



TRINITY HEALTH GRAND RAPIDS

Postgraduate Year Two (PGY2) Infectious Diseases Pharmacy
Residency

Residency Manual



PGY-2 INFECTIOUS DISEASES PHARMACY RESIDENCY PROGRAM

Residency Manual

Updated November 14, 2023

Trinity Health Grand Rapids
Pharmacy Department
200 Jefferson Avenue SE
Grand Rapids, MI 49503

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Preface

The Trinity Health Grand Rapids (THGR) residency program is designed to help you transition from resident to independent practitioner. Our goal is to provide excellent preparation for your career in infectious disease pharmacy practice. This Residency Handbook has been compiled as a convenient reference for general information regarding the residency program's major policies and expectations.

It is your responsibility to become familiar with the material in this handbook. The information provided is current at the time of publication but may be subject to change. Every effort will be made to ensure that you are notified of policy changes in a timely fashion. If you have questions regarding the information contained in this handbook, please contact the Residency Program Director.



Hospital Information

Welcome to Trinity Health!

Trinity Health Grand Rapids (THGR) is an integrated health care network committed to providing health care that is more complete and personally satisfying by offering the latest technology and most highly skilled staff in a patient-centered environment. The campus encompasses more than 2,500 employees, a 356-bed acute care hospital in downtown Grand Rapids, the Trinity Health Lacks Cancer Center, and the Trinity Health Hauenstein Neuroscience Center. Additionally, Trinity Health Medical Group (THMG) – Grand Rapids includes over 120 primary care physicians and 50 specialists, along with five community outreach centers.

Trinity Health Grand Rapids is a member of Trinity Health, the second largest Catholic health care system in the country.

Mission, Vision, Core Values, and Guiding Behaviors

At Trinity Health Grand Rapids, everything we do is rooted in our heritage as a faith-based organization and our strong commitment to bettering the communities we serve.

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Core Values

- *Reverence* – We honor the sacredness and dignity of every person.
- *Commitment to those experiencing poverty* – We stand with and serve those who are poor, especially those most vulnerable.
- *Safety* – We embrace a culture that prevent harm and nurtures a healing, safe environment
- *Justice* – We foster right relationships to promote the common good, including sustainability of earth.
- *Stewardship* – We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- *Integrity* – We are faithful to who we say we are.

Professional Image Policy

All THGR employees are expected to maintain a professional image consistent with Institutional Policy 03/108 – Professional Image Program (see Appendix I).

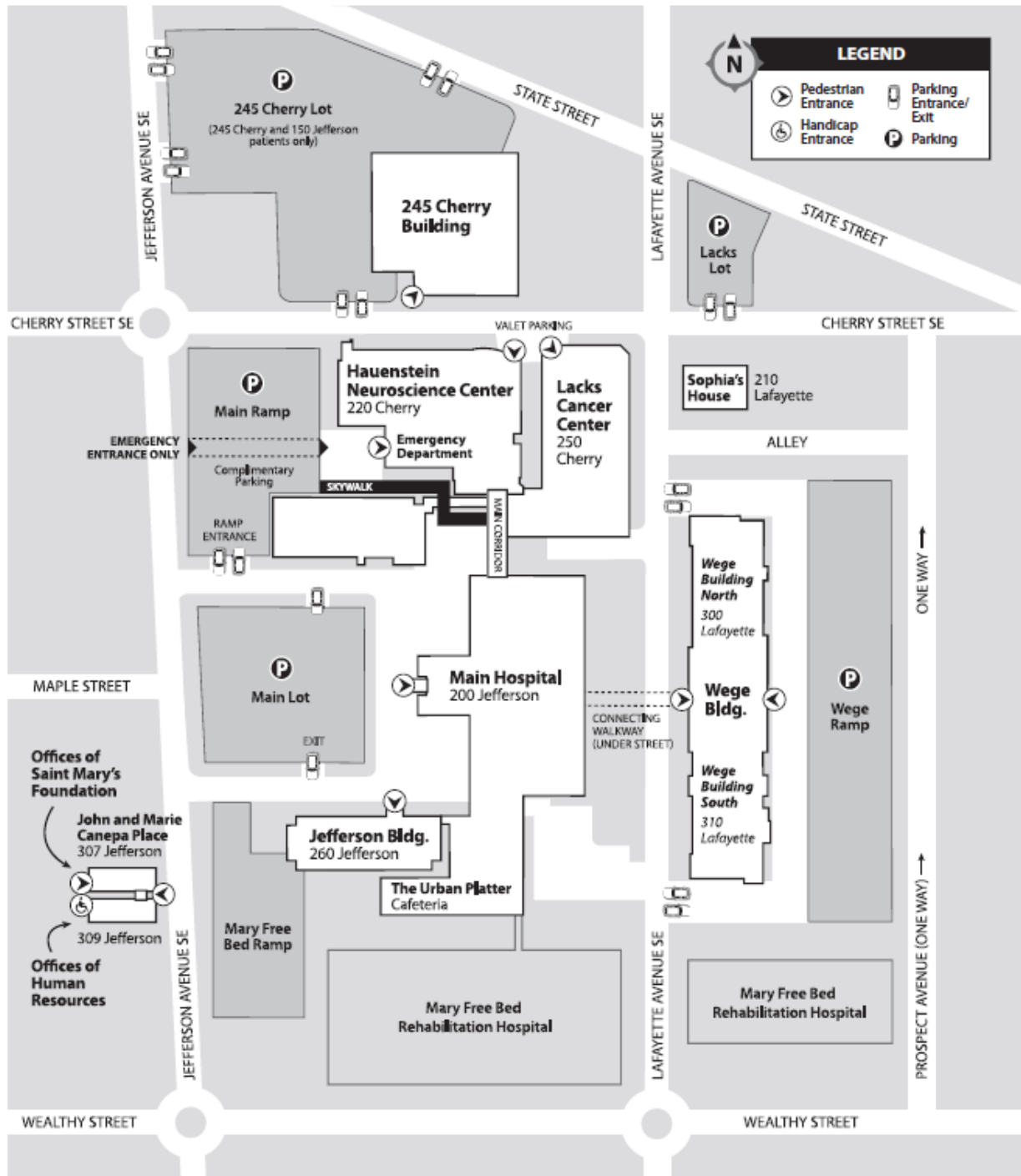
Tobacco Free Campus Policy

Trinity Health is a tobacco-free institution in accordance with Institutional Policy 03/509 – Tobacco Free Environment (see Appendix II).

Hospital Address

Trinity Health Grand Rapids
200 Jefferson Avenue SE
Grand Rapids, MI 49503

Mercy Health Saint Mary's Campus Map



Applying to the Program

Eligibility

All candidates must have completed a PGY-1 pharmacy residency from an AHSP accredited or candidate status program. Proof of completion of a PGY1 program must be submitted within 30 days of starting the PGY2 program. Only graduates from ACPE accredited pharmacy programs may apply to the Trinity Health Grand Rapids residency program. Foreign pharmacy graduates may apply to the residency program after successfully passing the Test of English as Foreign Language (TOEFL) and Foreign Pharmacy Graduate Equivalence Exam (FPGEE). All candidates must be eligible for licensure to practice pharmacy in the United States prior to appointment. The residency program at THGR cannot be used to collect hours to sit for the NAPLEX.

Application Process

THGR utilizes the Pharmacy Online Residency Centralized Application Service (PhORCAS). Applicants must submit the following materials to initiate the application process:

- Official transcript from the school/college of pharmacy attended;
- Curriculum vitae;
- Letter of intent, including a personal statement regarding career goals and how residency training will help to achieve them;
- Three letters of recommendation from professional references.

Applications will not be considered until all materials have been received. The deadline to submit applications is January 2nd.

All complete applications will be reviewed. Candidates whose applications meet the following criteria will be evaluated for a possible onsite interview:

- Transcripts showing passing accolades and showing stability or a trend toward improvement during clinical rotations;
- Positive letters of recommendation;
- Complete CV and letter of intent;

- Effective interpersonal communication skills with the RPD, current residents, and/or preceptors (via phone, face-to-face, email, and/or regular mail).
- PGY1 and student experiences demonstrating an interest in infectious diseases

Interview Process

The THGR PGY-2 ID program will participate in AHSP's Pharmacy Placement Service (PPS). Candidates will participate in an onsite interviews. Virtual interviews may be conducted in place of onsite interviews, based on individual candidate circumstances. Most interviews are scheduled in late January or early February. During the interview, the candidate will meet with the RPD, the RPC and as many of those involved with the residency program as possible (e.g. Director of Pharmacy, current residents, and preceptors).

The Match

The THGR residency program participates in and follows the rules of the ASHP National Matching Service (<https://www.natmatch.com/ashprmp/>). After the completion of all onsite and/or virtual interviews, candidates whose application and interview suggest they would be acceptable for inclusion in the program will be ranked. The rank order list will be submitted to the Match prior to the deadline. Criteria used for ranking include:

- Application materials;
- Quality of answers given during the interview;
- Interpersonal communication exhibited during the interview;
- Results of the interview evaluation tool compared to other candidates.

In the event that any of the residency positions are not filled in Phase I of the Match, remaining positions will be offered to applicants in Phase II of the Match. Phase II candidates must meet all of the same criteria as Phase I candidates, except that onsite interviews may not be required.

In the event that one or more residency positions remain unfilled after Phase II of the Match, the RPD will attempt to find qualified candidates from among those candidates who were not successful in the Match or who opted not to participate in the Match. Post-Match candidates must meet all of the same criteria as pre-Match candidates, except that onsite interviews may not be required. If an acceptable candidate is identified, the RPD will attempt to fill open residency positions. If no acceptable candidates are identified, the residency position(s) should remain open for the year rather than fill an open position with an unqualified/unacceptable candidate.

Acceptance into the Program

The RPD will send an acceptance letter within 30 days to the candidates who have matched with the program, or who have been selected to fill unmatched openings. The acceptance letter will outline the terms and conditions of the one-year residency program. The letter must be signed and returned to the RPD before the start of the residency.

Program Goals & Objectives

The PGY-2 Infectious Disease pharmacy residency is an organized, directed, accredited training program that centers on development of the knowledge, attitudes, and skills needed to provide team-based pharmaceutical care.

Residency Mission & Purpose Statement

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Our PGY2 pharmacy residency program will build on PGY1 training programs and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients in the specialty area of infectious diseases. Residents who successfully complete our PGY2 in infectious diseases will be eligible for board certification in infectious diseases (BCIDP) and equipped to pursue a position specializing in infectious disease, antimicrobial stewardship, or the care of patients with HIV or Hepatitis C.

Outcomes, Goal statement and Objectives

Outcome R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.

OBJ R1.1.1 Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.

OBJ R1.1.2 Interact effectively with infectious diseases patients, family members, and caregivers.

OBJ R1.1.3 Collect information on which to base safe and effective medication therapy for infectious diseases patients.

OBJ R1.1.4 Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.

OBJ R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.

OBJ R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.

OBJ R1.1.7 For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.

OBJ R1.1.8 Demonstrate responsibility to infectious disease patients.

Goal R1.2: Ensure continuity of care during infectious diseases patient transitions between care settings.

OBJ R1.2.1 Manage transitions of care effectively for patients with infectious diseases.

Goal R1.3: Manage antimicrobial stewardship activities.

OBJ R1.3.1 Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.

OBJ R1.3.2 Participate in the institution's antimicrobial stewardship program

OBJ R1.3.3 Evaluate stewardship program processes and outcomes.

Outcome R2: Advancing Practice and Improving Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.

OBJ R2.1.1 Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients.

OBJ R2.1.2 Participate in the review of medication event reporting and monitoring related to care of infectious diseases patients.

OBJ R2.1.3 Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.

OBJ R2.2.1 Identify and/or demonstrate understanding of a specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.

- OBJ R2.2.2 Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- OBJ R2.2.3 Collect and evaluate data for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- OBJ R2.2.4 Implement quality improvement or research project to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- OBJ R2.2.5 Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- OBJ R2.2.6 Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.

Goal R2.3: Manage and improve anti-infective-use processes

- OBJ R2.3.1 Make recommendations for additions or deletions to the organization's anti-infective formulary based on literature and/or comparative reviews.
- OBJ R2.3.2 Contribute to the activities of the P&T committee, specifically the anti-infective subcommittee, when applicable.

Outcome R3: Leadership and Management

Goal R3.1: Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.

- OBJ R3.1.1 Implement a successful strategy for earning credibility with the organization to be an authoritative resource on the pharmaceutical care of individuals with an infectious disease.

Goal R3.2: Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.

- OBJ R3.2.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.
- OBJ R3.2.2 Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.

Goal R3.3: Demonstrate management skills in the provision of care for infectious diseases patients.

- OBJ R3.3.1 Contribute to management of infectious diseases-related policies and issues.
- OBJ R3.2.2 Manage one's own infectious diseases practice effectively.

Outcome R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).

- OBJ R4.1.1 Design effective educational activities related to care of patients with infectious diseases.
- OBJ R4.1.2 Use effective presentation and teaching skills to deliver education related to care of patients with infectious diseases.

OBJ R4.1.3 Use effective written communication to disseminate knowledge related to care of patients with infectious diseases.

OBJ R4.1.4 Appropriately assess effectiveness of education related to care of patients with infectious diseases.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.

OBJ R4.2.1 When engaged in teaching related to care of patients with infectious diseases, select a preceptor role that meets learners' educational needs.

OBJ R4.2.2 Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.

Program Definitions

RESIDENCY PROGRAM DIRECTOR designates the individual who is responsible for coordinating the activities of the PGY2 pharmacy residency program. The Residency Program Director (RPD) is responsible for coordinating the central documentation of all residency activities and evaluation files sufficient for program operation and accreditation, which includes working with preceptors to develop learning activities that match the goals and objectives of the residency program. The RPD will review and respond to directives from the American Society of Health-Systems Pharmacists concerning the residency program. The RPD will address any performance deficits or disciplinary issues related to the residency.

RESIDENCY PROGRAM COORDINATOR is the primary support for the RPD. The Residency Program Coordinator (RPC) aids in the logistical oversight of the program. The RPC aids with the central documentation of all residency activities and evaluation files sufficient for program operation and accreditation. The RPC will also aid with the development of resident schedules, coordinating program meetings and scheduling candidate interviews.

RESIDENT ADVISORY COMMITTEE is comprised of the RPD and other members of the pharmacy staff involved in the residency program. Residency Advisory Council (RAC) oversees all aspects of the PGY2 Pharmacy Residency including but not limited to outcomes and goals of the program and resident progress through the program. The RAC meets at least quarterly.

PGY2 QUALITY IMPROVEMENT COMMITTEE is compromised of the RPD, the RPC and other pharmacy preceptors that are interested in the ongoing improvement of the residency program. This group evaluates proposed changes to the program. Final decisions made amongst this group are approved by RAC.

PRECEPTOR designates a qualified pharmacist preceptor and are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Some preceptors have completed residency programs and a Doctor of Pharmacy degree or have obtained equivalent qualifications and experience.

MENTOR designates the pharmacist identified by the resident to serve as a longitudinal resource and advisor. The mentor and resident should meet regularly, either formally or informally, to discuss the resident's current status, progress on defined strengths or areas for improvement, work-life balance, career advice, and other questions regarding the residency. The mentor can be the RPC, but not the RPD. The resident and mentor will meet quarterly with the RPD to review the customized development plan and make adjustments as needed.

Program General Information

Residents are expected to abide by the same pharmacy and institutional policies as other Trinity Health Grand Rapids pharmacists.

Licensure

Residents must be eligible for licensure in the State of Michigan. Information can be obtained from the Michigan State Board of Pharmacy at the Health Professions Bureau. Prior to starting, residents must obtain a limited education license from the State of Michigan. Pharmacist licensure must be obtained within 90 days of hire. Failure to pass required boards exams within the first 90 days of the residency will result in individual review by the RPD, development of a remediation plan between the RPD and a resident, and/or dismissal from the program. The resident must be licensed for at least 2/3 of the residency year, per ASHP Residency Standards (2022).

Upon receipt of a Michigan pharmacy license, the resident must photocopy the license and provide a copy to the pharmacy administrative assistant in order to document licensure.

Rotation Scheduling

The resident's rotation preferences will be considered when making and adjusting the rotation schedule. Required learning experiences include:

Required Rotation	Duration
Orientation	up to 2 weeks
Microbiology Laboratory	2-4 weeks
Antimicrobial Stewardship	6 weeks
Advanced Antimicrobial Stewardship	4 weeks
Infectious Diseases Consult Service	6 weeks
Advanced Infectious Diseases Consult Service	4 weeks
HIV & Hepatitis Ambulatory Clinic	4 weeks
Stewardship Program Management	4 weeks (Dec.)
Research Project	Longitudinal
HIV Fellowship Clinic, Policy and Advocacy	Longitudinal
Weekend antimicrobial stewardship and ED/Urgent Care culture follow up	Every 3 rd weekend and one second shift per week

Elective Learning Experiences

Elective learning experiences are available in a variety of inpatient and outpatient setting that allow residents to tailor the program to their needs. Approximately 12 weeks throughout the residency year are dedicated to elective experiences. The following are elective rotations offered:

Elective Rotation	Duration
Critical Care (Medical ICU)	4 weeks
Emergency Medicine (focus on stewardship at transitions of care)	2-4 weeks
Renal Transplant	4 weeks
Home infusion (outpatient parenteral antimicrobial therapy/OPAT)	2 weeks
Specialty Pharmacy	2 weeks
Public Health / Travel Medicine	2-4 weeks
Academic Internal Medicine	4 weeks
Pediatric Infectious Disease (Corewell)	4 weeks

The month of December will be reserved for Stewardship Program Management learning activities, attending the ASHP Midyear Clinical Meeting, concentrated time for the Research Project, and working on additional longitudinal rotation responsibilities.

Rotations for the year will be scheduled in July. Residents may request rotation changes at any time; the RPD and preceptors affected must approve rotation changes. Additionally, residents may be required to complete or repeat rotations at the discretion of the RPC and RPD.

Resident's Responsibilities on Rotation

- Meet with rotation preceptor to define individual and rotation goals, objectives, activities, and expectations during the first week of the rotation.
- Prioritize activities in order to meet the specific goals and patient care requirements of the rotation, while also completing other residency activities.
- Schedule regular interactions with rotation preceptor.
- Keep rotation preceptor informed of difficulties encountered in meeting goals and objectives of rotation.
- Assume practice responsibilities of rotation preceptor in his/her absence (as agreed upon by rotation preceptor and resident).
- Complete a learning experience, preceptor, and self-evaluation within one week of completion of the learning experience through PharmAcademic™.
- Discuss rotation evaluation with preceptor at the completion of each rotation.
- Assist with precepting students at the discretion of the preceptor.

Inpatient Staffing and Weekend Commitment

The resident will be assigned to staff the antimicrobial stewardship clinical service every third weekend and one second shift per week. This includes pharmacokinetic consults, ED and urgent care culture follow-up, as well as inpatient audit and feedback activities. Each resident will be required to work one holiday (Labor Day preferred). The weekend schedule will be provided prior to starting the residency.

PTO may not be taken on weekends. Should an emergency arise and the resident is not able to fulfill their weekend responsibility, he/she should attempt to find a replacement first. If unable to find a replacement, he/she will notify the supervisor for assistance in finding coverage. Trading of shifts is permitted among residents/staff already scheduled. The inpatient pharmacy manager should approve all other changes.

Kinetic Monitoring Service

The Pharmacy to Dose service is a 24-hour, physician-initiated, formal consult service provided by the inpatient and clinical pharmacy staff. While the service is formally provided for aminoglycosides and vancomycin, pharmacists may also be asked to give advice regarding other pharmacotherapeutic-related issues. Residents are required to participate in this service throughout the residency year, including weekend service requirements.

Teaching Activities

Residents will participate in the teaching activities within the Pharmacy Department. Teaching activities may include, but are not limited to the following:

- Precepting pharmacy students on experiential rotations
- Drug monographs or formulary reviews as requested by the Pharmacy & Therapeutics Committee
- In-services to pharmacy staff, nursing, or medical providers
- Journal clubs

Residents may elect to gain experience in a classroom setting as well through completion of the Pharmacy Education Development and Lecture Series (PEDALS) at Ferris State University College of Pharmacy (FSUCOP), so long as they have not already completed a teaching certificate program as part of their PGY-1 program. Activities required to obtain a teaching certificate include:

- Attendance and active participation in the PEDALS seminar series
- Facilitation of one week (2 full days) of Integrated Case Studies at FSUCOP
- Presentation of one journal club
- Presentation of one patient case
- Development and delivery of a 1-hour didactic lecture
- Development of a teaching portfolio and philosophy
- Other opportunities as available

Residents will receive guidance and instruction on teaching and the educational process through seminars, workshops, discussions with faculty, etc. in order to prepare them for teaching in a global sense as well as in specific courses.

Resident Duty Hours Restrictions

The THGR residency complies with the ASHP Duty Hour Requirements for Pharmacy Residencies standards. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the resident) and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor. If at any time the resident feels he/she is or will be in violation of these rules, they should notify the RPD immediately.

Moonlighting

A residency is a full-time obligation; hence, the resident shall manage activities so as not to interfere with the goals and objectives of the program. The practice of a resident having an additional job is highly discouraged and must be discussed with the Residency Program Director. Moonlighting, both internal and external, is permitted provided it does not interfere with the ability of the pharmacy residents to achieve goals and objectives of the educational program and is discussed and approved by the RPD. A maximum of 16 hours of combined internal and external moonlighting is permitted during each calendar month.

Internal moonlighting may not begin sooner than October. Weekday coverage must be approved by the current rotation preceptor and the RPD, as these hours are included duty hours.

If interference due to moonlighting is suspected, the resident and preceptor or RPD will meet to discuss whether the resident should continue moonlighting.

Documentation of Duty Hours

Residents will be asked to document hours spent in their residency programs in an effort to assure that ASHP requirements are met. Reviewable at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

- PGY2 residents will document compliance with these standards through utilization of the PharmAcademic™ duty hour evaluation at the end of each calendar month. This will be reviewed by the RPD each month and addressed immediately if the ASHP Duty Hour Requirements for Pharmacy Residencies requirement are not being met.
- False documentation of compliance will result in the progressive disciplinary procedure (warning, suspension, termination)
- Variances will be reported to the RAC.

Paid Time Off / Professional Leave

Residents will be provided with ten days of paid time off (PTO) that will be used throughout the year for vacation, sick time, or personal days. Additionally, residents will be given two days of paid time for interviewing purposes

Requests for PTO days should be coordinated with the preceptor for the month and approved by the RPD. The resident may request time off from work at any time except their required weekends. If the resident must be off on a scheduled staffing weekend, he/she must trade with another individual. THGR uses the Kronos® timekeeping system for hourly employees; while residents are paid on a salaried basis, requests for PTO will need to be submitted through the Kronos® system prior to the requested day(s) off. In the event of illness, the resident must notify the current preceptor and the RPD.

The Resident will be provided with 8 days of paid time to attend professional meetings as outlined below:

- ASHP Midyear Clinical Meeting in December (4 days)
- Great Lakes Residency Conference in April (3 days)
- ID Week and SIDP annual meeting (4 days)
 - May be substituted for ACTHIV based on resident's research project or interest area

All registration fees, travel, and hotel expenses for these meetings will be provided by Trinity Health Grand Rapids

Absences

The resident may not miss more than five days per rotation with the exception of December where the maximum number of days absent is eight. Absences beyond the maximum allowed must be approved by the RPD; in some cases, the resident, preceptor, and RPD may need to meet and discuss additional requirements in order for the resident to successfully complete the rotation. If the requirements of the rotation cannot be met, the rotation will be considered unsuccessfully completed.

Leave of Absence

In the event of a serious medical or family leave requiring extended leave, the maximum allowable length of extended leave is 4 weeks. Any time off above the accumulated PTO is without pay. Most

residents will not qualify for Family Medical Leave Act (FMLA), return to the program is not guaranteed. The resident will work with the RPD, Pharmacy Director and RAC to determine if return to the residency can be accommodated. At that time, the decision is made to continue or withdraw will be made by the RPD. If the decision is made to continue, it may be necessary to extend the residency beyond the allotted 12 months to ensure that the resident completes the 12-month minimum requirement (excluding PTO and professional leave). The residency will not be extended beyond an additional month for any reason.

Residents must be familiar with and follow the Trinity Health Grand Rapids policies related to extended leave requests (See Appendix V. Family Medical Leave Act (FMLA) and Appendix VI. Medical (Non-FMLA) Leave of Absence).

Unsuccessful Completion of Rotation

Should the resident not pass or successfully complete a rotation, the RPD and preceptor shall meet with the resident to decide what course of remedial action should be taken.

Dismissal

For a resident to be dismissed from Trinity Health Grand Rapids PGY-2 Infectious Disease Pharmacy Residency, all sections of Institutional Policy 03/700 – Associate Counseling and Corrective Action procedures must be followed.

Resignation

Before a resident can resign from the residency program, the resident MUST complete the following steps:

1. Notify the Residency Program Director of his/her intent.
2. Meet with the resident's choice of three pharmacy professionals to discuss the reasons for resigning and the potential consequences of such decision.
3. Meet with the Residency Council to discuss reasons for resigning and the consequences of resignation.

Requirements for Certificate of Completion

Upon successful completion of the residency, residents will be awarded a Certificate of Completion. The certificate cannot be issued until all residency requirements are completed (see checklist below). If all requirements are not completed at the end of the one-year residency, the resident and RPD will discuss the incomplete activities. If there are valid reasons that the requirements could not be completed, individual cases will be reviewed on a case-by-case basis with the RPD and RAC.

Document completion of the following elements structured into the residency program in order to receive completion certificate:

	Goal Completion Date	Date Completed	
Orientation Checklist			<input type="checkbox"/>
Obtain/Maintain BLS certification			<input type="checkbox"/>
Licensure in Michigan obtained within 90 days			<input type="checkbox"/>
Mentor selection			<input type="checkbox"/>
Research Project			
IRB Submission			<input type="checkbox"/>
IRB Approval			<input type="checkbox"/>
Complete data collection			<input type="checkbox"/>
Complete results analysis			<input type="checkbox"/>
Complete manuscript			<input type="checkbox"/>
IRB closeout			<input type="checkbox"/>
Abstract submission to ID week or ACTHIV			<input type="checkbox"/>
Great Lake Residency Conference presentation			<input type="checkbox"/>
Quality Improvement Project			<input type="checkbox"/>
Medication Use Evaluation			<input type="checkbox"/>
Poster Presentation at ASHP Midyear			<input type="checkbox"/>
Pharmacy Service Commitment Weekends			<input type="checkbox"/>
Recruitment Activities			
ASHP Residency Showcase			<input type="checkbox"/>
Evaluated presentation requirements			
CE Lunch and Learn Presentation			<input type="checkbox"/>
Two journal clubs			<input type="checkbox"/> <input type="checkbox"/>
Two patient cases			<input type="checkbox"/> <input type="checkbox"/>
Two journal peer reviews			<input type="checkbox"/> <input type="checkbox"/>
Achievement of >80% of residency objective in PharmAcademic™			<input type="checkbox"/>
All of the R1 objectives MUST be marked ACHR*			
Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.			<input type="checkbox"/>
Objective R1.1.1: (Applying) Interact effectively with health care teams, including microbiologists and infection			<input type="checkbox"/>

control preventionists, to manage medication therapy for patients with infectious diseases.			
Objective R1.1.2: (Applying) Interact effectively with infectious diseases patients, family members, and caregivers.			<input type="checkbox"/>
Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for infectious diseases patients.			<input type="checkbox"/>
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.			<input type="checkbox"/>
Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.			<input type="checkbox"/>
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.			<input type="checkbox"/>
Objective R1.1.7: (Applying) For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.			<input type="checkbox"/>
Objective R1.1.8: (Applying) Demonstrate responsibility to infectious diseases patients.			<input type="checkbox"/>
Goal R1.2: Ensure continuity of care during infectious diseases patient transitions between care settings.			<input type="checkbox"/>
Objective R1.2.1: (Applying) Manage transitions of care effectively for patients with infectious diseases.			<input type="checkbox"/>
Goal R1.3: Manage antimicrobial stewardship activities.			<input type="checkbox"/>
Objective 1.3.1: (Analyzing) Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.			<input type="checkbox"/>
Objective 1.3.2: (Applying) Participate in the institution's antimicrobial stewardship program			<input type="checkbox"/>
Objective 1.3.3: (Evaluating) Evaluate stewardship program processes and outcomes.			<input type="checkbox"/>
Summative Self-Evaluation (minimum of 4)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Direct patient care experience for these disease states/infections and anti-infective classes. (Those marked with an asterisk (*) may be met through didactic discussion, reading assignments, case presentations, and/or written assignments.			
Bone and Joint Infections			<input type="checkbox"/>
Cardiovascular Infections			<input type="checkbox"/>

Central Nervous System Infections			<input type="checkbox"/>
Fever of Unknown Origin*			<input type="checkbox"/>
Fungal Infections			<input type="checkbox"/>
Gastrointestinal Infections			<input type="checkbox"/>
Hepatitis B*			<input type="checkbox"/>
Hepatitis C*			<input type="checkbox"/>
HIV-infection and AIDS*			<input type="checkbox"/>
Intra-abdominal Infections			<input type="checkbox"/>
Neutropenic Fever			<input type="checkbox"/>
Ophthalmologic Infections*			<input type="checkbox"/>
Opportunistic Infections in Immunocompromised Hosts			<input type="checkbox"/>
Parasitic Infections*			<input type="checkbox"/>
Reproductive Organ Infections*			<input type="checkbox"/>
Respiratory Infections: Upper and Lower			<input type="checkbox"/>
Rickettsial Infections*			<input type="checkbox"/>
Sepsis			<input type="checkbox"/>
Sexually Transmitted Infections*			<input type="checkbox"/>
Skin and Soft Tissue Infections			<input type="checkbox"/>
Tuberculosis and Other Mycobacterial Infections*			<input type="checkbox"/>
Travel Medicine*			<input type="checkbox"/>
Urologic Infections			<input type="checkbox"/>
Viral Infections			<input type="checkbox"/>
Exit survey			<input type="checkbox"/>
Exit interview			<input type="checkbox"/>

*For an objective to be marked as ACHR it must be marked as 'Achieve' on at least two learning experience evaluations

Resident Signature: _____ Date: _____

RPC Signature: _____ Date: _____

RPD Signature: _____ Date: _____

Residency Project

The primary emphasis of the residency program is to develop the resident's clinical expertise and practice management skills. An integral part in the development of the resident is an appreciation of research methodology. Each resident is required to undertake a research project of suitable quality for publication in a peer-reviewed journal and/or presentation at a major scientific meeting. Additionally, each resident is required to present the findings of their research project at the Great Lakes Pharmacy Resident Conference (GLPRC).

Resident Expectations

1. By the end of August, the resident will establish the project topic and identify his/her preceptor(s).
2. Once the topic is selected, the resident and preceptor will meet to determine the detailed project timeline.
3. Residents will give a 10- to 15-minute presentation of their residency project including background, purpose, methods, and timeline to RAC by the end of September.
4. Residents must submit a research project proposal and application to the THGR Institutional Review Board (IRB) by the end of October.
5. It is the resident's responsibility to keep up with the timeline agreed to by the project preceptor. If the project deviates from the set schedule, the resident must inform the project preceptor.
6. The resident must present the results of the project at the Great Lakes Pharmacy Resident Conference.
7. The resident must submit the final project summary written in manuscript form to the Residency Program Director by the first of June. The format for the manuscript should be as stated in the "Instruction to Authors" for the journal that would be appropriate for publication as agreed upon by the project preceptor.

Preceptor Expectations

1. The preceptor will meet with the resident to determine a detailed timeline for project completion.
2. The preceptor will review and provide feedback for research project presentations and proposal, including IRB submission.
3. The preceptor will review and provide feedback for GLPRC abstract and presentation.
4. The preceptor will serve as a resource throughout the project.
5. The preceptor will review and provide feedback on the final manuscript prior to its submission to the program director.

Preceptors & Responsibilities

Preceptor	Specialty Rotation(s)
Lauren Clark, PharmD	Specialty Pharmacy
Heather Draper, PharmD, BCPS	Emergency Medicine
Lisa Dumkow, PharmD, BCIDP	Residency Program Director, Infectious Diseases/Stewardship, Research
Kristen Eid, PharmD, BCPS	Renal Transplant
Kamah Ellena, PharmD, BCCCP	Adult Critical Care
Andrew Jameson, MD	Public Health
Mike McCormick, PharmD	Home Infusion Pharmacy
Kyle Schmidt, PharmD, BCCCP	Academia, Adult Inpatient Medicine
Ryan Tomlin, PharmD, BCPS, AAHIVP	Residency Program Coordinator, HIV Medicine
Lauren Wolf, PharmD, BCPS	Emergency Medicine

Preceptor Requirements

1. To be considered as a new residency preceptor, interested pharmacists shall submit a completed Academic and Professional Record to the RPD. New preceptor requests will be reviewed by the PGY1 Quality Improvement Committee. See Appendix IX – Preceptor Development Policy.
2. Preceptors must possess current licenses to practice pharmacy in the state of Michigan and must practice within that site during the time of their resident’s rotations.
3. Preceptors must have completed an ASHP-accredited PGY1 pharmacy residency plus a minimum of 1 year of practice experience. Alternatively, pharmacists with equivalent experiences (minimum of 3 years) and aptitudes may be considered for precepting roles.
4. Preceptors must meet the criteria establish by ASHP (available from <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.ashx?la=en&hash=23ED7EE0D27EEDADF11B7FEE9E2B207D9B04BCFA>). Preceptors not meeting the minimum criteria may be designated as preceptors-in-training for no longer than 2 years. Preceptors-in-training shall have a preceptor mentor and an individualized preceptor development plan that are approved by PGY1 Quality Improvement Committee.

Preceptor Development

1. RPDs are responsible for ensuring preceptors are evaluated on their performance in the preceptor roles of instructing, modeling, coaching, and facilitating. An evaluation of the preceptor and learning experience should be completed by all residents at the end of each rotation and quarterly for longitudinal residency requirements. Residents should discuss their evaluation with their preceptors and provide recommendations for improvement.
2. Preceptors are expected to participate in at least four preceptor development sessions per academic year (i.e. July – June). These may include and are not limited to: documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education (i.e., FSU COP Annual Preceptor Development Conference), and preceptor development webinars provided by the external sources such PharmacyLibrary®, attendance at the National Pharmacy Preceptors Conference or Accreditation/Preceptor Development Resource provided on the ASHP website. Preceptors will maintain a record of completed preceptor development and submit with the annual preceptor survey.
3. Live preceptor development sessions may be provided by any member of the department. The RPD shall facilitate a minimum of one preceptor development offering per calendar year.
4. The RPD will be evaluated by the residents at the end of each year. Residents should discuss their evaluation with the RPD and provide recommendations for improvement. These evaluation and recommendations will be documented for future reference.
5. Residency preceptors will complete and update APR annually and submit it by June 1st to the RPD.
6. Preceptors will complete a THGR Annual Residency Preceptor Self-Assessment annually that should be submitted by June 1st to the RPD. QIC will review the preceptor self-evaluations and program needs assessments annually and provide timely feedback to the residency preceptors as necessary.
7. Residency preceptors will complete the Preceptor Criteria Worksheet every 3 years in a rolling cycle by June 1st to the RPD. This documentation of feedback will only need to be provided on the annual preceptor self-assignment.
8. Preceptors will be reappointed based on the ability to continue to meet preceptor qualifications at the end of the 3-year cycle. If a preceptor receives >1 “never” score on their residency evaluations during this 3 year cycle, the RPD will review for any corrective action as appropriate, including assigning the preceptor a mentor and will develop a preceptor remediation plan that shall be completed within 2 years in order to meet the ASHP qualifications as a preceptor.

Preceptor Expectations

- Prospectively identifies and notifies attending physicians and medical residents in service areas of pharmacy practice resident rotations, clearly outlining goals and objectives of the program.
- Prepares/updates learning experience description, corresponding objectives, and activities to develop the resident's knowledge and skills in a given practice setting.
- Reviews rotation objectives, schedules activities, responsibilities, and expectations with resident prior to or on the first day of the learning experience.
- Orients resident to pharmacy department and patient care areas Signed copies of the Resident Orientation checklist will be uploaded into PharmAcademic™ during the first week of each rotation.
- Introduces resident to medical team (where applicable).
- Regularly interacts with resident during rotations.
- Provides feedback throughout rotation.
- Serves as a role model for resident through active participation in the delivery of comprehensive pharmacy services in the rotation area.
- Informs resident and RPD immediately of unsatisfactory performance or problem areas.
- Completes formal PharmAcademic™ evaluations of resident at end of rotation in accordance with residency program expectation no later than 7 days from the completion of the learning experience conclusion.
- Will be evaluated and discussed as part of annual performance reviews
- Meets with and discusses evaluation with the resident at the end of the rotation.
- Continually seeks to promote and improve the quality of the residency experience.
- Obtains a Michigan Board of Pharmacy Preceptor license via the Michigan Board of Pharmacy (using the MiPLUS system)

Summative Evaluations

Summative evaluations are a critical piece of feedback and communication to assist in the growth and development of residents, preceptors, and the residency program. In order for an evaluation to have the greatest value, the content needs to provide fundamental information regarding what was done well, constructive feedback for areas of improvement, and should be provided as close to the completion of the activity as possible. The following outlines the expectations for the content and timeliness of summative evaluations.

TIMELINESS: All evaluations are expected to be completed in PharmAcademic™ within 7 days of the conclusion of an experience.

At the beginning of each rotation, the RPD will obtain an ‘overdue evaluations’ report from PharmAcademic™ to evaluate preceptors who are overdue on their submissions. These reports will be shared with the ‘overdue’ preceptor and the Clinical Services Coordinator.

SUMMATIVE EVALUATION OF THE RESIDENT BY THE PRECEPTOR: Evaluations should be written so the resident knows what they did well and what they can improve upon. The evaluation should not only list what the resident did, but how well they did it. The following elements should be included for objectives evaluated:

1. Specific examples of how the resident is working to meet the objectives. Describe what it is about the activity that indicated the resident is on track to achieving the objective.
2. If the resident has not yet achieved the objective, list what specifically the resident should do to achieve the objective.

Evaluations that do not include the above comments will be returned to the preceptor through the ‘send back for edit’ feature in PharmAcademic™.

SUMMATIVE SELF-EVALUATION BY THE RESIDENT: Self-reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives. At a minimum, residents should discuss the follow as part of self-evaluation:

1. What did I do?
2. How well did it go?
3. What did I learn?
4. What will I do differently next time?

Self-evaluations that do not include the above comments will be returned to the resident through the 'send back for edits' feature in PharmAcademic™. Specific examples must be provided to fully demonstrate progress, self-evaluation and areas for improvement.

Self-evaluations will be assigned to Orientation, Outpatient HIV, HIV Policy and Advocacy, and the Research Project (quarterly) learning experiences. Once the RPD has determined that the resident has 'achieved for residency' this objective, subsequent self-evaluations are removed from PharmAcademic™. Verbal conversations between residents, preceptors, mentors and RPDs on self-evaluations continue throughout the residency year.

SUMMATIVE EVALUATION OF THE LEARNING EXPERIENCE BY THE RESIDENT: In order to provide challenging and valuable learning experiences, the preceptors welcome feedback regarding the experience. At a minimum, the resident should address the following as part of the learning experience evaluations:

1. What was the most valuable aspect of this experience?
2. What did I learn from this experience?
3. What could be done in the future to make this learning experience better?

Learning experience evaluations that do not include the above comments will be returned to the resident through the 'send back for edits' feature in PharmAcademic™.

Evaluation Definitions

Needs Improvement (NI)
<ul style="list-style-type: none">▪ Performs task only with <i>undue/excessive guidance</i> for <i>most</i> patients/scenarios.▪ Resident was unable to complete tasks on time.▪ Resident should focus self-remediation efforts in this area; preceptor and resident will develop written remediation plan.
Satisfactory Progress (SP):
<ul style="list-style-type: none">▪ Resident performs task with <i>minimal</i> guidance or directions in <i>most</i> patients/scenarios.▪ Resident has made good progress over the course of the learning experience and additional skill is needed.▪ Evaluator (resident and preceptor) should document what the resident/preceptor needs to demonstrate to improve and area(s) of focus for the next rotation.
Achieved (ACH)
<ul style="list-style-type: none">▪ Resident is able to perform tasks/objectives as an independent entry-level clinical pharmacist.▪ Resident displays all of the following characteristics:<ul style="list-style-type: none">○ Consistently demonstrates ownership of actions and consequences○ Accurately reflects on performance and can create a sound plan for improvement○ Appropriately seeks preceptor guidance
Achieved for Residency (ACHR)
<ul style="list-style-type: none">▪ The resident has met all the criteria necessary to mark the educational goal/objectives ACH AND has demonstrated the ability to perform the goal/objective across various practice settings or the evaluator is confident the resident <i>could</i> perform the goal/objective in various practice settings. Individual preceptors, the RPD or the RAC may determine an objective has been ACHR.▪ R.1 Objectives require ACH for two learning experiences to be considered ACHR.

Resident Development Plan

INITIAL ASSESSMENT

At the beginning of each residency year, each resident will complete a resident development plan. Each resident will complete an Incoming Skills Survey prior to or at the start of the residency year. The skills survey will assist the RPD, mentor and preceptors in the identification of areas of strength and weakness as well as assist in determining the direction of the resident for future development.

The Skills Survey should be completed and returned to the Mentor, RPC, and RPD. Based on the review of the Skills Survey, a Resident Development Plan will be created for each resident. This plan will be discussed with the resident, mentor, RPC, and RPD and adjustments may be made based on the discussion. Following that, the plan will be shared with preceptors and posted on the PharmAcademic™ system.

QUARTERLY REASSESSMENTS

The Resident Development plan will be evaluated and updated quarterly for each resident. The resident with or without their mentor, will be expected to take time to self-reflect and evaluate the previous quarter and develop a plan for the upcoming quarter. When complete, the resident, mentor, RPC, and RPD will meet to discuss and update progress. Appropriate adjustments will be made to residents' learning activities. After completion of each quarterly update, the RPD will upload into PharmAcademic™ and share with RAC.

Communication and Additional Resources

Electronic Mail

Residents will receive an e-mail address through the hospital. Residents should check their e-mail at least once every day.

Telephone and Voicemail

Residents will receive their own phone extension and voicemail access. Voicemail can be accessed by dialing 58888 (685-8888 from outside the hospital) and entering a personal identification number (PIN). Residents will be provided with a Pharmaceutical Services Department Telephone/Pager/Fax List. Additionally, the THGR intranet has an online phone and pager directory for those outside the pharmacy department. Physician phone numbers and alpha-paging functionality are available within the IntelliWeb Phone Directory accessible through the intranet.

Secure Text-Messaging Systems

Residents are expected to obtain access to the Haiku secure text messaging system, which can be accessed via desktop or a personal mobile device.

Fax

The fax machine is located inside the pharmacy administration area. The fax number is (616) 685-6434.

Internet/Intranet and Library Access

Use of the internet at Trinity Health Grand Rapids should be limited to professional activities. Residents should be aware that online activities may be monitored by the institution for security purposes. Access to institutional policies, procedures, guidelines, and other resources is available through the Trinity Health Intranet. Additionally, electronic clinical and educational resources may be accessed via the Health Sciences Library.

Administrative Assistance

The Pharmacy Department Administrative Assistant is available to help set up meetings, arrange for meeting rooms, and assist with mailing and making photocopies. When making requests for assistance, please be considerate of the administrative assistant's time and other responsibilities.



Appendices

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