completion of a pharmacy residency program. In rare circumstances, the Director of Residency Programs, the Administrator for Pharmacy Services and/or the Dean of the College of Pharmacy may implement a performance improvement plan for a specific resident.
3. The Residency Program Director, the area manager/site co-ordinator, a representative from human resources and either the Administrator for Pharmacy Services or the Dean at the College of Pharmacy or designee should be included in the development of this plan.
4. If a residency performance improvement plan is needed for a resident who is also enrolled as a Master's student at the College of Pharmacy (ie HSPAL resident), the Director of the HSPAL program should be notified prior to the implementation of the performance improvement plan.
5. The residency performance improvement plan will be shared with the resident in the physical presence of the experience preceptor (if applicable), the Residency Program Director, and the area manager/site co-ordinator. After the performance improvement plan is reviewed with the resident, the resident, experience preceptor, Residency Program Director, the area manager/site co-ordinator and the appropriate administrator will sign and date the document acknowledging their understanding of the expectations outlined in the improvement plan.
6. Within 5 working days of the agreed upon timeframe for evaluation, the experience preceptor (if applicable), the Residency Program Director, the area manager/site co-ordinator and the appropriate administrator will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.
  - i. If the resident was able to successfully complete the performance improvement plan, no further action is necessary.
  - ii. If the resident was NOT able to successfully complete the performance improvement plan, the Failure to Progress Ad Hoc Committee will be convened within 7 business days to assess the performance of the resident and recommend further action.

### Failure to Progress Ad Hoc Committee

The members of the Failure to Progress Ad Hoc Committee will be appointed by the

OSUWMC Senior Administrator of Pharmacy Services and Dean of OSU College of Pharmacy, or designee.

1. The membership of the Committee will include:
  - a. Three Residency Program Directors
    - i. The RPD of the resident/program in question is not eligible for participation in this role.
    - ii. One RPD will be selected from the College of Pharmacy.
    - iii. One RPD will be selected from the Department of Pharmacy.
    - iv. One RPD will be appointed from among all program directors.
  - b. The Director of Pharmacy Residency Programs (facilitator)
  - c. Two leadership team members
    - i. One leadership team member will be appointed by the Senior Administrator for Pharmacy Services at the Medical Center
    - ii. One leadership team member will be appointed by the Dean at The Ohio State University College of Pharmacy
2. The Committee will be charged with reviewing all pertinent documentation relative to the case in question. The Committee may also review any other information relative to the resident's performance including but not limited to rotation and/or experience evaluations, completed work, etc.
3. The Committee will invite the following individuals to share their perspective of the situation with the Committee individually.
  - i. The resident
  - ii. The experience preceptor(s) (if applicable)
  - iii. The Residency Program Director
4. Upon reviewing all the written and verbal information regarding the case, the Ad Hoc Committee will share a formal written recommendation with the resident, the experience preceptor (if applicable), the RPD and the Administrator/Dean regarding next steps within three business days of the Committee meeting. The Administrator for Pharmacy Services or the Dean will be responsible for determining the final course of action based on the recommendation of the Ad Hoc Committee.
  - a. Recommendations from the Committee may include but are not limited to:
    - i. Additional or modified activities/requirements aimed at improving competence in the identified areas of concern
    - ii. Termination from the residency program
    - iii. Extension of the residency program to allow sufficient time to demonstrate progress and/or completion of goals/objectives
      1. If the recommendation of the Committee is to extend the required duration of the residency program, the program will immediately implement a salary adjustment to spread the remaining salary over the remaining days of

residency. Under no circumstances would the residency be extended beyond 90 days from the original end of the residency year.

- b. Adjustments in level of autonomy or staffing requirements

### Appendix A – Example

**Employee (Resident):** Jane Doe  
**Experience Preceptor:** Pete Rose  
**Residency Program**  
**Director:** Jim Smith  
**Department/Unit:**  
 Department of Pharmacy  
**Date:** June 15, 2017

### Residency Improvement Action Plan

The purpose of a residency improvement action plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations for a specific goal or objective. A residency improvement action plan should be implemented if a preceptor determines that expectations are not being met for a particular experience and/or the mid-point assessment determines the resident is not on track to successfully complete the experience and/or rotation. The resident, the experience preceptor and the Residency Program Director should all be involved in the creation of this action plan.

Goals/Objectives	Area for Improvement	Action Plan	Timeframe to Complete	Evaluation
<p><b>Goal R3.1:</b> Demonstrate leadership skills.</p> <p><b>Objective R3.1.1:</b> Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</p> <p><b>Criteria:</b> Demonstrate effective time management.</p>	Resident is consistently late for scheduled staffing shifts and/or teaching assignments.	Resident must arrive for scheduled shifts or lectures no later than 5 minutes prior to the scheduled start.	Immediately and ongoing	Resident will not arrive late for any scheduled staffing or teaching.
<b>Goal R1.1:</b> In collaboration		Expectation for resident will be		

<p>with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co- morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</p> <p><b>Objective R1.1.3:</b> Collect information on which to base safe and effective medication therapy.</p>	<p>Resident is not able to adequately collect and present data on the agreed upon (12) number of patients by midpoint of the rotation.</p>	<p>reduced to 8 patients. Resident should be able to articulate significant pertinent medical history, an indication for each current medication, and common side effects or monitoring parameters for each of those medications.</p>	<p>Remainder of rotation; ~ 15 days.</p>	<p>Resident will be asked to present at least 3 patients daily to preceptor for evaluation. Resident must be able to present agreed upon information that is accurate and complete for all patients.</p>
<p><b>Goal E1.1:</b> Conduct and analyze results of pharmacy research.</p> <p><b>Objective E1.1.1:</b> Design, execute, and report results of investigations of pharmacy-related issues.</p> <p><b>Criteria:</b> Execute all aspects of a resident research project.</p>	<p>Resident has not completed IRB application for major research project.</p>	<p>Resident must complete draft IRB application for review by research preceptor and RPD.</p>	<p>Completed by October 10, 2018</p>	<p>IRB application status will be evaluated on October 10, 2018.</p>
<p><b>Goal R2.2:</b> Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.</p> <p><b>Objective R2.2.5:</b> Effectively develop and present, orally and in writing, a final project report.</p> <p><b>Criteria:</b> Develop an accurate and complete report.</p>	<p>Resident audit includes inaccurate and incomplete data.</p>	<p>Resident must recollect data on first 50 audit patients.</p>	<p>November 1, 2018</p>	<p>Audit preceptor and RPD will randomly select at least 20% of the audit patients for review of data collection.</p>

Please come to me at any time if I can be of assistance in helping you be successful in reaching these goals. If it is determined that sufficient progress has not been made toward goals within the timeline noted above, further corrective action will be taken, up to and including a formal Performance Improvement Plan and/or dismissal.

Your signature below indicates that this plan has been reviewed with you and you understand the expectations for your performance.

_____	_____
Resident	Date
_____	_____
Experience Preceptor/Witness*	Date
_____	_____
Residency Program Director	Date

\*If no experience preceptor is involved, a witness should participate in the conversation when this plan is reviewed with the resident.

Assessment of  
Performance

\_\_\_\_\_ The resident was able to successfully complete the improvement action plan.

\_\_\_\_\_ The resident was NOT able to successfully complete the improvement action plan. A performance improvement plan (PIP) will be developed to further assist the resident in meeting their performance goals.

Your signature below indicates this plan has been reviewed with you and your performance relative to the plan was discussed.

_____	_____
Resident	Date
_____	_____
Experience Preceptor	Date
_____	_____
Residency Program Director	Date

\*\*Signed and executed copies of this document should be uploaded and documented within PharmAcademic in addition to the Department Human Resources folder for each employee\*\*



## Appendix B

**Employee (Resident):** Jane Doe

**Residency Program Director:** Jim Smith

**Area Manager (Manager of RPD):** Pete Rose

**One of the following:**

**Administrator for Pharmacy Services**

**Dean – College of Pharmacy**

**Human Resources Representative:** Andrew Fraley/Gail Vornholt

**Date:** June 15, 2017

### Residency Performance Improvement Plan (PIP)

The purpose of a performance improvement plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations defined in an improvement action plan and/or displays a consistent pattern of behavior that is not conducive to achieving the predetermined goals and objectives of the residency program. A residency performance improvement plan should be implemented if a Residency Program Director determines that a resident has failed an improvement action plan or displays behavior(s) that are inconsistent with the successful completion of a pharmacy residency program. The Residency Program Director, the Area Manager/Chair, a representative from human resources and either the Administrator for Pharmacy Services or the Dean at the College of Pharmacy should be included in the development of this plan.

Goals/Objectives	Area for Improvement	Action Plan	Timeframe to Complete	Evaluation
<p><b>Goal R3.1:</b> Demonstrate leadership skills.</p> <p><b>Objective R3.1.1:</b> Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</p> <p><b>Criteria:</b> Demonstrate effective time management.</p>	<p>Resident is consistently late for scheduled staffing shifts and/or teaching assignments. Resident has arrived late for 3 of the last 4 scheduled shifts.</p>	<p>Resident must arrive for scheduled shifts or lectures no later than 5 minutes prior to the scheduled start. If resident will be late, resident must notify XX.</p>	<p>Immediately and ongoing</p>	<p>Resident will not arrive late for any scheduled staffing or teaching.</p>

<p><b>Goal R1.1:</b> In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</p> <p><b>Objective R1.1.3:</b> Collect information on which to base safe and effective medication therapy.</p> <p><b>Objective R1.1.4:</b> Analyze and assess information on which to base safe and effective medication therapy. Criteria: Collect, assess and present patient data.</p>	<p>Resident is not able to adequately collect and present data on the agreed upon (12) number of patients by midpoint of the rotation.</p>	<p>Expectation for resident will be reduced to 8 patients. Resident should be able to articulate significant pertinent medical history, an indication for each current medication, and common side effects or monitoring parameters for each of those medications.</p>	<p>Remainder of rotation; ~ 15 days.</p>	<p>Resident will be asked to present at least 3 patients daily to preceptor for evaluation. Resident must be able to present agreed upon information that is accurate and complete for all patients.</p>
<p><b>Goal E1.1:</b> Conduct and analyze results of pharmacy research.</p> <p><b>Objective E1.1.1:</b> Design, execute, and report results of investigations of pharmacy-related issues.</p>	<p>Resident has not completed IRB application for major research project.</p>	<p>Resident must complete draft IRB application for review by research preceptor and RPD.</p>	<p>Completed by October 10, 2018</p>	<p>IRB application status will be evaluated on October 10, 2018.</p>
<p><b>Criteria:</b> Execute all aspects of a resident research project.</p>				

<p><b>Goal R2.2:</b> Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.</p> <p><b>Objective R2.2.5:</b> Effectively develop and present, orally and in writing, a final project report.</p>	<p>Resident audit includes inaccurate and incomplete data.</p>	<p>Resident must recollect data on first 50 audit patients.</p>	<p>November 1, 2018</p>	<p>Audit preceptor and RPD will randomly select at least 20% of the audit patients for review of data collection.</p>
<p><b>Criteria:</b> Develop an accurate and complete report.</p>				

Please come to me at any time if I can be of assistance in helping you be successful in reaching these goals. If it is determined that sufficient progress has not been made toward goals within the timeline noted above, further corrective action will be taken, up to and including dismissal.

Your signature below indicates that this plan has been reviewed with you and you understand the expectations for your performance.

_____	_____
Resident	Date
_____	_____
Residency Program, Director	Date
_____	_____
Area Manager/Chair	Date
_____	_____
Director, Pharmacy Residency Programs	Date
_____	_____
Dean/Administrator for Pharmacy Services	Date

**\*\*Signed and executed copies of this document should be uploaded and documented within PharmAcademic in addition to the Department Human Resources folder for each employee\*\*.**

\_\_\_\_\_ The resident was able to successfully complete the performance improvement plan.

\_\_\_\_\_ The resident was NOT able to successfully complete the performance improvement plan. Further corrective action can be taken up to and including dismissal.

Your signature below indicates this plan has been reviewed with you and your performance relative to the plan was discussed.

\_\_\_\_\_ Resident

\_\_\_\_\_ Date

\_\_\_\_\_ Residency Program, Director

\_\_\_\_\_ Date

\_\_\_\_\_ Area Manager/Chair

\_\_\_\_\_ Date

\_\_\_\_\_ Director, Pharmacy Residency Programs

\_\_\_\_\_ Date

\_\_\_\_\_ Dean/Administrator for Pharmacy Services

\_\_\_\_\_ Date

## RESIDENCY BENEFITS

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### Teaching Opportunities and Support

- Teaching workshop and roundtables
- Teaching mentor
- Precept pharmacy students
- Lead recitations
- Deliver lectures

### Research Opportunities and Support

- Center for Clinical & Translational Science
- OSU faculty support
- Grant Office
- Biostatistician support
- IRB support

### Health Benefits – Available

- OSU Managed Care Health Insurance
- Dental plans
- Vision plans
- Prescription benefit

### Professional Leave

- Leave for state board examinations
- Leave for job interviews

### Sick Leave, Holidays, and Vacation

- Paid sick leave
- Compensatory time for family illness/grieving
- All OSU holidays are paid
- 7 days paid vacation

### Educational Leave and Financial Assistance

- For Regional Residency Conference
- For professional meetings

### Libraries

- Access to all libraries on OSU Campus
- Internet connection to Ohio Libraries
- Photocopying available without cost

### Computer Services

- Use of desktop computers
- Projectors for MS PowerPoint presentations
- Internet access and e-mail accounts
- Software programs and technical support

### Office Space

- Office space at the College of Pharmacy
- Desk and storage for each resident

### Recreational Facilities

- OSU Campus recreational facilities
- Tennis and basketball courts
- Swimming pools
- Exercise equipment and weight rooms
- Aerobics

### Parking

- Faculty parking permits - available

## Teaching and Learning Training Program Information

### The Ohio State University College of Pharmacy Teaching and Learning Training Program

**Mission** - The mission of the Ohio State University College of Pharmacy Teaching and Learning Training Program (TLTP) is to develop and enhance the teaching skills of post-graduate trainees and prepare trainees for future teaching opportunities in the classroom and practice environment.

**Description** - Trainees in academic post-professional programs (i.e. residency, fellowship, graduate programs) may have little formal instruction in educational pedagogy or teaching skills, but often are given significant responsibility for didactic and clinical teaching. This year-long program will begin with a concentrated training session in July followed by targeted programming throughout the year. Participants will be supported by faculty from the College of Pharmacy, the College of Pharmacy Office of Educational Innovation and Scholarship, practitioners from community partner sites and the Ohio State University Wexner Medical Center, as well as peers in a community of learners. Participants will be provided with opportunities for teaching that may include didactic teaching in large and/or small groups, facilitation of assessment and interprofessional activities, and clinical teaching of experiential students at all levels of learning. Additional activities may include observance of faculty governance, facilitation of peer training, and opportunities for engagement in scholarly activities related to teaching and learning.

**Outcomes** – Each participant will:

1. Complete an assigned Teaching Assistant (TA) role in a PharmD or undergraduate course, or an equivalent experience across several courses
2. Complete at least five teaching development activities
3. Develop a Teaching Portfolio that includes teaching philosophy, experiences, feedback, and reflection

### Requirements for Certificate of Completion

#### *Teaching Experiences*

#### **Classroom Teaching**

**100-150 hours** required. *Examples include:*

- Serving as a Teaching Assistant (TA) for a course (includes direct instruction, assessment, and learning activity development)
- Delivering lectures or facilitating workshops
- Facilitating Interprofessional Education (IPE) activities through the College of Pharmacy

Participate in at least one **Program Level Assessment** activity during April (if practice site schedule permits). *Examples include:*

- Serving as a standardized patient

- Assisting with grading/assessment
- Facilitating small group literature evaluation

### **Experiential Teaching**

Precepting/co-precepting IPPE/APPE students if available at practice site

## **Requirements for Certificate of Completion, Continued**

### ***Teaching Development***

Attendance in-person at daylong annual **Summer Teaching Workshop (STW)** in mid-July  
Attendance at ≥5 additional approved teaching development activities. *Examples include:*

- Teaching Roundtables offered monthly through College of Pharmacy
- Teaching seminars or sessions through university teaching resources (Drake Institute of Teaching and Learning, Office of Distance Education and eLearning, etc.)
- Other approved sessions through professional organizations

Meeting with assigned Teaching Mentor throughout the year

Meeting with RPD (quarterly – associated with individualized learning plan)

### ***Reflection***

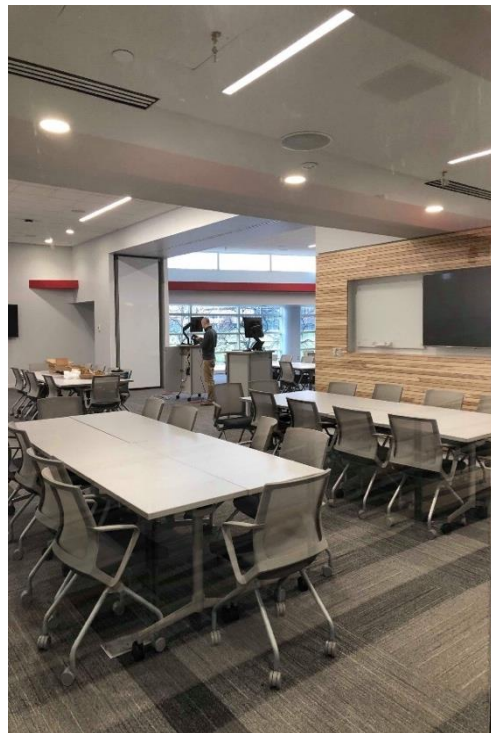
Create a written reflection after **each** teaching experience and teaching development activity

### ***Teaching Portfolio***

Develop a **Teaching Portfolio** that is reviewed and approved by assigned Teaching Mentor.

Requirements for the Teaching Portfolio include:

- **Updated CV**
- **Teaching Philosophy**
- **Documentation of Teaching Experiences**  
**(100-150 hours of classroom-based teaching)**
  - Teaching Activities Log
  - Description of teaching activities and responsibilities
  - Course syllabi with highlighted role
  - Examples of teaching materials that were created or enhanced
    - Objectives, course content, examination materials, etc.
    - Materials for use in the classroom or on rotation
  - Evaluation of teaching
    - by course instructor
    - by students (didactic and experiential)



- by teaching mentor
- **Teaching Development Activities (*Attendance at ≥5 teaching development activities*)**
  - Agenda/Slides from activity or program
- **Reflections (*on each experience and activity*)**
  - Self-reflection on teaching experiences
  - Lessons learned and changes you will make
  - Reflections about teaching development activities
- **Training Requirements (Certificates of Completion)**
- **Future Teaching Plan**

In order to receive a Certificate of Completion for the TLTP, residents must successfully complete all assigned teaching including assignments outside of the classroom. Residents must also submit a completed a Teaching Portfolio (reviewed and approved by their teaching mentor) **by June 1**.

Completed Teaching Portfolios will be reviewed by the TLTP Task Force to ensure all requirements have been met. Upon successful completion, a Certificate of Completion for will be distributed at the end of year residency celebration or provided to the RPD for distribution at the end of the residency year.

### **Program Contacts**

For questions about the Teaching and Learning Training Program, please contact:

David E. Matthews, PharmD, BCACP  
Assistant Professor  
Division of Pharmacy Education and Innovation  
(614) 688-2242 / [matthews.170@osu.edu](mailto:matthews.170@osu.edu)

Brianne L. Porter, PharmD, MS  
Assistant Professor  
Division of Pharmacy Education and Innovation  
(614) 292-1379 / [porter.618@osu.edu](mailto:porter.618@osu.edu)

Zach Woods, PharmD, BCACP  
Assistant Professor  
Division of Pharmacy Education and Innovation  
[woods.835@osu.edu](mailto:woods.835@osu.edu)



## **Preceptor Appointment and Reappointment Policy**

The RPD is responsible for confirming appointment and reappointment for preceptors annually prior to the beginning of a new residency year.

Preceptors are identified by the RPD, site coordinator, or other member of the residency preceptor team. The RPD meets with the potential preceptor to explain the residency preceptor orientation and training program as outlined in the next section.

Reappointment is based on the following criteria:

- Performance of the preceptor during the previous year including the completion of the preceptor development plan and assessment of the preceptor by the resident(s) in both preceptor assessments and exit interviews;
- The preceptor's desire to continue as a preceptor in the program;
- Performance of the preceptor's site during the previous year, as applicable

Preceptors update APRs every 3 years for review and approval as a qualified residency preceptor

## **Residency Preceptor Orientation and Training Program**

### **Description**

The residency preceptor orientation and training program is intended for pharmacists who are the following: new to OSU COP, new to partner residency site, or existing employees who will be new to precepting within the OSU COP pharmacy residency programs. The program provides structure to orient new preceptors to the residency programs at OSU COP and to mentor and train pharmacists who are new to precepting residents.

Program Steps:

1. Site Coordinator or RPD identifies pharmacist\* to become a residency preceptor.
2. RPD meets with pharmacist to determine interest in becoming a residency preceptor and if they qualify as a preceptor or as a preceptor in training, based on the preceptor qualifications defined in the ASHP residency standard (see Appendix A).
3. RPD initiates the preceptor orientation & training checklist and determines an appropriate mentor if the preceptor is a preceptor in training or is new to residency precepting. RPD provides electronically: the checklist (this document), the Academic and Professional Record form, the Preceptor Development form (if appropriate), and access to the documents described in the checklist (program manual with policies and procedures, residency standard, CAGOs, etc.).
4. For pharmacists who are experienced residency preceptors but are new to OSU COP program, content can be tailored depending on prior experience (to be determined by RPD).

5. Pharmacists who are new to residency precepting and those who do not yet meet qualifications to be a preceptor at OSU (Preceptor in Training) will be paired with a Mentor to assist with completion of the entire checklist.
  - a. Mentor will be current OSU COP residency preceptor assigned by the RPD
  - b. Mentors will also provide feedback to the RPD at least quarterly on performance and assist with determining when mentee is ready for independent precepting.
6. RPD will determine when new preceptors and preceptors in training are ready to precept independently. Preceptor in training will update APR and submit to RPD and appropriate admin for record keeping. Preceptors in training must become qualified preceptors within 2 years of beginning precepting in the residency program.

\*Although non-pharmacists are permitted to be residency preceptors according to the residency standard, this orientation and training program does not address non-pharmacists. Currently the OSU COP program does not utilize non-pharmacists and would need to create a different orientation and training process prior to utilizing non-pharmacists as preceptors.

### Preceptor Training Checklist

New Preceptor:

Learning Experience(s) to Precept:

Site Coordinator:

RPD:

Mentor (if appropriate):

Date Initiated:

Description	Completion Date
<b>Preceptor Qualifications</b>	
<input type="checkbox"/> Complete the preceptor APR form and provide updated CV to RPD (due within 60 days of starting orientation program)	
<b>New Preceptor Self-Study</b>	
<input type="checkbox"/> Read the OSU COP Residency Programs Manual, with a focus on policies (i.e., Failure to Progress Policy, Duty Hours)	
<input type="checkbox"/> Review the PGY1 and/or PGY2 (as applicable for mentee residency site) ASHP Residency Standards <i>with Guidance</i> , with emphasis on: <ul style="list-style-type: none"> <li>• Learning experiences</li> <li>• Evaluations</li> <li>• Preceptor Qualifications</li> </ul>	
<input type="checkbox"/> Review CAGOs (Competency Areas, Goals & Objectives) for respective program (check with RPD)	

<input type="checkbox"/> Read ASHP’s “Starring Roles: The four preceptor roles and when to use them” <a href="http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html">http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html</a>	
<input type="checkbox"/> Review ASHP’s module on “Residents’ Learning Activities: Understanding learning taxonomies and levels” <a href="http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html">http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html</a>	
<b>RPD Orientation; Can be discussed in more than 1 session</b>	
<input type="checkbox"/> Identify preceptor resources (CE Impact, development sessions, etc.)	
<input type="checkbox"/> Review OSU programs structure, organizational chart including residency leadership groups/committees, reporting structure, contacts	
<input type="checkbox"/> Discuss an overview of ASHP/APhA standards and expectations for program design and conduct, applicable CAGOs, and the accreditation process	
<input type="checkbox"/> Review and discuss the OSU COP Residency Programs Manual, including: <ul style="list-style-type: none"> <li>• Progress tracking</li> <li>• Failure to progress policy &amp; action steps (review example document)</li> <li>• Moonlighting/duty hours</li> <li>• Resident individualized development plans</li> </ul>	
<input type="checkbox"/> Criteria-based feedback <ul style="list-style-type: none"> <li>• Formative vs. summative feedback</li> <li>• How to provide actionable, specific feedback</li> </ul>	
<input type="checkbox"/> Precepting <ul style="list-style-type: none"> <li>• Using the 4 preceptor roles (teach, model, coach, facilitate)</li> </ul>	
<input type="checkbox"/> Evaluations <ul style="list-style-type: none"> <li>• Review the evaluation scale (NI/SP/ACH/ACHR)</li> <li>• Evaluation process (Midpoint or quarterly summative, frequent formative, written formative feedback, communicating with RPD)</li> <li>• Feedback (Qualitative: how did the resident do, how could they improve, what should they do differently next time or action items to improve a skill)</li> <li>• Review guidelines on PharmAcademic evaluation late policy</li> </ul>	
<input type="checkbox"/> Creating/updating learning experiences <ul style="list-style-type: none"> <li>• Required components</li> <li>• Writing and updating learning activities</li> <li>• Orienting residents to the learning experience</li> </ul>	
<input type="checkbox"/> PharmAcademic training <ul style="list-style-type: none"> <li>• Providing summative feedback</li> <li>• Cosigning and sending back for edits</li> <li>• Hover over objective for criteria</li> <li>• Providing and documenting formative/on-demand feedback</li> </ul>	
<b>Preceptor and Mentor (assigned by RPD for PIT and New Residency Preceptors)</b>	
<input type="checkbox"/> Mentor and Mentee meet Quarterly at a minimum (can be virtual)	
<input type="checkbox"/> Mentor reviews applicable learning experience description with Mentee <ul style="list-style-type: none"> <li>• Discuss how mentor conducts activities</li> <li>• Discuss how mentor evaluates objectives of the learning experience</li> <li>• Discuss preceptor roles during learning experience (teach, model, coach, facilitate)</li> </ul>	

<input type="checkbox"/> Mentor is available for precepting questions. Discuss best routes of communication	
<input type="checkbox"/> <u>Prior</u> to providing first summative evaluation (end of first quarter or at the midpoint) mentee discuss resident's evaluation with mentor	
<input type="checkbox"/> Mentor observes and provides feedback to mentee for at least one formal evaluation with a resident	
<input type="checkbox"/> Mentor assists with completing of relevant preceptor training/development plan checklist items	
<input type="checkbox"/> Mentor cosigns evaluations while in training; follow up as appropriate	
<input type="checkbox"/> Mentor provides feedback on mentee's performance to the site coordinator and RPD and helps determine when the mentee is ready for independent precepting	
<input type="checkbox"/> Mentee provides feedback to the RPD on the training provided by the mentor and any additional training needs	
<b>Preceptor in Training: Preceptor Development Plan</b>	
<input type="checkbox"/> The Preceptor in Training is responsible for developing a plan to become a qualified residency preceptor <input type="checkbox"/> Identify areas of interest/opportunity (informed by ASHP Standard described in Appendix A) and using tenants of Continuing Professional Development (CPD) create a plan for CPD, also known as the Preceptor Development Plan (use form provided): <input type="checkbox"/> Submit Preceptor Development Plan to RPD by <u>90 days after orientation begins</u> <input type="checkbox"/> Should have action items to become qualified as a preceptor <u>within 2 years</u> <input type="checkbox"/> RPD and Mentor can provide support and suggest activities <ul style="list-style-type: none"> <li>• Risks and mitigation strategies to prevent burnout syndrome should be considered. Resources available on the ASHP website can be found here: <a href="https://www.ashp.org/wellbeing">https://www.ashp.org/wellbeing</a></li> </ul>	

## Residency Preceptor Qualifications

If preceptor does not meet the below qualifications, they are designated as a preceptor in training (PIT) and will have 2 years to meet the qualifications to be a preceptor in a residency program. The RPD will work with the PIT to develop a documented plan to achieve the qualifications of a preceptor.

From Standard 4: Pharmacist Preceptors

	Eligibility Factor	Yes/No
1	<p><b>Pharmacy Practice Experience</b>  <b>For Preceptors of PGY1 Residents</b>            has completed an ASHP-accredited PGY1 residency and a minimum of one year of pharmacy practice experience in a community or ambulatory practice environment; or,            has completed ASHP-accredited PGY1 and PGY2 residencies with six months of pharmacy practice experience in a community or ambulatory practice environment; or,            has not completed an ASHP-accredited residency but has three or more years of pharmacy practice experience in a community or ambulatory practice environment.</p> <p><b>For Preceptors of PGY2 Residents:</b>            has completed an AHSP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area;            or,            without completion of and ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area</p>	
2	<p><b>Preceptors demonstrate the ability to precept residents' learning experiences as evidenced by:</b>            ability to use preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at the level required by residents; ability to assess and provide appropriate feedback on the residents' performance.</p>	
3	<p><b>Recognition in the area of pharmacy practice for which they serve as preceptors;</b>            Examples: (must have <u>1</u> of the following)            • BPS certification            • Fellow at a state or national level organization            • Certificate of Completion from a state or nationally available program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site-based programs are excluded</p>	

	<ul style="list-style-type: none"> <li>• Validated certification that results from an exam by the organization providing certification</li> <li>• Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP)  <a href="http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf">http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf</a> □</li> <li>• Other examples include: Certified Professional in-Patient Safety (CPPS), Certified Diabetes Educator (CDE)</li> <li>• Exceptions to the list that do not meet this domain are ACLS, PALS and BLS</li> <li>• Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)</li> <li>• Formal recognition by peers as a model practitioner: <ul style="list-style-type: none"> <li>• Pharmacist of the year -recognized at state, city or institutional level where only one individual is recognized</li> <li>• Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)</li> <li>• Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and peer review</li> <li>• Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept</li> </ul> </li> </ul>	
4	<p><b>An established, active practice in the area for which they serve as preceptor</b>  <b>Guidance</b>  Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time and/or at a remote location but must be actively engaged).</p> <p>Other aspects of active practice may include:</p> <ul style="list-style-type: none"> <li>• contribution to the development of clinical or operational policies/guidelines or protocols in the practice site</li> <li>• contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site</li> <li>• active participation on a multi-disciplinary, pharmacy committee or work group responsible for patient care or practice improvement, etc.</li> <li>• demonstrated leadership within the practice area</li> </ul>	
5	<p><b>Maintenance of continuity of practice during the time of residents' learning experiences; and, ongoing professionalism, including a personal commitment to advancing the profession.</b></p>	

	<p>Ongoing professionalism is demonstrated by completing <u>at least 3 activities in the last 5 years.</u></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)</li> <li>• Presentation/poster/publication in professional forums</li> <li>• Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)</li> <li>• Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)</li> <li>• Active community service related to professional practice (e.g., Free Clinic, medical mission trips)</li> <li>• Evaluator at regional residency conferences or other professional meetings</li> <li>• Routine in-service presentations to pharmacy staff and other health care professionals</li> <li>• Primary preceptor for pharmacy students</li> <li>• Pharmacy technician educator</li> <li>• Completion of a Teaching and Learning Program</li> <li>• Providing preceptor development topics at the site</li> <li>• Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)</li> <li>• Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.</li> <li>• Publication of original research or review articles in peer-reviewed journals or chapters in textbooks</li> <li>• Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences <ul style="list-style-type: none"> <li>• Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, inservice)</li> </ul> </li> <li>• Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system)</li> </ul>	
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## **Preceptor Development**

The RAC and RWG will determine preceptor development opportunities available to preceptors annually. Four to Six preceptor development topics will be hosted by RAC/RWG.

Preceptors will be required to do an annual self-assessment of their precepting and choose 3 activities to participate in as part of their continuing professional development as a preceptor. The self assessment should include resident provided assessment of the preceptor.

These preceptor CPD activities can include participation in any of the following

- A RAC/RWG hosted preceptor development
- Quarterly residency site meetings with preceptor development pearls
- Attendance of the National Pharmacy Preceptor Conference
- Attendance of precepting focused CE at any local or national meeting
- CE Impact preceptor focused CE (access provided by the Ohio State experiential office)
- Other preceptor development approved by the RAC

As part of the annual self assessment the preceptor will document which 3 (minimum) preceptor development activities were achieved.

## **Continuous Quality Improvement of the Residency Program**

### **Annual Program Assessment**

One of the roles of the RAC is to perform a formal annual program assessment. This annual evaluation is completed during the final quarter of the residency year, ideally by end of May in order to allow time for updates before the beginning of the following residency year. The formal program assessment includes:

- Review of the program purpose statement;
- Evaluation of residency structure and the ability to meet this residency purpose;
- Evaluation of the continuous quality improvement area(s) selected for the current residency year and progress in those areas;
- Evaluation of the program in comparison to current residency standards and the most recent accreditation report, including progress toward goals;
- Evaluation of the Residency Manual and updates needed;
- Evaluation of Learning Experience Descriptions and updates needed, including addressing:
  - Preceptor self-assessment
  - Resident evaluation;
- Evaluation of the residency sites and any concerns to address:
  - Preceptor self-assessment
  - Resident evaluation;
- Evaluation of the preceptors, including a review of:
  - Completion of development plans
  - Preceptor self-assessment
  - Resident evaluations;



- Evaluation of the success of the resident(s) including the ability to complete all objectives and placement in a desired position post residency;
- Evaluation of the success of recruitment for the upcoming residency year and strengths or concerns with the incoming residency class;
- Review of administrative support and any areas of need;
- Review of resident focus group feedback (completed in May/June with anonymous feedback)
- Review of exit interviews

Once all items are reviewed, the summary of any objectives that were not met or any areas for improvement are recorded. In addition, any areas of outstanding performance are documented. Once all areas are identified, a quality improvement plan for each area where the objective was not met must be created. Areas of focus for the following residency year and the Preceptor Development Plan for the team is selected by the RAC. Work on the improvement plan for the following residency year may begin as early as the June RAC meeting.

## **Resident Selection Process**

### **ASHP Pharmacy Resident Matching Program**

All sites within the Ohio State University Residency Program take part in the NMS Resident Matching Program.

**Phase I Application Process** Ohio State residency programs accept applications through PhORCAS™. Residency applicants must be graduates of an ACPE accredited institution (or in the process of accreditation) and eligible for licensure in the state(s) in which the program is conducted for the entirety of the residency year. The materials required to submit an application in PhORCAS include at a minimum:

- 1) Completed application;
  - 2) Letter of Intent;
  - 3) Curriculum Vitae;
  - 4) Official Transcripts sent from the University/College of Pharmacy; and
  - 5) Three letters of recommendation submitted using the PhORCAS® online application system
- Select applicants are invited for onsite interviews each year. The RPD or Designee should screen candidates for minimum requirements and all remaining applications should be reviewed by a group including the RPD, the residency site coordinator, and select program preceptors representing program sites. The group might also include existing residents and faculty members familiar with residency training. The RPD will ensure the group is trained and able to complete the interview and assessment of candidates. Applicants are selected based on academic record, practice experience, career goals, professional activities, potential to have an impact on community or ambulatory pharmacy practice, and other pre-determined, program specific criteria in the WebAdmit rubric. The program will invite 6 candidates per residency position.

### **Phase I Interview Process**

The individual programs may choose to invite candidates for a virtual screening interview prior to onsite interviews. The program will virtually screen 12 applicants per position offered.

Invitation for interview should include Program Policies and Procedures including program expectations, benefits overview, and program dismissal policies. After an interview date is set, but before the interview day, an itinerary should be provided to the candidate.

Candidate interviews are scheduled prior to the Match date and the itinerary should allow each candidate an opportunity to interview with preceptors and others involved in the residency program. Interview questions are reviewed and agreed upon by the residency program as sufficient to evaluate the candidate in the professional areas determined necessary for a resident to be successful in the residency. A candidate evaluation form with rubric aligning to the professional areas will be completed by each interviewer for each candidate and used to objectively rank candidates. The evaluation summary will be sent/collected by the RPD. Final rank lists will be sent to the RPD.

### **Phase I Rank Order List**

The residency site coordinator along with interviewers for the candidates and the RPD develop the rank order list prior to the Residency Match submission date according to the interview rubric. -The Rank Order List is kept confidential among the residency site coordinator, interviewers (if applicable) and RPD and is documented and submitted to the Residency Match by the RPD ahead of the deadline. When the results of the Match are made available, the RPD shares results with all preceptors as soon as possible. If not all residency positions are filled by the Match, the Residency Program may participate in Phase II of the Residency Match. Sites will participate in Phase II unless an extenuating circumstance has been identified which would preclude a site from participating. Extenuating circumstances should be discussed with the RPD as soon as identified.

### **Phase II Application Process**

All applicants are required to submit an application through PhORCAS in order to apply in Phase II. Applications are evaluated for interview as they are received. The first 25 applications per position will be reviewed and the RPD will close the application portal for the program. Due to the shortened time frame for candidate evaluation and interview, the RPD or designee and site coordinator reviews applications using the applicant evaluation form. Other reviewers may be utilized to evaluate the candidates. The RPD and residency site coordinator will determine the number of interviews to be extended; up to 6 candidates per position offered.

### **Phase II Interview Process**

The interview will proceed as determined by the RPD and site coordinator and utilize the interview evaluation summary which is utilized in Phase I.

### **Phase II Rank Order List**

The site coordinator and RPD determines the Rank Order List before the due date for the RPD to submit for Phase II of the Match. This process remains unchanged from Phase I.

### **Post-Match**

If Phase II of the Match is unsuccessful, the RPD and site coordinator makes the determination as to if the program participates in the Post-Match process on a year by year basis.

The Post-Match process follows the same procedure as Phase II of the Match. However, all determinations about residency candidates shall be made no more than 2 weeks following the results of Phase II of the Match. If there has not been a successful candidate placed by this time, the program shall close the opening for the residency year.

### **Acceptance into the Program**

Upon the matching of a residency site to a resident, the RPD or designee provides an Offer Letter to the candidate within 30 days of the Residency Match, requesting signed acceptance.

### **Requirements for Graduation**

Each program will determine the requirements for graduation based on the competency areas, goals and objectives for the program (PGY1 Pharmacy, PGY2 Ambulatory Care, PGY1 Community-based, etc). During orientation the residents will be oriented to these requirements. Learning experiences are designed to develop the resident longitudinally to achieve all objectives of the program. During quarterly individualized development plan, the RPD or designee will review the requirements for graduation providing an assessment of which objectives have been achieved for residency (ACHR) and the percentage achieved along with an assessment of the plan to ACHR all objectives. The RPD or designee will run a Pharmacademic report to ensure that the resident has met the requirements for graduation prior to the resident receiving their certificate of completion at the end of the residency year. Of note, to receive a certificate the resident must ACHR 80% of all objectives and have no more than 20% at satisfactory progress. All R1 or patient care objectives must be ACHR in order for the resident to graduate with a certificate.

**Appendix A.**

**PGY1 Residency Requirements for Successful Completion of the Residency**

**Resident:** \_\_\_\_\_ **Residency Class:** \_\_\_\_\_

<b>Requirement</b>	<b>1<sup>st</sup> quarter progress (date)</b>	<b>2<sup>nd</sup> quarter progress (date)</b>	<b>3<sup>rd</sup> quarter progress (date)</b>	<b>Year-end documentation of completion of all requirements (date)</b>
Licensed in state by October 1 and maintained throughout residency (at least 2/3 of resident year required)				
Completion of initial resident self-reflection				
Completion of objective-based resident self-evaluation				
Completion of all required learning experiences				
Achievement for the residency (ACHR) of 80% of the required ASHP objectives with a final rating of satisfactory progress in all other ASHP objectives				
Completion of MUE				
Completion of formal case presentation				
Completion of formal drug information response				
Completion of formal journal club presentation				
Completion/editing of collaborative practice agreement, standing order, or implementation process for a state-based protocol				
Completion of quality improvement project (created, implemented, and evaluated)				

Completion of ISMP/Medication Safety Project at required dispensing learning experience				
Completion of a practice innovation or research project				
Completion of manuscript that meets the criteria required for the selected manuscript style				
Present research poster at appropriate forum				
Present oral presentation of final research report to appropriate forum				
Educational oral presentation for medical resident noon lecture series				
Educational oral presentation for pharmacy residents in clinical site series				
Completion/submission of teaching portfolio to obtain teaching certificate				
Preparation of IRB for incoming resident project				
Co-precept 2 IPPE/APPE students				
Monthly documentation of Duty Hours				
Completion of final resident self-reflection				
Completion of exit interview with RPD				

RPD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Appendix B.**

**PGY2 Ambulatory Care Residency Requirements for Successful Completion of the Residency**

**Resident:** \_\_\_\_\_ **Residency Class:** \_\_\_\_\_

<b>Requirement</b>	<b>1<sup>st</sup> quarter progress (date)</b>	<b>2<sup>nd</sup> quarter progress (date)</b>	<b>3<sup>rd</sup> quarter progress (date)</b>	<b>Year-end documentation of completion of all requirements (date)</b>
Licensed in state by October 1 and maintained throughout residency				
Completion of initial resident self-reflection				
Completion of objective-based resident self-evaluation				
Completion of all required learning experiences				
Achievement for the residency (ACHR) of 80% of the required ASHP objectives with a final rating of satisfactory progress in all other ASHP objectives				
Completion of new service project (identify need and creation of materials)				
Completion of formal case presentation				
Completion of formal drug information response				
Completion of formal journal club presentation				
Creation of collaborative practice agreement, standing order, or implementation process for a state-based protocol				
Completion of quality improvement project (created, implemented, and evaluated)				
Identification and completion of small writing project suitable for publication (ex. journal CE, blog entry, etc.)				

Completion of a practice innovation or research project				
Completion of manuscript that meets the criteria required for the selected manuscript style				
Present research poster at appropriate forum				
Present oral presentation of final research report to appropriate forum				
Educational oral presentation for healthcare team at practice site				
Educational oral presentation for pharmacy residents in clinical site series				
Co-plan and attend community outreach event				
Completion/submission of teaching portfolio to obtain teaching certificate (required if not completed during PGY1)				
Maintenance and submission of disease state tracker				
Completion of at least 2 issues of provider newsletter				
Preparation of IRB for outgoing research project				
Primary preceptor for 2 IPPE/APPE students				
Monthly documentation of Duty Hours				
Completion of final resident self-reflection				
Completion of exit interview with RPD				

RPD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_