University of Cincinnati PGY1 Community- Based Pharmacy Practice Residency Program Policies and Procedures
2023-2024

Requirements for Completion of Residency:

The University of Cincinnati Residency Programs require one year (12 months) of full-time training that will generally commence on July 1 and finish on June 30 of the subsequent year. Residents are expected to pursue the achievement of all the goals of the residency program as established in their development plans through an enthusiastic and timely completion of all activities and assignments.

The residency program director and preceptors will actively encourage and assist residents in the satisfactory completion of the residency. A residency certificate will be awarded upon successful completion of the program. Successful completion requires the following (see Appendix A and B):

1. Successful completion of all required and elective (if applicable) learning experiences.
   a. A designation of "Achieved" for Residency (ACHR) on a minimum of 85% of the required goals and objectives identified in the development plan.
   b. A designation of "Satisfactory Progress" (SP) on all remaining goals and objectives identified in the development plan (but no more than 15% of required objectives).
   c. A resident will not complete the program if any objective is rated as Needs Improvement (NI).
2. Satisfactory completion of all Requirements to Complete the Residency. See Appendix A and B
3. Completion of end of year meeting with RPD to verify and document successful completion of the program requirements.

Licensure:

Residents should be licensed in Ohio by the by start of their residency when practical to do so. Failure to obtain licensure will necessitate customization of the resident's training program and may result in termination from the program. Termination may occur if the resident is unable to become licensed in the State of Ohio within 90 days of the start of the program.

If the resident is unable to be licensed within the 90 days, the program reserves the right to suspend a resident until they are licensed but for no longer than 45 days. During the suspension, the resident will be removed from all residency activities, but will remain a UC employee. Pay will be suspended but benefits will continue (healthcare etc). The residency year will be extended to make up ALL time taken during suspension. Upon re-instatement, the resident may be required to complete additional orientation/training activities.

If the resident fails to become licensed after 45 days of suspension, they will be terminated from the program.

These policies are in compliance with the PGY1 Accreditation Standard for Post Graduate Training Standard 2: Program Requirements and Policies (found at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf .

In addition, If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) at the earliest time possible. Vacation time is not permitted to be used for exam taking purposes and any time away from the practice site must be made up during Orientation.

Development Plans and Required:

The residency program is committed to maintaining a customized program that meets the needs of individual residents. All residents will be expected to meet the performance requirements of the residency as established in the University of Cincinnati PGY1 Community-Based Program. However, in order to meet each resident's individual needs, aspects of residency including: orientation, program structure, teaching strategies (modeling, coaching and facilitation) and evaluation strategies may be modified, or customized, to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan
1. Entering Self-Reflection – residents will be asked to self-reflect (global view of your learning and professional growth) by completing the UC PGY1 Community Based Pharmacy Residency Entering Self-Reflection prior to the start of the residency training year. Directions will be sent via email by the RPD with expected return date. Completed documentation will be distributed to program preceptors.
2. Entering Self-Evaluation: Residents will be asked to complete the ASHP PYG1 Community-Based Resident Entering Self-Assessment Form. The completion of these documents will provide preceptors background practice interests, personal strengths, opportunities for improvement, well-being and resilience strategies, and self-evaluation of current skills relative to competency areas, goals and objectives (CAGO's) of the residency program. Responses will be sent to preceptors who will then use this information to customized orientation experiences.
3. Initial orientation activities – The RPD and primary preceptor will prepare the initial customized training for orientation based on the above collected information. Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria adjust the plan as needed.
4. Initial development plan will be created with RPD during orientation month (late July within 30 days of start of residency). This plan will include: strengths and areas for improvement, practice interests/career goals, well-being and resilience, strengths and areas for improvement related to Competency areas (R1 to R4). To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc.
5. Each quarter, the resident will meet with the RAC to evaluate progress and review/update development plans including changes to strengths/areas for improvement, practice interests/career goals, wellbeing and resilience, strengths and areas for improvement based on each competency area (R1 to R4). The RPD in collaboration with preceptors, will provide an assessment of strengths and areas for improvement related to competency area as well as develop a planned initial and quarterly changes to the program. In addition, the resident's requirements to complete residency and portfolio (OneDrive) will be reviewed, updated and signed (electronically). These meetings will take place in October, January, and April or every 90 days after initial development plan completed.

Required Learning Experiences/Design of the Program:

All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents within the residency handbook. The majority of experiences are longitudinal with the exception of Orientation, which lasts 4 to 8 weeks. The PGY1 resident must successfully complete each of the following experiences:*

1. Orientation- 40 to 50 hours per week for the 4-to-8 week experience
2. Patient Centered Dispensing:
   a. St Vincent de Paul: 16 hours per week
   b. Five Rivers Health Centers: 8 hours per week
   c. Cincinnati Health Department: 8 hours per week
3. Leadership and Management:
   a. St Vincent De Paul: 4 hours per week
   b. Five Rivers Health Centers: 4 hours per week
   c. Cincinnati Health Department: 4 hours per week
4. Patient Centered Dispensing + Leadership and Management
   a. Medication Mangers/LifeLine: 12 hours per week
5. Direct Patient Care- 24 hours per week*
6. Academic - 4 hours per week
7. Business Plan- 2 hours per week*
8. Research Project- 2 hours per week*
9. Quality Improvement Project– 2 hours per week*

*Approximate average per week, each week will vary based on project

Assessment of Performance:

For each required learning experience, the resident's skills/ability will be assessed using formative and summative evaluations and self-evaluation and self-reflection. The resident will also assess the preceptor, learning experience and RPD. The timing of these assessments is listed in the Assessment Strategy document.

Formative Feedback: This type of assessment is ongoing, frequent, immediate, specific, and constructive to help the learner identify the strengths and areas for improvement by providing immediate feedback. Effective formative feedback follows the acronym: FAST or F: Frequent, A: Accurate, S: Specific, T: Timely

Examples of formative feedback include:
   a. Observation and dialogue about a specific performance
   b. Reviewing and commenting on drafts of manuscripts/presentations
   c. Receiving student feedback on specific learning experience

Summative Feedback: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during longitudinal learning experiences (example: Direct Patient Care). This type of feedback compares the resident's performance to defined goals/objectives of the residency.

Examples of summative feedback include:

     a. Pharmacademic quarterly learning experience evaluation conducted by preceptor
     b. Final report on quality improvement project
     c. Final manuscript for research project

Self-Reflection: The ability to accurately self- evaluate one's skills/abilities is a critical skill for any professional. To help residents develop, the residency program has built in weekly, bi-weekly and monthly self-reflection opportunities. Within the Resident Activity Report, residents will identify a strength/struggle to reflect upon. As needed self-reflections will also be added depending on circumstances and at the discretion of individual preceptors. How to accurately self-reflect will be reviewed in orientation.

Residency Grievance

As with any challenging experience, conflicts may arise between coworkers, other residents and preceptors. It is the expectation that the resident will first attempt to resolve the conflict with the individual with whom they are experiencing the concern. If a mutually acceptable resolution is not achieved, any of the parties may seek consultation of the RPD to help negotiate a settlement.

Resident Evaluation Concerns:

If the resident does not agree with the evaluation from a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution.

1. If the resident is not satisfied with subsequent evaluation discussions, the resident should notify the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face-to-face meeting.
2. If either party is dis-satisfied with the outcome of the face-to-face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance in question to the Pharmacy Residency Program Director (RPD) within 7 days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned parties in writing.
3. If the resident is not satisfied with the resolution, s/he may submit a written request for review by the Multisite Program Committee (MPC) within 7 days of notification of the Residency Program Director's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the MPC verbally. The resident may request that the preceptor involved not be present. However, the MPC may deem it appropriate to have the preceptor involved also present information to the committee. The MPC will also review all written documentation of performance and discussions. The MPC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used. The MPC decision with the concurrence of the Residency Program Director is final.
4. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the MPC committee will select another preceptor to coordinate the process.

Remediation/Disciplinary/Performance Policy:

The resident is expected to fulfill all the learning objectives of required experiences and to satisfactorily complete all other requirements outlined in the residency handbook. Professionalism, submission of high-quality work and timeliness are expected. The residency takes precedence over all other professional activities (ie moonlighting). The goal is for the resident to successfully meet the expectations and to grow professionally.

In the event that performance does not meet these expectations, the following process will occur:

1. Preceptors will notify RPD immediately once a situation of concern has been identified. Examples include: concerns revolving around patient care, professional/ethical behavior, educational requirements, failure to meet deadlines or conducting personal business during work hours.
2. A meeting with the RPD, all preceptors at the site and the resident will be held to discuss the concerns identified.
3. If deemed necessary, a performance improvement plan (PIP)will be initiated in accordance with the University of Cincinnati Performance Improvement Policies.

This PIP plan will contain the following:

  a. Describes the behavior(s) or performance that is falling short of expectations.
  b. Describes the impact on the team/organization of this shortfall.
  c. Expected Performance Behavior- details provided.
  d. Follow-up frequency
  e. Signatures of all involved parties
  f. Documentation of follow-up discussions
  g. A copy will be provided to all for editing within 48 hours of the initial meeting. All comments will be sent to the residency program director and the final document will be emailed to all involved within 1 week of the initial meeting.
  h. Follow-up meetings will be scheduled as needed to ensure resident is meeting the goals set within the action plan.

Resident will have a pre-determined, communicated time frame to demonstrate documented improvement or formal termination procedures will proceed.

Any failure to meet any part of the performance improvement plan will result in the issuance of a formal, written reprimand. This reprimand will be issued by the residency program director in collaboration with UC HR and presented to the resident in a face-to-face meeting. The reprimand contains the following:
  a. Specific procedures violated.
  b. Describe situation/issue.
  c. Future performance expectations.
  d. All involved parties will sign the document.
  e. The document will be placed in the resident's human resources file and is considered. public record- viewable by any who request a copy.
  f. Action plan will be updated based on new evidence of concerning behavior.

4. If a resident receives MORE THAN ONE formal reprimand, dismissal procedures may be set in action. This step must require approval of RPD and site coordinator.

5. In cases of serious misconduct, regardless of whether it is the resident's first offense, the College of Pharmacy reserves the right to initiate discipline at any of the aforementioned levels, up to and including termination.

Dismissal Policy:

Residents are graduate pharmacist trainees but are also employees of the University of Cincinnati. They will be employed by the practice site for a one-year period in return for pursuit of achievement of the goals of the program and completion of required activities.   Residents may be dismissed from the residency for the following reasons:

1. He/she fails to make satisfactory progress toward achieving the goals of the program as documented in the formal process described in section above (Remediation/Disciplinary Performance Policy)
2. He/she is in violation of work policies or procedures established by the practice sites as documented and reviewed by practice site with the resident.
3. Violation of any State or Federal Law as it pertains to the practice of pharmacy.
4. Any other serious misconduct or violation of the University of Cincinnati policies/procedures or practice site policies/procedures

Time Away from Work:

The residency is a full-time obligation. The hours of training and service are established in order to teach each learning experience and fulfill the residents' development plans. Residents are employed by and their stipend is paid by University of Cincinnati. Hence the residents are obligated to meet the University of Cincinnati employment policies. These full policies are made available to the resident at the time he/she completes new hire orientation. They can also be found on-line at: https://mailuc.sharepoint.com/sites/HR/SitePages/Postdoctoral-Appointments.aspx.

Resident Vacation:

Residents will accrue vacation time at the rate of 6.67 hours/month for each month worked (10 days/year). If vacation is to be taken as a full week, the request must be submitted at least 6 weeks in advance since coverage must be secured. If vacation is to be taken in days, requests should be submitted at least 2 weeks in advance. Vacation days cannot all be used for the same day of the week (i.e. all Wednesdays or all Fridays).

Vacation time may be taken during the year of residency when the following process is observed:

1. You must accrue vacation time before you are eligible to take the time off.
2. Your vacation must be completed by June 30th of the residency year.
3. Vacation may be taken as a full week or as days that can be used throughout the residency year.
4. You must clear your time off request with the practice site and other affected preceptors first via email.
5. You must copy the RPD on any vacation e-mail requests.
6. Your request must be submitted via UCFLEX Employee Self-Service (ESS). See below.

The RPD and Residency Preceptor Team reserve the right to disapprove vacation requests if the vacation would adversely affect residency training or seriously interfere with the operation of business. Any

unused vacation days do not extend beyond the residency year and per University policy, they will not be paid out at year end.

Unpaid time off: residents are permitted to take days off without pay. However, ALL days off (paid or unpaid) may not exceed the total vacation time accrued (10 days per residency year).
> To enter unpaid vacation into the UCFlex Employee Self Service (ESS system)- you must include 2 entries:
> 1. Time off with pay: include all hours accrued to date
> 2. Time off without pay: should be used for all remaining time off that is not covered with your current accrued vacation time. The category is "authorized leave- unpaid".

Unexpected extension of travel plans: If due to circumstances beyond a resident's control, travel plans are extended (ie: flight cancellations/delays), it is the resident's responsibility to immediately notify both the RPD and site coordinator.   Upon return, the resident must then submit for additional vacation time via ESS.

Resident Vacation per practice partner:

Each practice site is different and discussion of taking vacation that falls on your scheduled work shifts needs to take place with your site coordinator PRIOR to requesting time off. All communication must be then confirmed via email and RPD must be CC'd.

The following policies are in place:

1. MedManagers/LifeLine:
   a. You are only permitted to take vacation days to cover 1 of your required staffing weekends at LifeLine (Fri/Sat). You must notify Jody Hoffman both verbally and email at least 1 month prior to your request to obtain weekend coverage.
   b. You are only permitted to take 3 total days of vacation from LifeLine (inclusive of #1 above)
   c. You must work at LifeLine for your assigned holiday-either Christmas Day or New Year's day, You are not permitted to take vacation for either of these holidays.
2. SVdP: You must staff 2 Saturdays per month (averaged over 2 months). Site coordinator will reach out prior to the schedule to determine dates. You are not permitted to use vacation time to cover your staffing responsibilities for Saturdays.
3. FRHC: Additional FRHC staffing during the latter half of December will be required from the resident. A schedule will be determined by 12/1 of each year; the resident may not use vacation on required staffing days from 12/15 through 1/7. Dates during this time that the resident is not staffing are acceptable for vacation time.
4. CHD: The resident may not use vacation from 12/20 to 1/4 of the residency year due to staffing levels during the holidays.

Resident Holidays:

The Holiday Policy will be observed based on the practice site. If the practice site is closed due to a holiday, then the Resident may also observe that holiday.

Please note: UC is closed the following holidays for 2023-2024: July 4th, September 4th, November 10th, November 23th and 24th, December 25th and December 26th, January 1st, January 15th and May 27th, June 19th.

Residents are expected to be either at the College or at your practice site during the following time periods (academic calendar changes):

October 9th and Tuesday November 7th: Reading Day/Fall Break
December: 22nd to 29th: Winter Break, UC Closed
March 11th to 17th: Spring Break

Discuss holidays and time off with your preceptor responsible for your learning experience during which the holiday falls.

Sick Leave:

Residents accrue sick time at a rate of 8 hours/month for each month worked (12 days/year). Any unused sick days will be paid out at year end. For sick time greater than 5 days taken consecutively, a doctor's note will be required for days absent and to return to work.

All sick leave policies for the University must be followed. If a resident is sick for >10 days but less than 30 days, the RPD, UC Human Resources, and site coordinator(s) will meet to create and approve a Performance Improvement Plan to ensure that resident responsibilities will be made up. This document will be maintained in the residents HR folder.

Extended Leave:

If a resident takes leave for >30 days, the resident may be terminated, or the residency year will be extended to ensure completion of all requirements subject to University policies in effect at the time of the employment and in collaboration with the residency practice sites. The additional time added to the end of the residency year will be determined by the RPD and practice site. During the leave period, benefits will continue to be provided by the University, but the Resident will be in a no-pay status once all sick and vacation time accrued has been used. This extended leave will be capped at 12 weeks total.

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy. Specific days of travel will be approved based on the resident's expected participation and responsibilities at each conference. If the needed professional leave falls on a day or days when the resident has staffing obligations, the resident must work with the primary site coordinator in order to reschedule the missed hours. Approximate professional leave dates will be decided during Residency Orientation. Any additional request for professional leave must be submitted to the RPD. The final decision for all professional leave is made by the RPD and Preceptor team.

Conference (live or virtual) Guidelines:

Attendance at a conference (either live or virtual) is a requirement of the residency program. Guidelines for attendance at a conference are as follows:

1. List of conference(s) required to attend, present or participate in can be found in the advancing community-based practice- research project learning experience document and associated research timeline.
2. You must attend the conference on day 1 (ie be there by the start of the first session).
3. The expectation for the length of stay for each conference will vary and must be approved by the site coordinators and RPD

       a. IE: for OPA conference- Friday and Saturday are mandatory. Sunday is optional
4. Recruiting is a key part of conference attendance- you will be required to attend all recruiting events as determined by RPD.
5. At least 1 week prior to the conference, residents will meet with site coordinators to review the schedule of educational learning sessions and other professional development activities.
6. A minimum of 3 educational sessions per day (in addition to poster presentations or recruiting events) will be jointly identified for the resident to attend. This will be based on the time the resident is participating in conference related activities.
7. For virtual conferences: residents will create a written summary of <u>each</u> educational session attended and email a completed document to the site coordinator and RPD no later than 1-week post conference.

       Written summary shall include the following in ½ page or less:
        i. Summarization of overall learning from the session.
        ii. Clinical pearls learned.

8. For live conferences: residents will meet with RPD at the end of the day for each date the resident is in attendance. Each resident will present a 5 to 10 minutes overview of what they learned from the sessions attended with the group.
9. After the conference has ended, resident will meet with interested preceptors at practice site to review what they learned and share the slides/information/summary document from a select 2 to 3 sessions.
10. Site coordinators will track and determine compliance with the above guidelines.

Please note: If resident does not have a required session scheduled during normal work hours of a virtual conference, it is the expectation that the resident participates in usual practice-site residency related activities.

Interviews:

The resident will be provided 1 day off from residency responsibilities for the purposes of interviewing. The time away must be approved following the established request for vacation process described above. The category within the UCFlex Employee Self Service system (ESS)to document this time away from practice site/College will be "Training with Pay".

Unpaid Leave:

You may take time off that is unpaid for personal/professional activities during the residency year. This leave must be approved in the same manner as other leave and documented within UCFlex Employee Self Service (ESS) as leave without pay. However, your total days off, <u>paid or unpaid</u>, may not exceed 10 (total allowed vacation days in the residency year). This policy does not apply to leave requested due to illness (see Sick Leave above)

Inclement Weather:

Due to the longitudinal nature of this rotation, each practice site will handle weather emergencies differently. The resident will be responsible for contacting the preceptor at the site they are scheduled to determine appropriate course of action. In most circumstances, residents will be expected to complete activities related to the residency regardless of the weather situation.

Professional Travel:

Residents are expected to attend and participate in professional meetings as part of the requirements of the residency program. Residents will be reimbursed for travel expenses for up to five meetings/recruitment events each year (up to a max of $1500 total for the year for PYG1).

The required meetings/recruitment events may be:
- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- American Society of Consultant Pharmacist Regional Meeting (MM only)
- Ohio Pharmacist Association Annual Meeting
- Ohio Society of Health-Systems Pharmacy Residency Showcase
- Ohio Pharmacists Association Advocacy Events (fall or spring events)
- Ohio Pharmacy Residency Conference Showcase (OPRC)

Reimbursable expenses generally include the following:
1. Registration fee- early bird only.
2. Coach airfare or auto travel as appropriate.
3. Hotel room (double occupancy only).
4. Perdiem Rate for meals per UC travel policy.
5. Airport parking and cab or other business-related travel at meeting location.

Travel expenses will be reimbursed by College of Pharmacy. Expenses reimbursed by the College must follow university procedures. These include:

1. Submit for time off for authorized travel (aka: TOFW) via Bearcats Landing, Tools, UCFLEX Employee Self Service (ESS). See below for details under Documentation of Vacation/Sick/Travel Leave.
   Once approved
2. Submit travel authorization form (TA) via Concur, the Universities on-line travel reimbursement system. Completion of training occurred during orientation.

All requests for travel (aka TOFW and TA- BOTH DOCUMENTS) must be submitted a **minimum of one month prior to your trip**.
3. Once approved in Concur- submit for expenses
   a. prior to travel- includes registration/airline tickets
   b. after travel completed- hotel, meals, transportation etc.
4. For expenses paid after travel has been completed, receipts must be submitted no later than **ONE WEEK** from the date of return from your required travel.
   a. If the ONE WEEK deadline is missed, the resident may be responsible for the entire cost of the travel. It is at the discretion of the residency program to accept or deny reimbursement for travel expenses submitted late.
5. Reimbursement is generally provided within 2 weeks of submission of expense with receipts.
6. Concur can be accessed via Bearcats Landing, Tools Tab, Concur.

See UC Travel Policy found at: https://www.uc.edu/about/admin-finance/business/travel/policy-and-travel-tools.html. Please review carefully.

Key Tentative Dates:

- ASCP Annual Meeting 2022: 10/26 to 10/29, 2023 Kissimmee, FL (MM/LL residents only)
- APhA Annual Meeting 2023: 3/22 to 3/25, Orlando FL (FRHC, SVdP and CHD residents only)
- Ohio Pharmacist Association: TBD Columbus, OH
- Ohio Pharmacy Residency Conference: TBD Ada, Ohio
- OSHP residency showcase TBD Columbus, Ohio
- OPA advocacy events (November, February-TBD)

Documentation of Vacation/Sick/Travel Leave:

All time off from work (TOFW) must be documented and submitted to the College business office. Time off requests must be submitted via the UCFLEX Employee Self-Service (ESS) portal via instructions listed below. Once submitted, the College business office will verify via email to the RPD that the time is approved, and the time will then be processed on the following payroll cycle. Access to ESS will be available on the first date of employment.

1. Vacation request should be completed once the time away has been approved by the site coordinators and residency program director and prior to travel based on number of days requested off. IE: No later than one month for a full week and 2 weeks for individual days
2. All required professional travel documentation should be submitted no later than two weeks prior to travel
3. For sick time, the form must be completed within one week of returning to full time work.

Detailed instructions for submitting TOFW requests can be found in the Help menu for UCFLEX: Knowledge Search - Knowledge Portal (service-now.com). Here you can search a variety of topics related to UC Flex (ie IT@UC Knowledge Base - ESS - Request Time Off From Work (service-now.com).

Use UC VPN, to access UCFLEX/ESS (ESS: Employee Self Service) to submit vacation/required travel and sick leave.

Other Benefits:

For information regarding retirement, health benefits and tuition remission, please see the UC website Post-Doctoral Fellows and Special Fellows found at:

https://mailuc.sharepoint.com/:w:/r/sites/HR-Benefits/_layouts/15/Doc.aspx?sourcedoc=%7BEBC4776F-21C1-4498-AB90-58036C89AD96%7D&file=2023%20Post%20Docs%2C%20Annual%20Adjunct%2C%20Interns%2C%20Special%20Fellows%20Benefits%20Summary%20.docx&action=default&mobileredirect=true

Salary:

Stipend for 23-24 Residency year is $47,476/year paid monthly.

Resident Health

Due to the nature of the populations served and requirements established by each practice site, proof of immunization history is required for every resident and includes the following:

1. Influenza vaccine- yearly, provided by the College at no charge.
2. Tdap- physician documentation of the last dose within 10 years.
3. PPD- yearly screening, documented by physician. .This is provided by the College at no charge. See Overview (uc.edu) to find hours and to schedule an appointment at the UC Health Employee Health and Wellness Clinic, 3200 Burnett Ave. Call 513-585-6600 to schedule.
   a. Please let them know you are a new employee and this is the ONLY test required by the College.
   b. Please request the IGRA blood test also known as Quantiferon-TB (not the PPD skin test)
4. Hepatitis B vaccine series- physician documented.
5. MedManagers: Covid19 test (as applicable)
6. Per Practice Site: Covid19 Vaccine- proof of vaccination
7. Per Practice Site: Covid19 Vaccine Booster- as dictated by CDC guidance.

Duty Hours Requirement:
The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as to not interfere with the goals, objectives and obligations of the program.

Duty hours is defined as all hours spent on scheduled clinical and academic activities, regardless of the setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. These hours include the following: time spent engaged in patient care activities (regardless of location), staffing, conferences, time spent at the College and community service/health and wellness activities/events.

Under certain circumstances, a limited amount of outside work may compliment and enrich the residency experience. Therefore, it is the policy of the residency program to allow a resident to work outside the residency program (either internal or external) under the following conditions (termed Moonlighting) which is defined as any voluntary, compensated hours beyond the residency requirement that are not part of the scheduled duty periods of the residency program).

1. The resident will communicate their intention to seek or continue outside employment and request permission from both the site coordinator(s) AND RPD before an outside work commitment is made. This communication must include a justification for the outside work, type and commitment. This must be communicated as soon as possible prior to or at the start of the residency year.

2. The outside work schedule and number of hours do not compromise any component of the residency.

3. While this program does not set a limit on the number of moonlighting hours worked. Those hours cannot cause the resident to exceed the ASHP duty hour requirement.

4. Work outside of the residency may be continued as long as the resident's performance is satisfactory as determined by the site coordinator and residency program director.

5. All duty hours must be documented on the weekly activity log. All hours worked moonlighting must be placed in the "other" column and include hours and location/employer.

6. The resident will be required to follow ASHP standards for maximum duty hours and duty free times found at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx.

7. If a resident chooses not to moonlight- they must attest to the fact that they have not participated in outside employment using the Resident Activity Report by initialing the following statement (located under the hours log table- page 1)

_____ (initial here) I attest that I have not moonlighted or worked any additional hours outside of those listed above as a pharmacist.

8. Duty hours as reported on the Resident Activity Report will be reviewed by the RPD weekly (Q1) and every other week (Q2-4). Any violations of the duty hour policy will be discussed with resident and practice sites. Appropriate action will be taken as warranted based on the circumstances of the violation.

The residency program reserves the right to require the resident to STOP engaging in moonlighting activities if moonlighting is:

1. Impacting the performance of the resident during residency scheduled duty hours.
2. Causing the resident to violate any aspect of the ASHP duty hours policy (see link above).

Resident Portfolio:

Each resident is expected to maintain an electronic record of important elements of his/her residency program. This portfolio is determined by site coordinators and RPD each year. It is the expectation that the resident will maintain the portfolio and present a summary along with the requirements to complete the residency checklist at each quarterly RAC meeting. See Appendix B for PGY1 program

Appendix A: Requirements for Completion of PGY1 Community-Based Residency
Residents must..
1. successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACHR). The remaining 15% must be at the satisfactory progress level (SP). A resident will not complete the program if any objective is rated as needs improvement (NI).
2. satisfactory complete of all requirements listed below (Appendix A and B)
   a. Track progress towards completion by completing the requirements to complete the residency document prior to each quarter and end of the year residency RPD meeting.
   b. Present during development plan meetings the progress towards meeting the requirements by sharing the above document and reviewing status.
3. meet with RPD at the end of the residency year to verify and document successful completion of program requirements (signatures on Final Requirements to Complete the Residency document required)

4. The resident must **complete** the following <u>**activities**</u> as part of the program:

Competency Area R1: Patient Care
- Engaged in direct patient care related activities an average of 65% of the residency
- Engaged in patient centered dispensing activities a minimum of 8 hours/week
- Participate in patient transitions of care services
- Collaborative Practice Agreement (CPA): evidence of new or enhanced CPA, standard order or statewide protocol being created or implemented by resident (can be combined with R3).

Competency Area R2: Leadership and Management
- Leadership:
  - Be actively engaged in and eventually lead pharmacy planning
  - Be actively engaged in pharmacy work groups/committees
  - Complete leadership development activities as determined by program
- Professional Involvement: join and actively participate in local, state or national pharmacy organization of your choice
- Community Service Requirements – see provided information for details
- Professional Activities Within Residency
  - Resident Activity Reports- completed in accordance with guidelines provided and in a timely manner
  - Meetings- attend scheduled RPD/preceptor meetings
  - Complete Pharmacademic Evaluations +/- 7 days of due date and by the end of JUNE prior to the end of the residency year.
  - Attend recruitment activities as dictated by program
  - Participate in Ohio Pharmacists Association (OPA) Advocacy event (dependent upon based experiences)

Competency Area R3: Advancement of Community-based Practice and Improving Patient Care
- Quality Improvement project – design, documentation, completion, implementation and evaluation
- Business plan – creation, implementation, evaluation and presentation at Shark Tank event
- Research - Institutional review board approved or exempt project- completion and presentation at local, regional, state and national meetings. Submit publishable manuscript following the timeline and guidelines provided

Competency Area R4: Teaching, Education and Dissemination of Knowledge
- Teaching activities to the following learners:
  - Patients/Caregivers (minimum 1)
  - Members of the Community (minimum 1)
  - Health Care Professionals (minimum 1)
  - Pharmacists/Technicians (minimum 1)
  - Pharmacy/Health Professions students (See teaching responsibilities)
- Precept APPE and potentially IPPE students- with guidance from site coordinators
- Teaching certificate program events and maintenance of teaching portfolio

Other Requirements
- Completion of practice site training requirements and uploading of critical residency related documentation.
- Quarterly- complete the Requirements to Complete the Residency document and present at the beginning of each RAC meeting.
- End of residency year, review requirements to complete the residency document with RPD, verify Appendix B and sign form

Documentation related to the above activities will be maintained in an electronic portfolio (see Appendix B) - with all draft and final documents completed during the residency year uploaded. This portfolio will be available for review by the site preceptor/RPD on an as needed basis.

Failure to maintain OneDrive in accordance with the above directions will result in disciplinary action as described in the Remediation/Disciplinary/Performance policy above.

Appendix B: The resident must keep a portfolio on OneDrive which contains the following documents as proof of engagement and completion of required residency related activities.

This folder will be reviewed at each development planning meeting. It is the expectation of the program that the resident will upload key documentation at appropriate times during the residency year.

Folder Name	Description	Associated Activity
Competency Area R1: Patient Care		
1: Patient Care Documentation	Documented completion of readiness for independent practice check-list (signed version) practice site specific	Direct Patient Care and Patient Centered Dispensing
	At least **five** samples of de-identified patient healthcare records for all required services completed during the residency year: 1. medication management, 2. immunizations 3. disease state management 4. health promotion/wellness and 5. transitions of care. Label these files using the names above Records should demonstrate the ability of the resident to assess patients, collection information, identify medication-related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans (PPCP). MM/LL- please also include the recommendations submitted as part of your monthly topic discussions (label by disease state)	

Folder Name	Description	Associated Activity
	Use screen shots from RxPertise for all patient samples	
2: Communication to HCP	Documentation of communication of information to health care professionals when <u>transferring a patient from one health care setting to another.</u> Transitions of care is defined as the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Provide examples (2 minimum) of your ability to identify care transitions and incorporate medication reconciliation and medication management. <u>MM/LL</u>- please use the new admit form from LifeLine as well as screen shots of notes from RxPertise.	Transitions of Care
3: Collaborative Practice Agreement	Collaborative practice agreement, standing order or implementation process for a state-based protocol To meet Objective 2.1.4: Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists. Upload any documents related to a CPA- such as your business plan etc.. See 2.1.4 for clarification.	Patient Care OR QI, Research or Business Plan
	Competency Area R2 : Leadership and Management	
4: Pharmacy Planning and Leading Work Groups	1. Evidence of contributions to the Pharmacy planning process. (email communications, strategic planning documents, goal setting documents, etc.) Any evidence that demonstrates your involvement in planning processes. 2. Evidence of the contribution from leading or working as a member of a committee or informal work group. (Pharmacy meeting notes, MM notes, etc.) 3. . Leadership Development activities (all reflections and PPT from leadership series)	Leadership
5: Professional involvement	List of residents' activities at a national, state and/or local professional association during the residency including proof of participation (ie minutes, agenda's, emails etc)	Professional Involvement
6: Community Service	Documentation of community service during the residency.	Community Service

Folder Name	Description	Associated Activity
	Please upload the reflections from your service activities found in your weekly logs as one file- you can use screen shots etc.. to create.	
7: Resident Evaluations and Professional Activities	Self-reflection (beginning of residency) Weekly Logs Requirements to complete the residency- updated quarterly Development plans- updated quarterly Participation in OPA Advocacy Day - reflection Self-reflection (end of the residency)	Professional Activities within Residency

Competency Area R3: Advancement of Community-Based Practice and Improving Patient Care

Folder Name	Description	Associated Activity
8: Quality Improvement Project Plan	**WORD** documents: Key Driver Diagram (2 drafts)	QI
9: QI Project Implementation	**WORD** documents: Cause and Effect (1 draft), Flow Cart (2 drafts), Failure Mode Effect Analysis (1 draft), PDSA cycles- minimum of 3 completed and documented cycles	QI
10: QI Project Evaluation	QI Executive Summary Document: Final Report presented to key stakeholders (2 drafts). + Email documentation of preceptor's final approval	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Business Plan Document (drafts + final)	Business Plan
12: Implementation of Business Plan	Evidence of the implementation of a new or enhanced service. Upload any documentation related to implementation such as excel documents, financial analysis etc..	Business Plan
13: Evaluation of Business Plan	Evaluation of the new or enhanced service from all aspects (quality, safety, cost-effectiveness, significance and create sustainability plan) and present at Shark Tank. Shark Tank Presentation (drafts + final) + Email documentation of preceptor's final approval	Business Plan
14: Research project design and implementation	Written design and implementation for practice-related project: IRB proposal (all drafts and final)	Research

Folder Name	Description	Associated Activity
15 Research project evaluation	Evaluation of the practice-related project: Data collection tools	Research
16 Research project report	Completed final written project report; Publishable manuscript and ALL presentations (posters, slides etc- drafts and final) + Email documentation of preceptor's final approval	Research

Competency Area R4: Teaching, Education and Dissemination of Knowledge

Folder Name	Description	Associated Activity
17: Presentations	Presentations for each of the following learners (slides and/or handouts need to be uploaded and <u>include a table of contents</u> – see provided template □ patients/caregivers (minimum of 1) □ members of the community ((minimum of 1) □ health care professionals (physicians/nurses etc) (minimum of 1) □ pharmacists and technicians (minimum of 1) □ pharmacy/health professions students (see teaching requirements of program for details) Please include summary document of evaluations from participants and preceptors as available	Teaching Activities
18: Written materials	Written materials (do not include presentations submitted in 17) of educational information to multiple levels of learners <u>including a table of contents-</u> see provided template □ patients/caregivers □ members of the community □ health care professionals (physicians/nurses etc) □ pharmacists and technicians □ pharmacy/health professions students	Teaching Activities
19: Written feedback to learners	Two least examples of **both** formative and summative feedback provided to an APPE or IPPE learner. Formative- written feedback from a project completed by the APPE/IPPE learner Summative- copy of 2- APPE students Mid-Point and/or Final Evaluations in CORE	Precept APPE/IPPE Students
20. Teaching Certificate Program	Electronic TCP portfolio Entire portfolio needs to be uploaded/maintained here	Teaching Certificate Program

Other Requirements

Folder Name	Description	Associated Activity
21. Practice Site Requirements	Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot etc. Policy and Procedure signature page UC Onboarding requirements- Successfactors learnings Any other site specific training documents- see learning experience documents Philosophy of Practice	Practice Site Training
22: Resident Credentials	Pharmacy intern/technician license Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates ☐ Diabetes Certificate Program ☐ Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation