

University of Cincinnati Pharmacy Practice Residency Program Policies

2020-2021

Requirements for Completion of Residency:

The University of Cincinnati Residency Programs require one year 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 of the goals of the residency program as established in their customized 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 for PGY1 program and Appendix C and D for PGY2 program):

1. Successful completion of all required and elective (if applicable) learning experiences
2. A designation of “Achieved” on a minimum of 85% of the required goals identified in the program plan. A designation of “Satisfactory Progress” on all remaining goals identified in the customized plan (but no more than 15% of required goals).
3. Satisfactory completion of a residency project. Completion includes presentation of the project at national and regional meetings and approval of a manuscript in publishable form by the resident’s project committee.
4. Satisfactory completion of all assignments as approved by the residency program director (RPD), Residency Advisory Committee and preceptors.

Licensure:

Residents should be licensed in Ohio by the by start of their residency when practical to do so and must be licensed no later than the end of July of the year they begin training. Failure to obtain licensure will necessitate customization of the resident’s training program and may result in suspension or termination from the program. Termination will occur if the resident is unable to become licensed in the State of Ohio by the end of August for the PGY2 program and end of September for the PGY1 programs in the year the training occurs (within 60 or 90 days of the start date of the residency). This licensure requirement is consistent with ASHP Ambulatory Care PGY2 and Community –Based PGY1 Accreditation Standard for Post Graduate Training 1.4: Requirements for Resident Selection and Resident Completion of the Program. If NAPLEX or MPJE exams cannot be scheduled prior to the start of the residency year, the resident should schedule the exam(s) on a Saturday in July. 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/Elective Experiences:

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 and PGY2 Ambulatory Care Residency Programs. However, in order to meet each resident’s individual needs, aspects of residency including elective goals and objectives, 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 customized plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan

1. Entering Self-Evaluation and Self-Reflection – residents will be asked to both self-evaluate (taking a critical view of skills/abilities based on given standard) and self-reflect (global view of your learning and professional growth) by completing assigned activities 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. Residents will be asked to answer entering interest questions as part of the Self-Evaluation and Self-Reflection form. These questions will provide preceptors background on the residents training, desired preceptor interaction, organizational involvement and teaching interests. Responses will be sent to preceptors who will then use this information to customized orientation experiences.
3. Pharmacademic Self-Evaluation: Residents will also be asked to review current ASHP/APhA Competency Statements/Goals/Objectives of the residency program and complete a self-evaluation in Pharmacademic (Entering Objective-Based Self-Evaluation) during orientation. Each resident will determine level of experience and ability to achieve the educational objectives of the residency program. For each goal, residents will review the criteria provided and select one of the following level of skills (and associated level of preceptor interaction). Comments are required for each objective and will be discussed at length during orientation.

Level of Skill	Preceptor Interaction
Fundamental Awareness	Teaching/Role Modeling
Novice	Coaching
Intermediate	Experience with Coaching
Independent	Independent
Achieved	None needed

4. 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 in the self-evaluation and adjust the plan as needed.
5. Initial customized plan will be created with RPD during orientation month (late July). This plan will include: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development and learning interests, To help the resident develop, the plan may include additional assignments/learning experiences, increased/decrease repetition of activities, addition of new objectives etc..
6. Each quarter, the resident will meet with the RAC to evaluate progress and review/updated customized plans including: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development, learning interests, modifications to residency, readiness for independent learning and assessment strategies. Meeting will take place in October, January, and April.

Required Learning Experiences:

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
- 2 Patient Centered Dispensing + Management
- 3 Direct Patient Care
- 4 Academic and Teaching
- 5 Business Plan
- 6 Research Project
- 7 Quality Improvement Project

The PGY2 resident must successfully complete each of the following experiences:

1. Orientation
2. Direct Patient care
3. Practice Management
4. Advancing Practice and Improving Patient Care
5. Academic and Teaching Learning Experience
6. Elective: if needed Patient Centered Dispensing

Elective options/Shadowing experiences:

Based on the resident's interests and areas for improvement, elective/shadow experiences are available. These experiences ideally will take place in April/May/June of the residency year. All elective/shadow experiences will be discussed/decided upon collaboratively by the RAC. It is the responsibility of the RPD to then organize/manage these experiences in conjunction with the preceptor (s).

Assessment of Performance:

For each required/elective 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 weaknesses 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 a longitudinal learning experiences

(example: Academic and Teaching). 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-Assessment: 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 bi-weekly/quarterly self-assessment opportunities.

1. BI-weekly, residents will be asked to identify a strength/struggle to evaluate. This self-reflection is found in the weekly activity log. How to accurately self-reflect will be reviewed in orientation.
2. Quarterly residents will self-evaluate their performance compared to the criteria based goals/objective statements for each learning experience.
 - a. This evaluation is found in Pharmacademic
 - b. Each evaluation must be completed by the due date or within 7 days.
 - c. For detailed information on how to complete these evaluations-see assessment strategy found in the residency handbook
 - i. Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy found below.

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 consequent 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 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 party 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 (for example: 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 residency program director 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 residency program director, 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 (no longer than 30 days) to demonstrated documented improvement or formal termination procedures will proceed.

4. 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.
5. 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.
6. In cases of serious misconduct, regardless of the 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 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 training 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' customized 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:

http://www.uc.edu/content/dam/uc/hr/labor_and_employee_relations/policies/16_13_postdoctoral_appointments.pdf. The program reserves the right to review the reason for time away from work to determine whether the resident should be permitted to continue in the current position, suspend or terminate the residency position based on the individual circumstances presented.

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 preceptor's first via email.
5. You must copy the Residency Program Director on any vacation e-mail requests.
6. Your request must be submitted via UC FLEX Employee Self-Service (see below).

The Residency Program Director 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 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).

Resident Holidays:

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

UC* is closed the following holidays for 2019-2020: July 4th, September 2nd, November 11th, November 28th and 29th, December 24nd and 25th, January 1st, January 20th and May 25th

Residents are expected to be either at the College or at your practice site during the following time periods:

October 12th and 13th: Reading Day/Fall Break
November 26 and 27: Thanksgiving Break, UC Closed
December: 23rd to 31st: Winter Break, UC Closed
March 15th to 21st: 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 6.67 hours/month for each month worked (10 days/year). Upon the end of the residency and will not be paid for any unused days. For sick time greater than 5 days taken consecutively, a doctor's note will be required.

Since the residency program is of limited length (1 year), the program has an additional policy pertaining to leave. Short-term leave, sick leave, and other long-term absences due to unforeseen circumstances may impact the ability of resident to satisfactorily complete the residency within their one year appointment. In such cases, the resident's program may be extended. The determination to extend the length of the program, the length of extension, and the continuation/discontinuation of stipend will be made on an individual basis, according to individual circumstances, by the Residency Program Director, and Preceptor Team based on the advice of UC Human Resources. If leave of any type extends past 6 months, the resident will be terminated and will be given the opportunity to reapply for the residency program.

Professional Leave:

UC supports attendance at professional meetings as required by the UC PGY1 Community-Based Pharmacy and PYG2 Ambulatory Care Residencies. 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 Residency Program Director. The final decision for all professional leave is made by the Residency Program Director and Preceptor team.

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 system 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 as leave without pay. However, your total days off, paid or unpaid, 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.

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 six meetings/recruitment events each year (up to a max of \$2000 total for the year for PYG1 and \$3000 total for PGY2 programs). Additional travel/training may be reimbursed on an individual basis after approval from RPD/Preceptors.

The required meetings/recruitment events may be:

- American Pharmacists Association Annual Meeting
- American Society of Consultant Pharmacists Annual Meeting (MM only)
- American Society of Health Systems Pharmacists Annual Meeting*
- American College of Clinical Pharmacy Annual Meeting*

- 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)

*PGY2 Program only

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. Submission of travel authorization form via Concur, the Universities on-line travel reimbursement system. You will complete the training related to this system during UC orientation.
2. All requests for travel must be submitted a **minimum of one month prior to your trip.**
3. Submission of completed travel expenses will also be conducted using Concur. This information 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.
4. Reimbursement check is generally provided within 2 weeks of submission of expense form with receipts.
5. Concur website is: www.uc.edu/concur-travel.html.

See UC Travel Policy found at:

http://www.uc.edu/content/dam/uc/af/financialpolicies/Docs/travelexp_pol.pdf. Please review carefully.

Key Tentative Dates:

- ASCP Annual Meeting 2019: November 12 to 15th Kissimmee Florida (MM/LL residents only)
- APhA Annual Meeting 2020: March 12 to 15 Los Angeles (FRHC, SVdP and PHS residents only)
- Ohio Pharmacist Association: TBD*; Columbus, OH
- Ohio Pharmacy Residency Conference: 5/14/21 (tentative), Ada, Ohio
- OSHP residency showcase 10/24/2020 (tentative) Columbus, Ohio
- OPA advocacy events (November, February- PGY1 residents only -TBD)

The dates you are expected to leave and return from these meetings will vary based on distance to the meeting, activities to be completed at the meeting and the need for the resident to be at the practice site. It is the resident's responsibility to discuss travel dates with the site coordinators and RPD prior to submitting TOFW for approval.

Documentation of Vacation/Sick/Travel Leave:

Once approved, 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 off
 - a. No later than one month for a full week and 2 weeks for individual days
2. All required travel documentation should be submitted no later than one month 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: <https://www.uc.edu/af/bcs/uc-flex.html>.

Use UC VPN, to access UCFLEX Employee Self Service (ESS) 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://www.uc.edu/content/dam/uc/hr/benefits/benefit_summaries/2019/post-docs-2019.pdf.

Resident Calendar:

Each resident is expected to maintain a monthly calendar to be shared with the primary Residency Preceptor. The calendar will be in the form of a “living document.” It is the responsibility of the RESIDENT to maintain this calendar and notify all parties of any changes.

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 <https://med.uc.edu/uhs> to find hours and to schedule an appointment.
4. Hepatitis B vaccine series- physician documented
5. PGY2 program only: documentation of immunization status for HepA, HepB, MMR and Varicella.
6. MedManagers: Covid19 test

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 include the following: time spent at the practice site, time spent at home working on residency related activities, time spent at the College, external moonlighting and patient care provided on a volunteer basis.

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 under the following conditions.

1. The resident requests permission from the Residency Program Director before work commitments are made and justifies the reasons, type and amount.
2. The outside work schedule and number of hours do not compromise any component of the residency.
3. Work outside of the residency may be continued as long as the resident's performance is satisfactory as determined by the Residency Program Director.
4. The resident will communicate with the RPD their intention to seek or continue outside employment at the first meeting of the residency year. The resident will be limited to not more than 16 hours per month of moonlighting.
5. All duty hours must be documented on the weekly activity log and total hours must not exceed the ASHP residency standard (see below).
6. Per ASHP standards the maximum time allowed for duty hours (includes moonlighting) is 80 hours per week, averaged over a four-week period, inclusive of moonlighting. For specific details regarding maximum hours of work per week and duty free times see:
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

Resident Portfolio:

Each resident is expected to maintain an electronic record of important elements of his/her residency program as determined by the site preceptor and RPD each year. See Appendix B (For PGY1 program) and Appendix D (for PGY2 program) for information related to the portfolio.

Appendix A: Requirements for Completion of PGY1 Community-Based Residency

1. Residents must successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). 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. All requirements must be verified and acceptable to each site coordinator in conjunction with the Residency Program Director.
3. The resident must **complete** the following **activities** 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 and work groups as well as other meetings set forth by program
 - 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
 - Weekly logs- 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 – completion and implementation
- Business plan – completion and presentation at Shark Tank event
- Research - Institutional review board approved or exempt project- completion and presentation at local, regional, state and national meetings

Competency Area R4: Teaching, Education and Dissemination of Knowledge

- Teaching activities to the following learners:
 - Patients/Caregivers
 - Members of the Community
 - Health Care Professionals
 - Pharmacists/Technicians
 - Pharmacy/Health Professions students
- 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

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

This folder will be reviewed at each customized 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	<p>Documented completion of readiness for independent practice check-list (practice site specific)</p> <p>At least five samples of de-identified patient healthcare records for all required services (medication management, immunizations, disease state management, health promotion/wellness and transitions of care) completed during the residency program. (5 over the course of the year)</p> <p>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). Samples of other written communications or records related to resident's:</p> <ol style="list-style-type: none">1. written plan for meeting the educational needs of a specific patient;2. written recommendation to a caregiver;3. prescribed, administered, and/or monitored medications;4. communications with another provider to improve a specific patient's treatment plan5. referral of the patient to another provider.	Direct Patient Care and Patient Centered Dispensing
2: Communication to HCP	Documentation of communication of information to health care professionals when transferring a patient from one health care setting to another.	Transitions of Care

Folder Name	Description	Associated Activity
3: Collaborative Practice Agreement	Collaborative practice agreement, standing order or implementation process for a state-based protocol	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. (Strategic Planning documents, goal setting documents, etc.) 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	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 etc)	Professional Involvement
6: Community Service	Documentation of community service during the residency.	Community Service
7: Resident Evaluations and Professional Activities	Self-reflection (beginning of residency) Weekly Logs Requirements to complete the residency- updated quarterly Customized plans- updated quarterly Participation in OPA Advocacy Day - reflection Self-reflection (end of the residency) Exit review with Residency Program Director	Professional Activities within Residency

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

8: Quality Improvement Project Plan	QI Summary Document: QI project will be focused on the medication-use process and/or patient care services.	QI
9: QI Project Implementation	QI Summary Document TimeLine and Key Driver Diagram and PDSA Cycles (minimum of 3)	QI
10: QI Project Evaluation	QI Summary Document: Formal Evaluation and Sustainability Plan	QI
11: Business plan	Written business plan for new service or appraisal and plan for enhancement of existing service Shark Tank Presentation	Business Plan
12: Clinical service implementation	Evidence of the implementation of a new or enhanced service.	QI, Research or Business Plan
13: Clinical service evaluation	Evaluation of the new or enhanced service.	QI, Research or Business Plan

Folder Name	Description	Associated Activity
14: Research project design	Written design for practice-related project: IRB proposal	Research
15: Research project implementation	Project implementation strategy: IRB Proposal	Research
16: Research project evaluation	Evaluation of the practice-related project: data collection and manuscript	Research
17: Research project report	Completed final written project report; manuscript and presentations	Research

Competency Area R4: Teaching, Education and Dissemination of Knowledge

18: Presentations	<p>Presentations for each of the following learners (slides and/or handouts need to be uploaded and include a table of contents – see provided template)</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/caregivers <input type="checkbox"/> members of the community <input type="checkbox"/> health care professionals (physicians/nurses etc) <input type="checkbox"/> pharmacists and technicians <input type="checkbox"/> pharmacy/health professions students <p>Please include summary document of evaluations from participants and preceptors</p>	Teaching Activities
19: Written materials	<p>Written materials(do not include presentations submitted in 17) of educational information to multiple levels of learners including a table of contents- see provided template)</p> <ul style="list-style-type: none"> <input type="checkbox"/> patients/caregivers <input type="checkbox"/> members of the community <input type="checkbox"/> health care professionals (physicians/nurses etc) <input type="checkbox"/> pharmacists and technicians <input type="checkbox"/> pharmacy/health professions students 	Teaching Activities
20: Written feedback to learners	Two least examples of both formative (ie feedback on a project) and summative feedback (copy of CORE evaluation) provided to an APPE or IPPE learner.	Precept APPE/IPPE Students
21. Teaching Certificate Program	Electronic TCP portfolio	Teaching Certificate Program

Other Requirements

22. Practice Site Requirements	<p>Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot Policy and Procedure signature page Any other site specific training documents- see learning experience documents Philosophy of Practice</p>	Practice Site Training
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Folder Name	Description	Associated Activity
23: Resident Credentials	Pharmacy intern/technician license Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> CV risk reduction certificate program <input type="checkbox"/> Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation

Appendix C: Requirements for Completion of PGY2 Ambulatory Care Residency

4. Residents must successfully complete all required experiences (and elective if appropriate), and 85% must be rated at achieved (ACH). 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).
5. All requirements must be verified and acceptable to each site coordinator in conjunction with the Residency Program Director.
6. The resident must **complete** the following **activities** as part of the program:
 - Competency Area R1: Patient Care**
 - Engaged in direct patient care related activities an average of 65% of the residency
 - If applicable, complete elective Community-Based Practice Learning Experience
 - Competency Area R2: Advancing Practice and Improving Patient Care**
 - Practice Management – implement, manage and evaluate a new service as well as work on projects related to population health.
 - Advancing Practice and Improving Care - Institutional review board approved or exempt project- completion and presentations at local, regional, state and national meetings
 - Competency Area R3: Leadership and Management**
 - Leadership:
 - Be actively engaged in and eventually lead pharmacy planning and work groups as well as other meetings set forth by program
 - Engage in collaborations with peer organizations (ie OACHC)
 - Professional Activities Within Residency
 - Weekly logs- 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
 - Competency Area R4: Teaching Education and Dissemination of Knowledge**
 - Academic and Teaching activities to the following learners:
 - Patients/Caregivers (individual and group settings)
 - Members of the Community
 - Health Care Professionals
 - Pharmacists/Technicians
 - Pharmacy/Health Professions students
 - Precept up to 6 APPE students
 - Other Requirements**
 - Completion of practice site training requirements and uploading of critical residency related documentation

Documentation related to the above activities will be maintained in an electronic portfolio (see Appendix D) - 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 D: The resident must keep a portfolio on OneDrive which contains the following documents

This folder will be reviewed at each customized 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	<p>At least EIGHT samples of de-identified patient healthcare records for all required services (medication management, immunizations, disease state management, health promotion/wellness and transitions of care) completed during the residency program. (8 over the course of the year)</p> <p>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). Samples of other written communications or records related to resident's:</p> <ol style="list-style-type: none"> 1. written plan for meeting the educational needs of a specific patient; 2. written recommendation to a caregiver; 3. prescribed, administered, and/or monitored medications; 4. communications with another provider to improve a specific patient's treatment plan 5. referral of the patient to another provider. <p>Samples provided must demonstrate a holistic approach to patient care and must cover 8 of the following disease states: Cardiology, Dermatology, Endocrinology, Gastroenterology Geriatrics, Infectious diseases, Men's health, Nephrology Neurology, Pediatrics, Psychiatry, Pulmonology, Women's health</p>	Direct Patient Care
Competency Area R2: Advancing Practice and Improving Patient Care		
2: Practice Management	Documentation related to the enhancement or starting of a new, sustainable and replicable clinical service. (ie: QI summary, Key Driver Diagram, PDSA cycles and final evaluation and sustainability plan)	Practice Management

Folder Name	Description	Associated Activity
3. Population Health	Documentation related to population health related projects	Practice Management
4: Research project	Written design, implementation, evaluation of IRB approved/exempt project	Advancing Practice and Improving Care
5: Research project report	Completed final written project report; manuscript and presentations	Advancing Practice and Improving Care
Competency Area R3: Leadership and Management		
6. Pharmacy/Health System Planning and Leading Work Groups	Evidence of contributions to the Pharmacy planning process. (Strategic Planning documents, goal setting documents, etc.) Evidence of engagement with peer organizations	Leadership
7: Resident Evaluations and Professional Activities	Self-reflection (beginning of residency) Weekly Logs Requirements to complete the residency- updated quarterly Customized plans- updated quarterly Self-reflection (end of the residency)	Professional Activities within Residency
Competency Area R4: Teaching Education and Dissemination of Knowledge		
8: Presentations	Academic Learners: Presentations and written materials for each of the following learners (slides and/or handouts need to be uploaded and include a table of contents – see provided template <input type="checkbox"/> health care professionals (physicians/nurses etc) <input type="checkbox"/> pharmacists and technicians <input type="checkbox"/> pharmacy/health professions students Please include summary document of evaluations from participants and preceptors	Academic and Teaching Activities
9: Presentations	Community Learners: Presentations for each of the following learners (slides and/or handouts need to be uploaded and include a table of contents – see provided template <input type="checkbox"/> patients/caregivers <input type="checkbox"/> members of the community Must include DEEP and School Based Health Center activities	Academic and Teaching Activities
10: Written feedback to learners	Two least examples of both formative (ie feedback on a project) and summative feedback (copy of CORE evaluation) provided to an APPE learner.	Academic and Teaching Activities

Folder Name	Description	Associated Activity
Other Requirements		
11. Practice Site Requirements	Blood Borne Pathogen Certificate HIPAA training documentation Health Maintenance Records: PPD/Flu Shot Policy and Procedure signature page Any other site specific training documentation- see learning experience documents	Practice Site Training
12: Resident Credentials	Pharmacist license APhA Immunization certificate BLS certification APhA and other training completion certificates <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes Certificate Program <input type="checkbox"/> CV risk reduction certificate program <input type="checkbox"/> Others IHI basic certificate in Health Care Quality Improvement CITI training certificate	Professional Documentation