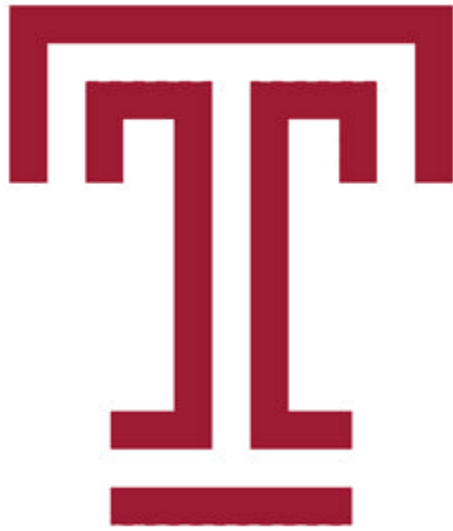




**Temple University Health System**  
**Pharmacy Residency Manual**  
**2023 – 2024**





Welcome!

Welcome to the department of Pharmacy at the Temple University Health System! We are extremely excited to welcome you as part of our residency class! Everyone in the department is here to support you throughout the residency year!

Please utilize this residency manual as a tool to outline all residency policies and procedures. This manual also includes the requirements for graduation. Reviewing this information is pertinent to your success in the program. Specific program content is also included in the specified sections. If you have questions throughout the year, you have multiple resources available to you including your advisor, preceptors, RPD, and administrative staff.

Work hard and enjoy your year!

# Pharmacy Residency Policies



Origination 2/1/2020

Last Approved N/A

Effective Upon Approval

Last Revised 9/7/2023

Next Review 2 years after approval

Owner Darshan Parekh:  
VP - CHIEF  
PHARMACY  
OFFICER

Area Pharmacy -  
Education

Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program - Preceptors & RPD Appointment and Development Policy, TUH INC- PHARM-20209.14.29

### References:

ASHP Accreditation Standard with Guidelines for Postgraduate Residency Programs, Effective July 1, 2023

TUH-PHARM 20209.14.02 Pharmacy Competencies and Performance Evaluation Policy

### Attachments:

Attachment A: Preceptor Development Needs Assessment

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

To identify clinical pharmacy specialists and clinical pharmacists to serve as residency preceptors in the PGY1 and PGY2 Solid Organ Transplant (SOT) Pharmacy Residency Programs. To also set forth the requirements for the residency program directors of the PGY1 and PGY2 Solid Organ Transplant residency programs. Outline the requirements for preceptor development. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents. The RPDs will be

responsible for ensuring that preceptors adhere to the policy.

## POLICY

It is the policy of the Pharmacy Department that all residency preceptors must be appointed by the RPD or designee and RAC after the APR is submitted.

## DEFINITIONS

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RAC- Residency Advisory Committee

RPD - Residency Program Director

ASHP - American Society of Health System Pharmacists

## PROCEDURES

### 1. Preceptor Appointment

The clinical specialists and clinical pharmacists must meet be eligible to be preceptor in the residency program (section A) and meet the qualifications outlined in section B:

#### A. Pharmacists Preceptors' Eligibility (ASHP Standard 4.5)

##### **PGY1 Pharmacy Residency Program**

Pharmacist preceptors must be licensed pharmacists who complete 1 of the following:

1. have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted
2. have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy experience in the area precepted
3. without completion of an ASHP-accredited residency program, have three or more years of pharmacy practice experience in the area precepted.

##### **PGY2 SOT Pharmacy Residency Program**

Pharmacist preceptors must be licensed pharmacists who:

1. have completed an ASHP-accredited PGY2 residency program followed by a minimum of one year of pharmacy practice in the advanced practice area; or area precepted.
2. without completion of an ASHP-accredited PGY2 residency program, have three or more years of pharmacy practice in the advanced area. area precepted.

#### B. Preceptors' Qualifications (ASHP Standard 4.6 a-d)

Preceptors must demonstrate the ability to precept residents' learning experiences as

evidenced by:

1. (4.6a) Content knowledge/expertise in the area(s) of pharmacy practice precepted as demonstrated by at least one of the following:
  - a. Any active BPS Certification(s) (type(s) and expiration date).
  - b. Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
  - c. Completion of Pharmacy Leadership Academy (DPLA).
  - d. Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
  - e. For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
  - f. Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
  - g. Privileging granted by preceptor's current organization that meets the following criteria:
    - i. Includes peer review as part of the re-credentialing procedure.
    - ii. Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a.
    - iii. If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
  - h. Subject matter expertise as demonstrated by:
    - i. Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. Or
    - ii. Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. Or
    - iii. PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. Or
    - iv. At least 5 years of practice experience in the area precepted
2. (4.6b) Contribution to pharmacy practice in the area precepted (must document, on

your APR, at least 1 example that meets the following criteria)

- a. Contribution to the development of clinical or operational policies/guidelines/protocols.
- b. Contribution to the creation/implementation of a new clinical or operational service.
- c. Contribution to an existing service improvement.
- d. Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees.
- e. In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different inservices/presentations given in the past 4 years, OR a single inservice/presentation given at least annually within the past 4 years.

3. (4.6c) Role model ongoing professional engagement

- a. Examples are from the last four years of practice with the exception of formal recognition of professional excellence over a career, which is considered a lifetime achievement award. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/regional level. Examples are from the last four years of practice and occurred after pharmacist licensure obtained and, if applicable, residency training completed. Completion of a teaching certificate program is the only exception, as it could be obtained during residency training.
- b. Types of professional engagement include:
  - i. Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at state or regional level).
  - ii. Primary preceptor for pharmacy APPE students (does not include precepting IPPE students or residents).
  - iii. Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site).
  - iv. Service (beyond membership) in national, state, and/or local professional associations.
  - v. Presentations or posters at local, regional, and/or national professional meetings (coauthored posters with students/residents are acceptable).
  - vi. Completion of a teaching certificate program.
  - vii. Providing preceptor development to other preceptors at the site.

- viii. Evaluator at state/regional residency conferences; poster evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings
- ix. Publications in peer-reviewed journals or chapters in textbooks.
- x. Formal reviewer of submitted grants or manuscripts.
- xi. Participant in wellness programs, health fairs, health-related consumer education classes, and/or employee wellness/disease prevention programs.
- xii. Community service related to professional practice.
- xiii. Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).
- xiv. Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.

4. (4.6d) Preceptor Development Plans:

- a. Preceptors who do not meet criteria for preceptor qualifications (4.6.a, 4.6.b, and/or 4.6.c) must have a documented individualized preceptor development plan to achieve qualifications within two years.
- b. Development plans will be reviewed at least yearly to determine progression.

**C. Preceptors' Responsibilities (ASHP Standard 4.7a)**

- 1. Preceptors must maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
- 2. Preceptors actively participate and guide learning when precepting residents
  - a. Preceptor may be part-time and/or at a remote location but must be actively engaged.
  - b. If more than one preceptor is involved in the learning experience, one of the preceptors is designated to provide oversight of resident progression during the learning experience and is responsible for approximately 50% of the learning experience (may not be applicable for orientation or staffing learning experiences).
  - c. Preceptors engaged in the training of residents during a learning experience (i.e., team precepted experiences) should be designated as preceptors for the experience (may not be applicable for orientation or staffing learning experiences).

**D. Preceptor Appointment - The following procedure will be followed when appointing new preceptors to the PGY1 or PGY2 SOT Pharmacy Residency Program:**

- 1. Preceptors and those who would like to apply to be a preceptor must submit an APR annually in the Spring to the RPD or designee.
  - a. Applications outside of this time frame will be reviewed on a case by case



basis based on precepting needs.

2. RPD or designee will recommend a clinical specialist or clinical pharmacist to become a residency preceptor upon reviewing their qualifications, performance, and completed Academic and Professional Record Form.
3. RAC will review, approve and offer the preceptor position to the qualified clinical specialist or clinical pharmacist.
4. The preceptor must be in good standing according to the Pharmacy Competencies and Performance Evaluation Policy (TUH-PHARM 20209.14.02).

**The following procedure will be followed when reappointing preceptors to the PGY1 or PGY2 SOT Pharmacy Residency Program:**

1. All current preceptors must submit to the RPD or designee an updated academic and professional record form by the date set forth, from the RPD or designee, in the first Friday in June spring of the residency year to the RPD or designee for evaluation and review.
2. RPD will recommend a clinical specialist or clinical pharmacist to continue as a residency preceptor upon reviewing their qualifications, performance and updated Academic and Professional Record Form.
3. RAC will review, approve, and notify the qualified clinical specialist or clinical pharmacist that they are reappointed as a preceptor.
4. The preceptor must be in good standing according to the Pharmacy Competencies and Performance Evaluation Policy (TUH-PHARM 20209.14.02).
5. If a preceptor is not reappointed after review by the RPD and RAC, the RPD will notify the preceptor and explain why the decision was made. The RPD will also explain to the preceptor the necessary requirements for the preceptor to be reappointed in the future, if applicable. If the preceptor is to continue precepting in the program, they must have a development plan created as per above, prior to the first day of the new residency year.

## **2. Residency Program Director (RPD) Requirements (4.2):**

### **PGY1 Pharmacy Residency Director**

#### **Eligibility (4.2a):**

PGY1 RPDs are licensed pharmacists from the practice site who meet one of the following criteria:

- A. Completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience
- B. Completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience

- C. Has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

## **PGY2 Pharmacy Residency Director**

### **Eligibility (4.2b):**

PGY2 RPDs are licensed pharmacists from the practice site who meet one of the following criteria:

- A. Completed an ASHP-accredited PGY2 residency in the advanced practice area, and a minimum of three years of additional practice experience in the PGY2 advanced practice area
- B. Has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY2 residency in the advanced practice area.

### **PGY1 & PGY2 RPD Qualifications (4.3a - f)**

RPDs serve as role models for pharmacy practice and professionalism as evidenced by:

- A. Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only).
- B. Contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area.
- C. Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.
- D. Ongoing professional engagement.
- E. Modeling and creating an environment that promotes outstanding professionalism.
- F. Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only).

## **3. Preceptor Development**

- A. Pharmacy residency preceptors are required to attend 2 preceptor development sessions per year to enhance their ability to serve as preceptors. Documentation of attendance to these sessions will be recorded on the Pharmacist Competency Check List. Preceptor development sessions will be held on a quarterly basis (minimum of 4 sessions per fiscal year).
  - 1. If a preceptor does not complete 2 of the preceptor development sessions in a year, they must complete 4 sessions the following year.
  - 2. If a preceptor does not complete 4 sessions within 2 years, they will not be eligible to precept in the program until all the missing sessions are completed.
- B. A needs assessment will be completed on an annual basis to identify areas in which the preceptors are interested in learning and building upon their preceptor skills (Attachment A: Preceptor Development Needs Assessment). Based on the needs assessment the preceptor lecture series will be created which will be applicable to all TUH pharmacy residency programs.

- C. Preceptor development may be obtained through other venues such as ASHP, etc. but must be sent to and approved by the RPD or designee in order to receive credit towards their preceptor development requirement.
- D. If a preceptor develops and presents a preceptor development lecture, they will receive 2 credits for preceptor development for that year.

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**NOTE:**

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## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	Pending



Origination 2/1/2020  
Last Approved 8/17/2023  
Effective 8/17/2023  
Last Revised 8/17/2023  
Next Review 8/16/2025

Owner Darshan Parekh:  
VP - CHIEF  
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OFFICER  
Area Pharmacy -  
Education  
Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program- Corrective Action, Failure to Achieve Certification and Involuntary Dismissal, TUH INC-PHARM-20209.14.23

### Reference:

ASHP Accreditation Standard for Postgraduate Residency Programs, effective July 1, 2023.

202.950.544 Corrective Action/Discipline Policy

TUN INC-PHARM-20209.14.27 - Pharmacy Residency Program Responsibilities and Expectations policy

### Attachments:

None

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

To define the procedure for the dismissal of the Temple University Hospital (TUH) Postgraduate Year One (PGY1) pharmacy residents and Post Graduate Year Two (PGY2) SOT pharmacy resident.

- The RAC will follow a corrective action procedure when a serious deficiency in a resident's performance or professionalism concerns are noted.

- The RPD or designee will be responsible for enforcing the policy at each institution.
- The RPDs will be responsible for ensuring that the resident adheres to the policy throughout the duration of the residency.

## POLICY

1. The corrective action process will be initiated to address areas of resident performance and/or behavior which fail to meet the resident's obligations and responsibilities for successful completion of the training program. Please refer to the TUN INC-PHARM-20209.14.27 - Pharmacy Residency Program Responsibilities and Expectations policy.
2. Attainment of all program goals and objectives, as well as adherence to all health-system, hospital, pharmacy, and pharmacy residency program policies.
3. The intent of this process is to assist the resident in correcting problems, improving performance to ensure progression and achievement of ASHP goals & objectives, and improving behavior.
4. Failure to adhere with the specified corrective action schedule for improvement will result in the resident not receiving a certificate of completion of residency and may result in involuntary dismissal.
5. If the behavior or action is deemed as grounds for immediate dismissal, the corrective action process will not apply.

## DEFINITIONS

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RAC- Residency Advisory Committee

RPD- Residency Program Director

CPO - Chief Pharmacy Officer

RPC - Residency Program Coordinator

## PROCEDURES

### 1. CORRECTIVE ACTION PLAN

- A. Prior to instituting a corrective action plan, the RPD or designee will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.
- B. Following the investigation, the RPD, site coordinator and the Chief Pharmacy Officer CPO will review the results of the investigation to determine the need to initiate a corrective action plan.
  - a. If a corrective action plan is deemed necessary, the plan should be outlined and approved at RAC.
- C. The resident will be informed of the investigation results regardless of the final

decision.

- D. The corrective action plan will follow the Corrective Action/Discipline Policy, 950.544.
- E. The corrective action plan and a letter documenting the outcome will be issued by the RPD to the resident and a copy will be placed in his/her personnel file.
- F. A one month, unpaid, non-benefit eligible extension of the residency program will be considered to meet the expectations of the corrective action plan. If the resident is unable to meet the corrective action plan during the extension period, the resident will be dismissed from the program and will not receive a certificate.

## **2. FOR RESIDENTS NOT LICENSED IN PENNSYLVANIA**

- A. The pharmacy resident will need to take the NAPLEX and PA MPJE examination, if not already licensed in the State of Pennsylvania (PA). The pharmacy resident will be required to obtain licensure in the State of Pennsylvania (PA) by September 30<sup>th</sup> of the residency year. Any resident not obtaining licensure by this time will be terminated from the residency program.
- B. If a resident fails to obtain licensure by September 30<sup>th</sup> of the residency year due to extenuating circumstances the RPD will review and provide a recommendation for approval by the RAC. If approved, only a maximum of a one-month extension will be granted (October 31<sup>st</sup> of the residency year) to allow the resident to complete at least two-thirds of their residency as a licensed pharmacist.

## **3. PROCEDURES FOR IMMEDIATE DISMISSAL**

- A. Just cause for dismissal includes failure to perform the normal and customary duties of the pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the health-system. Specific concerns, behaviors or actions fulfilling these requirements includes, but are not limited to:
  - 1. Failure to obtain Pharmacy licensure in the Commonwealth of Pennsylvania by September 30<sup>th</sup> of the residency year
  - 2. PGY2 SOT: Failure to provide proof of completion of an ASHP-accredited PGY1 pharmacy residency program by the second Friday of the PGY2 SOT residency program
  - 3. Any behavior outlined in the Corrective Action/Discipline Policy 950.544.
- B. Prior to dismissal, the RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem
- C. Following the investigation, the RPD, RPC, and the CPO will review the results of the investigation to determine if immediate dismissal is warranted.
- D. The resident will be informed of the investigation results and decision regarding immediate dismissal.

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## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	8/17/2023

COPY



Origination 2/1/2020  
Last Approved 6/29/2023  
Effective 6/29/2023  
Last Revised 6/29/2023  
Next Review 6/28/2025

Owner Darshan Parekh:  
VP - CHIEF  
PHARMACY  
OFFICER  
Area Pharmacy -  
Education  
Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program- Leaves of Absence Policy, TUH INC-PHARM 20209.14.28

### Reference:

TUH Policy #GMEC-205- Leaves of Absence

TUHS 950.554 Family and Medical Leave Policy

TUHS 950.585 Miscellaneous Leaves Policy- Non-FMLA Medical Leave, Personal Leave, Bereavement Leave, Jury Duty Leave

### Attachments:

None

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

This policy and procedure delineates the types of leaves of absences that are available to PGY1 and PGY2 SOT Pharmacy Residents, and the conditions surrounding each leave of absence.



# POLICY

It is the policy of Temple University Hospital to provide appropriate leaves of absence for Pharmacy Residents. The hospital requires that residents extend their residency for the period of time granted as "leave time" in order to complete all necessary educational requirements as prescribed by the TUH Pharmacy Department and any applicable professional organizational requirements.

## DEFINITIONS

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

## PROCEDURES

1. A Leave of Absence (LOA) is initiated by the Resident in writing to his/her residency program director and/or the Office of Graduate Medical Education and then file a claim with Matrix, our leave management partner at [matrix.absence.com](http://matrix.absence.com) or call (877) 202-0055.
2. Requests for LOA are required at least thirty (30) calendar days prior to the inception of the leave, except in cases of emergent or urgent need.
3. Request for LOA must be approved by the residency program director and/or Matrix. Instructions for submitting proper documentation to Matrix is provided in policy # TUHS 950.585.
4. Compensation and benefits for each type of leave of absence is provided in policy # TUHS 950.585. Reporting the status of the leave of absence and returning to work is provided in policy # TUHS 950.585.
5. **The Pharmacy Resident may be granted the following categories of leaves:**
  - A. **Family Medical Leave (FML)**  
Family Medical Leave is an unpaid leave that may be granted after at least 12 months of employment and the employee has worked at least 1,250 hours over the previous 12- month period preceding commencement of leave. FMLA may be granted for up to twelve (12) weeks in a twelve (12) month period. Such leaves are granted to allow time off to care for a newborn, an adopted child, a child placed for foster care, a Resident's spouse, child or parent with serious health conditions. FML may also be granted for the Resident's own serious health condition. Accumulated paid time off may be used to offset financial hardship.
  - B. **Medical Leave**  
Medical Leave is an unpaid leave that may be granted for an extended period of time in excess of the twelve (12) week FML.
  - C. **Military Leave**  
Military Leave may be granted upon request by a specified period of time. Military leave is unpaid and does not count against vacation or holiday benefits.
  - D. **Leave related to domestic violence, sexual assault or stalking**  
Leave may be granted due to certain family or household situations. Leave is unpaid and is subject to individual case review. Contact Absence Management at (215)

707-9009 to file a leave.

E. Jury Duty Leave

Jury Duty Leave will be a paid leave of absence up to 10 days for an employee summoned to serve jury provided that the employee:

- i. Presents a copy of the jury notice/summons to the Residency Program Director within 24 hours of receiving the summons;
- ii. Reports for any scheduled work on days excused from jury service; and
- iii. Provides a statement or receipt from the court clerk detailing the dates served.

F. Bereavement Leave

Bereavement Leave will be provided for the following durations of time:

- i. Up to 32 hours with full pay associated with the death of a Spouse, Same-sex Domestic Partner, Parent, Step Parent, Child, Step-child, Brother/Step-brother, and Sister/Step-sister.
- ii. Up to 24 hours with full pay associated with the death of a Father-in-Law, Mother-in Law, Grandparent, Grandchild, and Son-in-law/Daughter-in-law.
- iii. Notice must be provided to the Residency Program Director as soon as practicable upon learning of the need for Bereavement Leave

G. Leaves of Absence Related to Workers Compensation

- a. Leaves of absence related to workers compensation will be processed in accordance with the applicable TUHS leave policies see Family and Medical Leave Policy (FMLA) #950.554 and Miscellaneous Leaves Policy #950.585.

Residents taking leave greater than the paid leave (i.e., vacation, sick, holiday) allowed by the Pharmacy Residency Program – Time Off Policy (TUH INC-PHARM-20209.14.25) ,cannot be awarded a certificate of completion unless that additional leave is made up. *Extension period will be unpaid.*

Approved leaves of absence are kept in the pharmacy resident's file.

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## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	6/29/2023

COPY



Origination 2/1/2020  
Last Approved 3/17/2023  
Effective 3/17/2023  
Last Revised 3/17/2023  
Next Review 3/16/2025

Owner Darshan Parekh:  
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University  
Hospital Inc.

## Pharmacy Residency Program- Responsibilities and Expectations, TUH INC-PHARM-20209.14.27

### References:

TUH-PHARM 20209.14.23-Pharmacy Residency Program-  
Corrective Action, Failure to Achieve Certification, & Involuntary Dismissal Policy

ASHP Accreditation Standard for Postgraduate Residency Programs – effective July 2023, updated March 2023.

ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies

ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Solid Organ Transplant Pharmacy Residencies

### Attachments:

Attachment A: PGY1 Required Goals and Experiences

Attachment B: PGY2 Required Goals and Experiences

Attachment C: Job Profile for PGY1 ASHP-Accredited Pharmacy Resident

Attachment D: Job Profile for PGY2 SOT ASHP-Accredited Pharmacy Resident

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-

## PURPOSE

Temple University Hospital (TUH) is committed to providing pharmacy residents with an excellent educational opportunity and resources to become competent and successful pharmacists. The purpose of this policy is to set forth the requirements for successful completion of the PGY1 Pharmacy Residency Program and PGY2 Solid Organ Transplant (SOT) Pharmacy Residency Program.

## POLICY

It is the policy of TUH to ensure that the PGY1 and PGY2 SOT pharmacy residents complete all necessary educational requirements as prescribed by the residency program and ASHP.

## DEFINITIONS

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RLS – Residency Learning System

PharmAcademic-is an online tool to support the evaluation of residents and to provide documentation of a system-based approach to training for ASHP-accredited residencies.

RPD – Residency Program Director

## PROCEDURES

1. The pharmacy resident must meet the requirement of the Pennsylvania State Board of Pharmacy and obtain a pharmacist license as outlined in the Pharmacy Residency Program- Corrective Action, Failure to Achieve Certification, & Involuntary Dismissal Policy TUH PHARM 20209.14.23. Residents must be a graduate or candidate for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. An FPGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure.
  - a. If the resident is not licensed in PA by September 30<sup>th</sup> of the residency year, they will be terminated from the residency program.
2. The pharmacy resident must complete the following prior to start residency:
  - a. PGY1-
    - i. PGY1 Pharmacy resident must be licensed or eligible for pharmacist licensure in Pennsylvania.
    - ii. The PGY1 pharmacy resident must complete a baseline self-assessment form prior to starting residency.
  - b. PGY2-

- i. The PGY2 SOT pharmacy resident must be licensed or eligible for pharmacist licensure in Pennsylvania.
  - ii. The PGY2 SOT pharmacy resident must complete a baseline self-assessment form prior to starting residency.
  - iii. The PGY2 SOT pharmacy resident must complete an ASHP-accredited PGY1 Pharmacy Residency program in order to be enrolled in the PGY2 SOT Pharmacy Residency program at TUH.
  - iv. The resident must provide the RPD with a copy of their PGY1 residency certificate as proof of completion of an ASHP-accredited PGY1 Pharmacy Residency program by the second Friday of the PGY2 SOT pharmacy residency program.
  - v. In addition, the office of Graduate Medical Education will also verify the enrollment of the matched resident in an ASHP-accredited PGY1 pharmacy residency program during the hiring process.
3. The pharmacy resident must complete all rotations and meet the goals and objectives of the residency program during the course of the educational experiences.
4. The Pharmacy resident must comply and complete all outlined in Attachment C.
5. After each rotation, the pharmacy resident must complete all PharmAcademic evaluations with comments and co-sign evaluations completed by preceptors or RPD within 7 days. If the evaluation cannot be submitted in PharmAcademic within 7 days, it must be verbally discussed within that time-frame and then notated in the comments the date the verbal evaluation occurred. The following definitions should be used as a guide for determining the resident's abilities:
  - a. **Needs Improvement-** Resident performance is lacking in at least 1 or 2 areas (knowledge, clinical application, professionalism). Resident is not open to feedback or is not able to use feedback effectively. Continued supervision is necessary to complete patient care and other tasks.
  - b. **Satisfactory Progress-** Resident performance is acceptable. Resident is making progress, but needs supervision/guidance for complex situations and tasks. Resident is able to make routine interventions independently, and documents accurately most of the time.
  - c. **Achieved-** Resident performance is excellent. Resident recognizes areas for selfimprovement, makes pharmacotherapy recommendations and plans independently, documents accurately, and seeks guidance to make positive changes to personal practice.
6. The resident will also be assigned to complete two self-evaluations in pharmacademic throughout the residency year; one during a clinical rotation during the first half of the year and the second during a clinical rotation during the second half of the year.
7. The pharmacy resident's advisor will assist the resident in the creation of their initial initial development plan which will be finalized by the RPD or designee. Additionally, the advisor will summarize each preceptor's comments in the resident's quarterly evaluation and assist the resident in completion of their development plan quarterly. All development plans will be

reviewed and approved by the RPD or designee. The advisor will meet to discuss residents' progress and in conjunction with the RPD, and determine whether the resident has achieved each goal for the residency. The RPD or designee will update the residency goal in pharmacademic to ACHR after each quarterly update meeting.

- a. Achieved for Residency (ACHR) – Should be awarded as follows:
  - a. For competency area R1 (Patient Care), the resident must achieve and maintain a score of ACH > 2 times for a specified objective during required rotations. This would indicate that the resident has demonstrated competency in this area and requires minimal facilitating from preceptor support. They are able to function independently at the level of a new critical care pharmacy practitioner.
  - b. For competency areas R2 (Advancing Practice and Improving Patient Care), R3 (Leadership and Management), and R4 (Teaching, Education, and Dissemination of Knowledge), the resident must achieve and maintain a score of ACH >1 time for a specified objective prior to receiving ACHR.
  - c. ACHR should be considered by at least the Quarter 2 evaluation for longitudinal rotations and should be considered when the resident has demonstrated full competency in the objective and has met all requirements for the objective. (ex/ Research and DUE projects which evolve over time)
  - d. \*\*If the resident has been awarded ACHR for a specific objective and their performance on that objective falls short, the ACHR score can be removed and the resident scored at the current performance level. However, a discussion is warranted and there must be indication of the specifics to why this score differs and consist of actionable items for the resident in order to re-achieve that objective.
8. The pharmacy resident will need to successfully complete the required core learning experiences and achieve for residency 80% of the ASHP objectives, to in order to receive a certificate of completion for the residency (Attachment A and B).
9. Upon satisfactory completion of the above requirements, in conjunction with Attachment C & D, the resident will be awarded a residency certificate at the end of the residency program.

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## Attachments

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[A: PGY1 Required Goals and Experiences](#)

[B: PGY2 SOT Required Goals and Experiences](#)

[C: Job Profile for PGY1 ASHP-Accredited Pharmacy Resident](#)

[D: Job Profile for PGY2 SOT ASHP-Accredited Pharmacy Resident](#)

## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	3/17/2023

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## Attachment A:

### PGY1 Residency Goals and Experiences

#### A. Residency Goals

- a. Goal R1.1. In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process
- b. Goal R1.2. Ensure continuity of care during patient transitions between care settings
- c. Goal R1.3. Prepare, dispense, and manage medications to support safe and effective drug therapy for patients
- d. Goal R2.1. Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- e. Goal R2.2. Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
- f. Goal R3.1. Demonstrate leadership skills
- g. Goal R3.2. Demonstrate management skills
- h. Goal R4.1. Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)
- i. Goal R4.2. Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

#### B. Required Core Experiences (5 weeks)

- a. Management
- b. Acute Care
- c. Critical Care
- d. Infectious Diseases
- e. Ambulatory Care

#### C. Elective Experiences (must select 3)

- a. Emergency Medicine
- b. Abdominal Organ Transplant
- c. Lung Transplant
- d. Investigational Drug Services
- e. Bone Marrow Transplant (Jeanes)
- f. Oncology
- g. Neonatology/Pediatrics
- h. May repeat a required rotation with a maximum of 2 rotations per category

#### D. Required Longitudinal Experiences

- a. Present at least 1 formal & 1 informal journal club to pharmacy staff
- b. Present at least 1 formal & 1 informal case presentation to pharmacy staff
- c. Present 1 formal continuing education presentation
- d. Participate in Medication Safety ISMP alert summary & gap analysis
- e. Actively participate in code blues, rapid responses, and stroke alerts
- f. Complete a longitudinal drug use evaluation

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- g. Complete a longitudinal research project and submit an abstract at a local, regional, or national meeting
- h. Complete an initial draft of a manuscript for the longitudinal research project
- i. Actively participate in hospital and residency committees
- j. Complete staffing and clinical weekend responsibilities
- k. Participation in the Teaching Certificate Program (optional – opt in for all or none)

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# Temple University Health System: PGY1 Pharmacy Residency CURRICULUM

Required Rotations	Preceptor	Duration
<b>Orientation (1 required)</b>		5 weeks (+1 research week)
Hospital and Departmental Orientation	Jaime Gray, PharmD, BCCCP, FCCM	
<b>Acute Care (1 required)</b>		5 weeks
Internal Medicine & Transitions of Care	Nick Ferraro, PharmD, BCPS	
<b>Critical Care (1 required, maximum of 2 per year)</b>		5 weeks
Medical Respiratory Intensive Care	Christina Rose, PharmD, BCCCP, FCCM Craig Whitman, PharmD, BCPS, BCCCP, FCCM	
Cardiovascular Surgical Intensive Care	Christina Ruggia-Check, PharmD, BCPS, BCCP, BCTXP, AACC	
Surgical Intensive Care	Sheriff Gbadamosi, PharmD, BCCCP	
Medical/Surgical Intensive Care (Jeanes)	Laura Mentzer, PharmD, BCPS, BCCCP	
Neurocritical I Intensive Care Unit	Meghan Caylor, PharmD, BCCCP	
<b>Infectious Diseases (1 required)</b>		5 weeks
Antimicrobial Stewardship	Kazumi Morita, PharmD, BCPS	
Infectious Diseases Consult Service	Jason Gallagher, PharmD, FCCP, FIDP, FIDSA, BCPS	
<b>Administration (1 required)</b>		5 weeks
Management & Medication Safety (Main Campus)	Josephine Luong, PharmD, MBA, BCPS, BCCCP Jaime Gray, PharmD, BCPS, BCCCP, FCCM	
Management & Medication Safety (Jeanes)	George Miller, RPh Jaime Gray, PharmD, BCCCP, FCCM	
<b>Elective Rotations (select ≥2, max 3)</b>	<b>Preceptor</b>	<b>Duration</b>
Emergency Medicine	Elizabeth Tencza, PharmD, BCCCP	5 weeks
Ambulatory Care – Internal Medicine Clinic	Nima Patel-Shori, PharmD, BCACP	
Ambulatory Care – HIV/HCV Clinic	David Koren, PharmD, MPH, BCPS, AAHIVP, FIDSA	
Abdominal Organ Transplant	Adam Diamond, PharmD, BCPS, FAST	
Lung Transplant	Jenny Au, PharmD, BCPS	
Investigational Drug Services	Jenna Murray-Kasznel, PharmD	
Bone Marrow Transplant (Jeanes)	Brittany Ballas, PharmD, BCPS, BCOP Michele Sorrentino, PharmD, BCPS Forrest Ridgway, PharmD, BCPS BCOP	
Ambulatory Care – Oncology	Maria Piddoubny, PharmD, BCOP	
Ambulatory Care – Pulmonary Clinic	Nur Kazzaz, PharmD, MPH, BCPS	
Ambulatory Care- Hepatitis C Clinic	Christine Owens, PharmD	
Ambulatory Care – Lung Transplant	Ishani Shah, PharmD, BCTXP	
<b>Additional Experiences</b>		<b>Presentations and Projects</b>
<u>Committee Participation (2 total; 1 of each type):</u> <u>Primary Committees</u> <ul style="list-style-type: none"> <li>Pharmacy and Therapeutics</li> <li>Medication Safety</li> <li>Formulary</li> <li>Infusion Center</li> </ul> <u>Secondary Committees:</u> <ul style="list-style-type: none"> <li>Continuing Education and Teaching</li> <li>Residency Recruitment</li> </ul>		<u>Longitudinal Residency Research Project:</u> <ul style="list-style-type: none"> <li>Present research-in-progress poster at ASHP Midyear Conference and Vizion University Health Consortium poster session</li> <li>Present final research at Eastern States Conference</li> <li>Compile and submit manuscript for publication</li> </ul>
<u>Rapid Response, Stroke Alert, Code Responder:</u> <ul style="list-style-type: none"> <li>Respond to Code Blues, Rapid Responses, Stroke Alerts</li> <li>Receive Professional Training and Certification for EKG, Basic Life Support (BLS), and Advanced Cardiac Life Support (ACLS)</li> </ul>		<u>Medication Use Evaluation:</u> <ul style="list-style-type: none"> <li>Present medication use evaluation at resident's site for Pharmacy and Therapeutics committee</li> </ul>
<u>Professional Development Series:</u> <ul style="list-style-type: none"> <li>Designed to help residents develop individualized career paths</li> </ul>		<u>Continuing Education (CE) Lecture:</u> <ul style="list-style-type: none"> <li>Present formal CE lecture</li> </ul>
<u>Staffing Experience:</u> <ul style="list-style-type: none"> <li>Every other weekend, alternating between staffing and clinical monitoring assignments</li> <li>Opportunities to moonlight after December 1<sup>st</sup></li> <li><u>Required to work 1 summer (Memorial Day/Labor Day/Juneteenth) &amp; 2 winter holidays (Thanksgiving, Friday after Thanksgiving/Christmas Eve/Christmas Day/New Year's Day)</u></li> </ul>		<u>Journal Club and Patient Case Presentations:</u> <ul style="list-style-type: none"> <li>One formal case presentation and one formal journal club to pharmacy department</li> <li>One informal mini case &amp; one informal Journal Club presentation to residents, students, and clinical specialists</li> <li>Opportunities to present throughout each rotation</li> </ul>
<u>Teaching Experience</u> <ul style="list-style-type: none"> <li>Teaching certificate experience which includes: recitation, PY2 IPPE precepting, attending seminars, and preparing/presenting CE in accordance with ACPE standards</li> </ul>		<u>Pharmacy Newsletter &amp; Clinical Pearl</u> <ul style="list-style-type: none"> <li>Prepare pharmacy newsletter and develop at least 1 clinical pearl for inclusion (rotating)</li> </ul>

## **Attachment B:**

### **PGY2 SOT Required Goals and Experiences**

#### **A. Required Goals**

- a. Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to solid organ transplant patients following a consistent patient care process.
- b. Goal R1.2: Ensure continuity of care during solid organ transplant patient transitions between care settings.
- c. Goal R1.3: Manage and facilitate delivery of medications to support safe and effective drug therapy for solid organ transplant patients.
- d. Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for solid organ transplant patients, as applicable to the organization.
- e. Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.
- f. Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of care for solid organ transplant patients.
- g. Goal R3.2: Demonstrate management skills in the provision of care for solid organ transplant patients.
- h. Goal R4.1: Provide effective medication and practice-related education to solid organ transplant patients, caregivers, health care professionals, students, and the public (individuals and groups).
- i. Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in solid organ transplant.

#### **B. Required Core Experiences**

- a. Abdominal Organ Transplant (10 weeks)
- b. Cardiovascular Surgical Intensive Care/Heart Transplant/Mechanical Circulatory Support (10 weeks)
- c. Lung Transplant (10 weeks)
- d. Transplant Infectious Diseases (4 weeks)
- e. Histocompatibility and Immunogenetics (orientation: 2 day concentrated experience)

#### **C. Elective Experiences (must select 2)**

- a. Transplant Hepatology
- b. Transplant Cardiology
- c. Transplant Nephrology Clinic
- d. Lung Transplant Clinic
- e. Surgical Intensive Care Unit
- f. Medical Respiratory Intensive Care Unit
- g. Bone Marrow Transplant

#### **D. Required Longitudinal Experiences**

- a. Present at least 1 formal & 1 informal journal club to pharmacy staff
- b. Present at least 1 case & 1 informal presentation to pharmacy staff
- c. Present 1 formal continuing education presentation

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- d. Completed a longitudinal research project and submit an abstract to the American Transplant Congress
- e. Complete an initial draft of a manuscript for the longitudinal research project with intention to submit for publication
- f. Serve as co-secretary for the TUH, Inc. Formulary Committee
- g. Actively participate in the staffing requirement of every 3<sup>rd</sup> weekend
- h. Completion of longitudinal topic discussion checklist (in accordance with PGY2 Solid Organ Transplant Pharmacy Residency Appendix)

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## Temple University Hospital

### PGY2 Solid Organ Transplant Pharmacy Residency

#### Curriculum

Required Learning Experience	Preceptor	Duration
Hospital and Departmental Orientation	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Abdominal Organ Transplant I	Adam Diamond, Pharm.D., BCPS, FAST	6 weeks
Abdominal Organ Transplant II	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Lung Transplant I	Jenny Au, Pharm.D., BCPS	6 weeks
Lung Transplant II	Jenny Au, Pharm.D., BCPS	4 weeks
Cardiovascular Surgical Intensive Care/ Heart Transplant/Mechanical Circulatory Support I	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	6 weeks
Cardiovascular Surgical Intensive Care/ Heart Transplant/Mechanical Circulatory Support II	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	4 weeks
Transplant Infectious Diseases	Kazumi Morita, Pharm.D., BCPS	4 weeks
Elective Learning Experiences (select 2)	Preceptor	Duration
Surgical Intensive Care	Sheriff Gbadamosi, Pharm.D., BCCCP	4 weeks
Transplant Cardiology	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	4 weeks
Transplant Hepatology	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Transplant Nephrology Clinic	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Lung Transplant Clinic	Ishani Shah, Pharm.D., BCTXP	4 weeks
Bone Marrow Transplant (at Jeanes Hospital)	Brittany Ballas, Pharm.D., BCPS, BCOP	4 weeks

Required Longitudinal Learning Experiences	Preceptor	Duration
Abdominal Organ Transplant & Transplant Nephrology Post- Transplant Clinic	Adam Diamond, Pharm.D., BCPS, FAST	16 weeks (resident to attend clinic every other Friday)
Heart Transplant Post-Transplant Clinic	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	11 weeks (resident to attend clinic every other Tuesday or Wednesday depending on clinic schedule)
Lung Transplant Post-Transplant Clinic	Ishani Shah, Pharm.D., BCTXP	11 weeks (resident to attend clinic every other Tuesday)
Pre-Transplant Evaluation Clinic	Adam Diamond, Pharm.D., BCPS, FAST Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC Ishani Shah, Pharm.D., BCTXP	Resident to attend clinic when pre-transplant evaluations are scheduled during the following required learning experiences: <ul style="list-style-type: none"> <li>- Abdominal organ transplant I/II</li> <li>- Lung transplant I/II</li> <li>- Cardiovascular Surgical Intensive Care/Heart Transplant/Mechanical Circulatory Support II</li> </ul>

## **Attachment C:**

**Job title: PGY1 ASHP Accredited Pharmacy Resident**

**Job Information:** Patient Care

### **Job summary**

- **PGY1 residents will work in a tertiary academic hospital and community hospital, exposing them to a diverse constituency of patients, healthcare providers, and learners.**
- **PGY1 residents will gain training, knowledge, and confidence in providing proficient, evidenced-based, compassionate care. They will become integral members of multi-disciplinary healthcare teams whose goals are to optimize patient outcomes.**

### **Education**

- Doctorate Degree: PharmD (Required)
- College of Pharmacy accredited by the American Council on Pharmaceutical Education (ACPE) or FPGEC – Foreign Pharmacy Graduate Examination Committee Certification (Required)

### **Citizenship**

- US Citizen or Permanent Resident (Required)

### **Licenses & Certifications**

- RPH-LIC-PA Pharmacist License (Required) by September 30<sup>th</sup> of the residency year.
- BLS, ACLS – Life support (Required)

### **Temple University Health System (TUHS) Core Competencies**

- **Respect**
  - Shows concern and consideration for others. Treat others as they would like to be treated.
  - Contributes to achieving an environment where diversity is respected and valued.
- **Service**
  - Consistently adheres to the Services Excellence Standards
  - Anticipates and responds to patient's and co-workers' needs in a timely and positive manner.
- **Quality**
  - Takes responsibility for own actions, holds self and others to high ethical and performance standards
  - Takes actions to continually improve quality and safety in daily work.

### **General Responsibilities**

- Complies with all TUHS policies, procedures, guidelines, and processes and all applicable accreditation standards, laws and regulations.
- Adheres to and promotes Hospital Safety Standards and the Safety Management Plan.
- Performs all job responsibilities in alignment with the core values, mission and vision of the organization.
- Attends staff meetings and completes mandatory in-services, requirements and competency evaluations on time.
- Remains up to date in knowledge regarding present areas of responsibilities (i.e. self-education, attends ongoing educational programs).
- Demonstrates competency in providing patient care that is individualized relative to age, population, developmental, psycho-social-cultural and demonstrated needs.
- Wears protective clothing and equipment as appropriate.

### **Job Responsibilities**

- **Medication Dispensing**

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- Ensures dispensing and labeling is in compliance with established pharmacy policies, procedures, guidelines, and processes as well as State and Federal regulations.
- Communicates and reinforces with nurses and providers the process flow of drug distribution.
- **Medication Training and Guidance**
  - Ensures staff competency and develops educational programs related to medication use and safety.
  - Ensures compliance with accreditation standards, and federal, state and local regulations.
  - Develops and performs quality and performance improvement initiatives relative to medication use and safety.
- **Medication Preparation**
  - Complies with all labeling requirements for dispensing, as established by pharmacy policies, procedures, guidelines, and processes as well as State and Federal regulations.
- **Medication Orders**
  - Complies with all policies, procedures, guidelines, and processes defined for the initial and ongoing clinical review of medication orders and monitoring of therapy.
- **Evaluation and Reporting**
  - Provides clinical consultation and clarification to practitioners and patients.
  - Suggests appropriate cost-effective therapeutic alternatives to medical staff as needed.
- **Discharge Counseling and Continuum of Care**
  - Proactively plans and initiates discharge counseling of patients and caregivers.
  - Responds to all requests from prescribers, nurses, patients, or others for patient discharge counseling.
- **Monitors and Manages Drug Therapy**
  - Performs indicated monitoring on all patients receiving high alert drugs.
  - Evaluates patients per TUHS policies on pharmacist initiated programs.
- **Other Responsibilities as outlined in the Procedures of this policy (TUH INC-PHARM-20209.14.27).**

### Receipt and Acknowledgement

I have received and read this PGY1 Pharmacy Resident's job description and fully understand the responsibilities, requirements, and expectations.

PGY1 Pharmacy Resident's signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

TUID \_\_\_\_\_

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## **Attachment D:**

**Job title:** PGY2 Solid Organ Transplant (SOT) Pharmacy Resident

**Job Information:** Patient Care

### **Job summary**

- **The PGY2 SOT pharmacy resident will work in a tertiary academic hospital and community hospital while being exposed to a diverse constituency of patients, healthcare providers, and students.**
- **The PGY2 SOT pharmacy resident will gain training, knowledge, and confidence in providing proficient, evidenced-based, compassionate care. They will become integral members of multi-disciplinary healthcare teams whose goals seek to optimize patient outcomes.**

### **Education**

- Completion of a PGY1 ASHP Accredited Residency (Required)
- Doctorate Degree: PharmD (Required)
- College of Pharmacy accredited by the American Council on Pharmaceutical Education (ACPE) or FPGEC – Foreign Pharmacy Graduate Examination Committee Certification (Required)

### **Citizenship**

- US Citizen or Permanent Resident (Required)

### **Licenses & Certifications**

- RPH-LIC-PA Pharmacist License (Required) by September 30<sup>th</sup> of the residency year.
- BLS, ACLS – Life support (Required)

### **Temple University Health System (TUHS) Core Competencies**

- **Respect**
  - Shows concern and consideration for others. Treat others as they would like to be treated.
  - Contributes to achieving an environment where diversity is respected and valued.
- **Service**
  - Consistently adheres to the Services Excellence Standards
  - Anticipates and responds to patient's and co-workers' needs in a timely and positive manner.
- **Quality**
  - Takes responsibility for own actions, holds self and others to high ethical and performance standards
  - Takes actions to continually improve quality and safety in daily work.

### **General Responsibilities**

- Complies with all TUHS policies, procedures, guidelines, and processes and all applicable accreditation standards, laws and regulations.
- Adheres to and promotes Hospital Safety Standards and the Safety Management Plan.
- Performs all job responsibilities in alignment with the core values, mission and vision of the organization.
- Attends staff meetings and completes mandatory in-services, requirements and competency evaluations on time.
- Remains up to date in knowledge regarding present areas of responsibilities (i.e. self-education, attends ongoing educational programs).

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- Demonstrates competency in providing patient care that is individualized relative to age, population, developmental, psycho-social-cultural and demonstrated needs.
- Wears protective clothing and equipment as appropriate.

### **Job Responsibilities**

- **Medication Dispensing**
  - Ensures dispensing and labeling is in compliance with established pharmacy policies, procedures, guidelines, and processes as well as State and Federal regulations.
  - Communicates and reinforces with nurses and providers the process flow of drug distribution.
- **Medication Training and Guidance**
  - Ensures staff competency and develops educational programs related to medication use and safety.
  - Ensures compliance with accreditation standards, and federal, state and local regulations.
  - Develops and performs quality and performance improvement initiatives relative to medication use and safety.
- **Medication Preparation**
  - Complies with all labeling requirements for dispensing, as established by pharmacy policies, procedures, guidelines, and processes as well as State and Federal regulations.
- **Medication Orders**
  - Complies with all policies, procedures, guidelines, and processes defined for the initial and ongoing clinical review of medication orders and monitoring of therapy.
- **Evaluation and Reporting**
  - Provides clinical consultation and clarification to practitioners and patients.
  - Suggests appropriate cost-effective therapeutic alternatives to medical staff as needed.
- **Discharge Counseling and Continuum of Care**
  - Proactively plans and initiates discharge counseling of patients and caregivers.
  - Responds to all requests from prescribers, nurses, patients, or others for patient discharge counseling.
- **Monitors and Manages Drug Therapy**
  - Performs indicated monitoring on all patients receiving high alert drugs.
  - Evaluates patients per TUHS policies on pharmacist initiated programs. .
- **Other Responsibilities as outlined in the Procedures of this policy (TUH INC-PHARM-20209.14.27).**

### **Receipt and Acknowledgement**

I have received and read this PGY2 Solid Organ Transplant Pharmacy Resident's job description and fully understand the responsibilities, requirements and expectations.

PGY2 SOT Resident's signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_

TUID\_\_\_\_\_

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## Temple University Hospital Pharmacy PGY-1 Residency Checklist

Residents are expected to satisfactorily complete all requirements of the Temple University Hospital PGY-1 residency program to obtain residency program certification at the conclusion of the residency year. Residency requirements are listed in the table below. Upon successful completion and verification of all requirements of the residency program, the resident will be awarded a certificate of completion by their residency program director. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by the American Society of Health Systems Pharmacists (ASHP).

Requirement/Supporting documentation required	Date of Completion	Resident Check-Off	RPD Check-Off
<b>Licensure &amp; Certifications</b>			
Obtain/maintain Basic Life Support (BLS)			
Obtain/maintain Advanced Cardiac Life Support (ACLS)			
PA Licensure by September 30 <sup>th</sup> of the residency year			
<b>Residency Onboarding</b>			
Complete Orientation requirements and acknowledgements by assigned dates:			
1. Review of residency policies within 14 days			
2. Completion of all orientation requirements by the end of the experience			
<b>Residency Competency Areas, Goals, and Objectives (CAGOs)</b>			
All evaluations completed per the evaluation policy including timely submission within 7 days of end of rotation			
Attain "Achieved for Residency" (ACHR) on 80% of all required Goals & Objectives.			
All other required objectives are evaluated as "Satisfactory Progress" or "Achieved" at least once with no "Needs Improvement" during the last quarter.			
PharmAcademic & TUHS exit survey completed & discussed			
<b>Presentations</b>			
Research Project presented at a local, state, regional, or national meeting – title/topic: _____			
Medication Use Evaluation results presented (if MUE required) – title/topic: _____			
ACPE-accredited Seminar presentation given – title/topic: _____			
Successful presentation of two journal clubs:			
1. Formal Journal Club (Clinical Enhancer) – title/topic			
2. Informal Journal Club – title/topic			
Successful presentation of two Case presentations			
1. Formal Case Presentation (Clinical Enhancer) – title/topic			
2. Mini Case Presentation – title/topic			

Completed MUE including results and quality improvement plan clinical enhancer presentation to pharmacy staff.			
Completed Research project results and conclusions to pharmacy staff as clinical enhancer and final practice prior to ESRC presentation.			
<b>Other Resident Deliverables</b>			
Completion of one ISMP Gap Analysis			
Completion of Medication Event Report Summary			
Completion of a drug class review, monograph, treatment guideline, protocol or policy review or creation – title/topic			
Completion of a TUHS Pharmacy Enterprise Newsletter			
Completion of a Clinical Pearl for Inclusion in the Pharmacy Newsletter			
Complete all requirements for assigned Committees			
Complete a Drug Use Evaluation including: <ul style="list-style-type: none"> <li>1. Final DUE Results presented at appropriate P&amp;T and other hospital committees as appropriate</li> <li>2. Process improvement plan developed and plan for follow-up identified</li> </ul>			
Successfully complete a resident research project including: <ul style="list-style-type: none"> <li>1. Timely submission of research deadlines per the timeline</li> <li>2. Poster presentation of methodology at ASHP/Vizient</li> <li>3. Final presentation at Eastern States conference</li> <li>4. Submission of manuscript of publishable quality</li> </ul>			
<b>Service Commitment</b>			
Completion of all scheduled staffing shifts			
Completion of all scheduled clinical weekends (if applicable)			
Completion code/stroke pager response requirement			
Abide by Duty Hours and the Policies and Procedures of the Pharmacy Department			
<b>Other</b>			
Successfully complete the requirements outlined for the Teaching Certificate Program			
All quarterly development plans completed by the deadline, reviewed with advisor, and uploaded to pharmacademic by the RPD			

**2023-2024 PGY2 Solid Organ Transplant Residency Required Tasks Checklist***PGY2 Solid Organ Transplant Pharmacy Resident:**Learning Experience- Required Core Experiences*

Abdominal Organ Transplant I

Abdominal Organ Transplant II

Cardiovascular Surgical Intensive Care/Heart Transplant/Mechanical Circulatory Support I

Cardiovascular Surgical Intensive Care/Heart Transplant/Mechanical Circulatory Support II

Lung Transplant I

Lung Transplant II

Transplant Infectious Diseases

Histocompatibility and Immunogenetics

Orientation

*Learning Experience- Elective Experiences*

Elective I (xxx)

Elective II (xxx)

*Required Longitudinal Experiences*

Longitudinal Abdominal Organ Transplant Clinic

Longitudinal Cardiothoracic Transplant Clinic

Formal Journal Club

Formal Case Presentation

Informal Journal Club

Informal Case Presentation

Continuing Education Presentation

Longitudinal research project

• IRB approval	
• Data collection	
• Data analysis	
• Abstract submission	
• Manuscript draft	
Staffing requirement for every 3 <sup>rd</sup> weekend	
Achievement of 80% of required objectives	

PGY2 Solid Organ Transplant Pharmacy Resident Signature: \_\_\_\_\_

Residency Program Director Signature: \_\_\_\_\_

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



Origination 2/1/2020

Last 5/1/2023

Approved

Effective 5/1/2023

Last Revised 5/1/2023

Next Review 4/30/2025

Owner Darshan Parekh:  
VP - CHIEF  
PHARMACY  
OFFICER

Area Pharmacy -  
Education

Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program-Resident Supervision and Duty Hours, TUH INC-PHARM 20209.14.24

### Reference:

ASHP Duty-Hour Requirements for Pharmacy Residencies

ASHP PGY2 Residency Accreditation Standard with Guidelines for Postgraduate Residency Programs, Effective July 1, 2023

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

This policy and procedure delineates the mechanism for acceptable supervision and the limitation of duty hours of Pharmacy Residents. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents, residency preceptors, residency advisors, pharmacy management team members, and the RPDs. The supervision shall be provided to the resident in such a way that the resident assumes progressively increasing responsibility for patient care, according to the resident's level of training, experience and ability.

### POLICY

1. It is the policy of Temple University Hospital, Inc. (TUH) that the pharmacy resident, regardless

of the rotations, will be appropriately supervised by residency preceptors.

2. It is the policy of TUH that the pharmacy resident will comply with the pharmacy-specific duty hour requirements for the ASHP Accreditation standards for pharmacy residents.
3. The ASHP Duty Hours Policy must be provided to the resident upon arrival to the program. The policy can be obtained at the following: Duty-Hour Policy (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>)

## DEFINITIONS

Duty hours -

- Duty hours **includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours **excludes** reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RPD- Residency Program Director

RPC - Residency Program Coordinator

ASHP – American Society of Health-System Pharmacists

Residency Preceptor –As defined in the Preceptors' Selection Policy- TUH Inc-PHARM-20209.14.29.

## PROCEDURES

### A. Supervision

1. A residency preceptor defined per policy (TUH PHARM 20209.14.29- Pharmacy Residency Program - Preceptors Selection Policy) shall be available to provide supervision of resident's activities.
2. The resident's rotation schedule will be available for both the resident and residency preceptor.
3. Each rotation description will be available in pharmacademic for the resident. It is the responsibility of the resident to review the description at the beginning of each rotation. It is the responsibility of the preceptor to ensure understanding of the rotation requirements.
4. Resident's responsibilities and expectations will be outlined in the rotation descriptions and explained to the resident by the residency preceptor.



5. The residency preceptor will provide regular, day-to-day, criteria-based feedback to give the resident information on which to shape his/her performance.
6. All goals, objectives and learning experiences will be evaluated by the resident and residency preceptor at the end of each rotation. Residents will also complete a rotation self-evaluation during rotation 2 (August) and 6 (February).
7. A residency advisor will be assigned to each resident at the beginning of the residency year. The residency advisor, RPC, and RPD will oversee the resident's progress throughout the residency year.
8. The residency advisor will communicate with the residency preceptor(s), resident, TUH pharmacy management team members, RPC, and RPD to complete the quarterly development plan and evaluations.
9. Positive and constructive feedback will be given to the resident during each rotation - ideally at least once per week (if not daily), at the end of each rotation, on a quarterly basis, and periodically throughout the residency year as needed. A customized resident development plan for each individual resident will be documented and uploaded to pharmacademic on a quarterly basis.

#### **B. Duty Hours**

1. This policy on duty hours must comply with the ASHP Duty-Hour Requirements for Pharmacy Residencies.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all moonlighting.
3. The resident must have a minimum of one day in seven free from all educational and clinical responsibilities averaged over a four-week period.
4. The resident should have 8 hours free between scheduled duties.
5. Continuous duty periods of the resident will not exceed 16 hours.
6. On the last day of each month, each resident will be sent an email notification and task in PharmAcademic to complete the standard ASHP Duty Hours form.
7. PharmAcademic will report any violations to the RPD.
8. The RPD will review each episode of violation to identify a rotation or other area of the program, that needs changes to ensure future compliance.
9. Residency preceptor(s), TUH pharmacy management team members, RPC, RPD and the resident must be able to recognize the signs of fatigue and sleep deprivation to prevent its potential negative effects on patient care and learning.
10. Pharmacy leaders must ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks and mitigation strategies as part of the orientation to the residency.

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#### **NOTE:**

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## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	5/1/2023

COPY



Origination 2/1/2020  
Last Approved 5/22/2023  
Effective 5/22/2023  
Last Revised 5/22/2023  
Next Review 5/21/2025

Owner Darshan Parekh:  
VP - CHIEF  
PHARMACY  
OFFICER  
Area Pharmacy -  
Education  
Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program - Moonlighting Policy, TUH INC-PHARM-20209.14.26

### References:

ASHP Accreditation Standard for Postgraduate Residency Programs, Effective July 1, 2023,  
ASHP Duty-Hour Requirements for Pharmacy Residencies, TUH-GMEC-307 Resident and Fellow  
Moonlighting

### Attachments:

Attachment A - Moonlighting Approval Form

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

To monitor a resident's moonlighting activities to ensure that the 80-hour weekly limit on duty hours is not exceeded, and at least 8h between shifts is adhered to, providing the resident with sufficient time for rest and restoration to promote safe and effective pharmaceutical care. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents. The RPD will be responsible for ensuring that each resident adheres to the policy throughout the duration of the residency.

# POLICY

Moonlighting that occurs within the PGY1 and PGY2 SOT pharmacy residency program and the sponsoring institution must be counted toward the 80- hour weekly limit on duty hours. Moonlighting is prohibited during resident duty hours Monday through Friday from 7:30am to 4 pm.

Moonlighting is prohibited until December 1<sup>st</sup> of the residency year to ensure that residents have ample time to become acclimated with their residency responsibilities. Moonlighting may be performed earlier than December 1<sup>st</sup> if deemed appropriate by the RPD. Capability to moonlight will be determined via review of rotation and longitudinal experience evaluations and assessment of resident progress. Moonlighting permission is contingent on the resident's primary rotation and ability to meet the program responsibilities. Any violations of this policy will result in disciplinary action by the RPD and/or designee.

## DEFINITIONS

Moonlighting- Any voluntary, compensated, work performed within or outside the organization or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RPD- Residency Program Director

## PROCEDURE

### Internal (TUH - Main Campus) Site Approval

1. The resident must request approval from the RPD in advance for any moonlighting activities at TUH-Main Campus by completing the form in Attachment A.
  - a. Moonlighting can only be completed during the following hours listed below and must not exceed the maximum number of shifts per rotation.
    - i. Weekdays: Must start after 4 PM and end no later than 10 PM.
      1. Maximum number of weekday shifts per rotation= 4
    - ii. Weekends: Must be on the same weekend as scheduled clinical staffing or clinical weekend. Must start after 4 PM and end no later than 10 PM.
      1. Maximum number of weekend shifts per rotation= 2
    - iii. The PGY2 SOT resident may moonlight on weekends that they are not already scheduled to work with approval from the RPD.
  - b. Once moonlighting is approved by the RPD the form will be sent to the supervisor responsible for scheduling in order to add the resident to the schedule.
2. Any adverse event that may compromise the resident's well-being or patient care may lead to withdrawal of permission.

3. All completed forms will be stored in the residency pharmacy department file.
4. Residents' overall performance while on scheduled duty periods and their ability to achieve the educational goals and objectives of their residency program and provide safe patient care will be discussed during quarterly evaluation periods.
5. If the resident's participation in moonlighting affects their overall performance, moonlighting will no longer be allowed.

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## Attachments

[A: Moonlighting Approval Form](#)

## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	5/22/2023



Origination 1/7/2020  
Last Approved 5/22/2023  
Effective 5/22/2023  
Last Revised 5/22/2023  
Next Review 5/21/2025

Owner Darshan Parekh:  
VP - CHIEF  
PHARMACY  
OFFICER  
Area Pharmacy -  
Education  
Applicability Temple  
University  
Hospital Inc.

## Pharmacy Residency Program-Time Off Policy, TUH INC- PHARM-20209.14.25

### References:

TUH Administrative Policies & Procedures- Attendance and Lateness Policy 950.545

### Attachments:

Attachment A: PGY1 Pharmacy Residency Program – Resident Absence form

Attachment B: PGY2 Solid Organ Transplant Pharmacy Residency Program-Resident Absence form

### SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

### PURPOSE

To define time allocations for personal and professional time off for the PGY1 and PGY2 Solid Organ Transplant (SOT) pharmacy residents. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents. The residency program director and site coordinators will be responsible for ensuring that each resident adheres to the policy throughout the duration of the residency.

# POLICY

## Graduate Medical Education Mediated Leave

1. Vacation leave (15 days)
2. Sick leave (10 days)
3. Personal time (3 days)
  - a. May be scheduled in accordance with the resident's personal preference along with departmental approval.

## PGY1 & PGY2 Holidays (6 holidays observed time off)

- A. PGY1 Winter holiday:
  1. PGY1- The resident is required to work two winter holidays consisting of Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, or New Year's Day
- B. PGY1 Summer holiday:
  1. The PGY1 is required to work one summer holiday consisting of either Memorial Day, Labor Day, or Juneteenth.
- C. PGY2 SOT resident is required to work three holidays consisting of Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, Memorial day, Labor Day, or Juneteenth
- D. The resident will have a comp-holiday day off within 30 days before or after the holiday worked. These comp days do not count towards time away from the residency program.

## Conference leave

The PGY1 & PGY2 residents will receive 3 conference days per year. Additional time needed for conference attendance will need to be from vacation or personal time.

## Interview Days

The PGY1 & PGY2 residents must use vacation or personal time for interview days.

## DEFINITIONS

PGY1- Postgraduate Year One

PGY2 SOT- Postgraduate Year Two Solid Organ Transplant

RPD- Residency Program Director

# PROCEDURE

At least 30 days prior to all scheduled vacation or professional leave, a completed Absence Request Form (Attachment A or B) must be submitted to the RPD with the following signatures for approval: the resident, the resident's preceptor and RPD. The completed form will be provided to the site coordinator for final signature. (Interview leave needs at least 2 days' notice prior to interview date.)

For all sick days, the resident must call or email his/her preceptor, site coordinator, and RPD later than 2 hours prior to the commencement of his/her shift. Upon returning to work, the resident will submit a completed Absence Request Form (Attachment A or B) to the RPD. For sick leave greater than 3 consecutive days, the resident must present a physician note documenting the necessary absence or may be asked to provide a physician note upon request (TUH Administrative Policies & Procedures- Attendance and Lateness Policy 950.545).

A resident may not be absent from a rotation for > 5 days total, except to fulfill program required leave.

Any deviations from this policy must be approved by the Residency Advisory Committee.

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## Attachments

[A: PGY1 Pharmacy Residency Program – Resident Absence Form](#)

[B: PGY2 Solid Organ Transplant Pharmacy Residency Program-Resident Absence form](#)

## Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	5/22/2023



## **Attachment A**

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**TEMPLE UNIVERISTY HEALTH SYSTEM**  
**PGY1 Pharmacy Residency Program – Resident Absence form**

**Resident Name** \_\_\_\_\_

**Absence From** \_\_\_\_\_ **To** \_\_\_\_\_ **Days/Hours** \_\_\_\_\_

☐ **Vacation Leave** \_\_\_\_\_

☐ **Holiday Leave** \_\_\_\_\_

☐ **Sick Leave** \_\_\_\_\_

---

☐ **Professional Meeting** \_\_\_\_\_

**Location** \_\_\_\_\_

- ☐ **Meeting attendee**
- ☐ **Poster Presentation (title below)**
- ☐ **Speaker (title below)**
- ☐ **Other (details below)**

\_\_\_\_\_  
\_\_\_\_\_

---

**Signatures**

**Resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Preceptor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Attachment B**

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**TEMPLE UNIVERSITY HOSPITAL**  
**PGY2 Pharmacy Residency Program – Resident Absence Form**

**Resident Name** \_\_\_\_\_

**Absence From** \_\_\_\_\_ **To** \_\_\_\_\_ **Days/Hours**

☐ **Vacation Leave** \_\_\_\_\_

☐ **Holiday Leave** \_\_\_\_\_

☐ **Sick Leave** \_\_\_\_\_

---

☐ **Professional Meeting** \_\_\_\_\_

**Location** \_\_\_\_\_

- ☐ **Meeting attendee**
- ☐ **Poster Presentation (title below)**
- ☐ **Speaker (title below)**
- ☐ **Other (details below)**

\_\_\_\_\_  
\_\_\_\_\_

---

**Signatures**

**Resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Preceptor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Residency Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

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**NOTE:**

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## **Temple University Hospital Medication/Drug Use Evaluation Primer**

1. What is a MUE/MUE?
  - a. A method of performance improvement involving medication or medication use processes that seeks to improve patient or institutional outcomes
  - b. NOT research
    - i. Questions regarding how the drug should be used are already answered. Does not seek to expand knowledge of a scientific nature
    - ii. Seeks to answer, "How is the drug actually being used?"
2. Types of MUEs
  - a. Retrospective
  - b. Concurrent or Prospective
3. Medications or use processes that are appropriate for MUE
  - a. High risk
  - b. High volume
  - c. Critical to appropriate patient care
  - d. High cost
  - e. Those with established guidelines/restrictions
  - f. Those for which internal or external quality standards exist
  - g. Therapeutic interchange possibility
4. Initial Process
  - a. Establish authority – need a champion (usually a physician)
    - i. Solicit input from physician regarding criteria of interest
  - b. Develop criteria for evaluation
    - i. Potential criteria
      1. Safety
        - a. Monitoring
        - b. Contraindications
        - c. Adverse events
        - d. Drug interactions
      2. Appropriateness
        - a. Indication
        - b. Dosage
        - c. Duration
        - d. Restriction Criteria
      3. Process
        - a. Timeliness
        - b. Efficiency
    - ii. What is the critical threshold for all the above?

- iii. Thresholds will be set according to the level of non-compliance that would trigger action
  - iv. Should be based on national or local guidelines, primary literature or local standards
  - v. Should reflect current knowledge and experience
- 5. Identify data source
- 6. Determine number of patients
  - a. The primary determinant of sample size is threshold level. The principle is to collect sufficient data to provide estimates of criteria compliance with an acceptable level of precision (i.e. 95% confidence interval)
  - b. General rules of thumb for sample size
    - i. Infrequent failure to meet criteria (<5%) will require a large population sample (>200)
    - ii. Frequent failure to meet criteria (25-50%) will require a small population sample (30-60).
  - c. An alternative approach to sample size
    - i. For a population size of fewer than 30 cases, sample 100% of available cases
    - ii. For a population size of 30 to 100 cases, sample 30 random cases
    - iii. For a population size of 101 to 500 cases, sample 50 random cases
    - iv. For a population size greater than 500 cases, sample 70 random cases
- 7. Create data collection sheet
  - a. Both in Word and Excel
- 8. Present proposed criteria to preceptor group
- 9. Present proposed criteria to preceptors (see attached example)
  - a. The proposal should include a description of potential interventions that would stem from findings of unacceptable drug use.
- 10. Collect Data
  - a. Interim review of data with preceptor at 10% of data collection
- 11. Analyze Data
  - a. Review original criteria and ensure that each criteria is addressed
  - b. May include other interesting findings
- 12. Make conclusions regarding data
- 13. Present conclusions & QI to preceptor group & pharmacy staff as a clinical enhancer
- 14. Present conclusions to the P&T committee
  - a. At the end of each MUE results presentation, the project will be classified as:
    - i. No action required- compliance is within pre-determined thresholds
    - ii. Action required- compliance is outside of pre-determined thresholds.
  - b. Each project that has actionable results must have an intervention plan determined within 30 days of results presentation, or by the next P&T meeting, whichever is sooner
- 15. Develop process improvement plan including stakeholders and actions
- 16. Implement QI plan

Medication Use Evaluation Template:

**Temple University Health System Pharmacy Residency Medication Utilization Evaluation Protocol**

**Title of MUE**

**Type of Medication Use Evaluation: Retrospective**

**Scope of Evaluation: Therapeutic**

**Focus of Evaluation: Adherence and Characterization**

**Evaluators:**

**Background**

**Objective**

**Population to be Evaluated**

**Methods**

**Definitions**

**Variables**

**Critical Process Indicators & Thresholds**

**References**

Reference: ASHP MUE Guidelines - 2021. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/medication-use-evaluation-current.ashx>.

## **PGY-1 Pharmacy Residency TUHS Resident MUE Timeline**

### July 6<sup>th</sup>, 2023

MUE topic ideas presented to residents. Meet with preceptors to discuss projects. Conduct initial background search for projects of interest.

### July 21<sup>st</sup>, 2023

MUE topic deadline – submit top 3 choices to Jaime Gray/Sheriff Gbadamosi

### July 28<sup>th</sup>, 2023

MUE topic finalized and sent to the residents & preceptors

### July 28<sup>th</sup> to August 11<sup>th</sup>, 2023

Meet with MUE preceptors to discuss the background and rationale for the project. Begin MUE write-up with background and consider data variables needed. Once data variables are finalized, work on a data collection sheet can begin in Redcap, excel, etc.

### August 11<sup>th</sup> – September 29<sup>th</sup>, 2023

MUE data collection sheet finalized. Place final collection sheet in Residency Folder on the Pharmacy InfoShare drive.

### August 11<sup>th</sup> to December 30<sup>th</sup>, 2023

Submit patient information requests (must allow a 2 week turn-around time) to Epic Willow Team via email using the “TUH Pharmacy Willow Team” group email from the global list. Note data in Epic will only be starting in August 2016. Alternatively, your preceptor group may be able to run the Epic report or obtain data through another means. This should be discussed with your preceptor MUE group.

Collect data for MUE. Data collection should be completed by December 30<sup>th</sup>, 2023.

### January 1<sup>st</sup> – 12<sup>th</sup>, 2024

Submit draft MUE summary & presentation to preceptors for review

### February 9<sup>th</sup>, 2024

MUE summary & presentation finalized. Place final documents in Residency Folder on the Pharmacy InfoShare drive.

### February 16<sup>th</sup>, 2024

Residents #1, 2, & 3 – submit MUE summary to J. Luong/P&T residents for P&T meeting.

### February 23<sup>rd</sup>, 2024

MUE summary presented at P&T meeting – Residents #1, 2, & 3

### March 15<sup>th</sup>, 2024

Residents #4 & 5 – submit MUE summary to J. Luong /P&T residents for P&T meeting.

### March 22<sup>nd</sup>, 2024

MUE summary presented at P&T meeting – Residents #4 & 5



March – June 2024

Present MUE results as a clinical enhancer to the pharmacy staff as 3 presentation dates with 2 presentations per date.

Residents & preceptors work on any necessary follow-ups based on P&T Committee recommendation(s). Place any follow-up material (e.g. EPIC screen revision, tools, data) in the Residency Folder on the Pharmacy InfoShare drive.

## **Research Expectations**

### **Temple University Health System Residency Program**

This document should be used as a reference for minimum expectations as acts as a supplement to other requirements as detailed in the Research timeline. Additional activities and expectations should be discussed and decided with the research mentor. The residents must also complete all goals/objectives listed in PharmAcademic.

In addition to the below grid, basic expectations that apply to all activities include:

#### **Presentations**

1. All presentations should be approved by the preceptor prior to delivery in any venue.
2. A preceptor of the project should attend all presentations related to the research
3. Presentations scheduled for the preceptors are mandatory. Both resident and preceptor mentor are expected to be prepared for these events.
4. Unless permission is attained prior to presentation, all residents will attend presentations related to research practices including the Eastern States Practices.
5. **All questions during the presentation should be directed to PGY1 resident. If the resident is unable to answer, the preceptor may aid in discussion.**

#### **Timeline deadlines**

1. Timelines should be viewed as hard deadlines and the latest date by which an activity should be completed. However, if necessary to move deadlines, the timeline should be discussed and approved by the research preceptors.
  - a. Research teams should also develop interim deadlines between major deadlines in order to accomplish tasks.

#### **Data Management**

1. Redcap database or excel may be used to record data for the research project.

#### **Research completion**

1. If the research is not completed prior to completion of the residency year, including submission of a draft manuscript acceptable for submission to a journal, no certificate will be awarded.
2. Manuscript development should occur throughout the research process. For example, at the time of literature search and background development, corresponding section of manuscript should be written. These should be reviewed and approved by the preceptor and research team.

<b>Activity</b>	<b>Action</b>	<b>Responsible Party</b>
Develop research idea	Develop basic research questions that is feasible and novel. Include engagement of physician champion	Primary preceptor & Resident
CITI training	<a href="#">Complete CITI</a> training	Resident
Development of research criteria	Develop detailed criteria for research (see slide set for details)	Resident and preceptor
Protocol presentation to Research Committee	Present detailed criteria for research project (see slide set for details)	Resident presentation with preceptor attendance
Modify research based on Research Committee feedback	Modify slide set if necessary	Resident with approval by preceptor
Submit and obtain IRB approval		Resident with approval by preceptor and Primary Investigator (Physician champion)
Obtain data	Request data from appropriate avenue	Resident with preceptor guidance or oversight
Submit ASHP/Vizient abstract	Develop abstract according to submission guidelines (does not require finalized data)	Resident with preceptor guidance
Develop and print Midyear poster	Have poster printed or uploaded to appropriate site	Resident with preceptor guidance
Collect data	Collect data	Resident
Evaluate data for validity	Review 10% of data for accuracy	Preceptor
Complete data collection	Complete data collection	Resident
Develop and submit Eastern States abstract	Develop abstract according to submission guidelines (does not require finalized data)	Resident with preceptor approval
Refine plan for data analysis	Review original proposed outcomes and appropriate analysis based on data type	Resident should generate with refinement of preceptor
Data analysis	Perform data analysis	Resident should perform with refinement of preceptor or other data analytics resource
Presentation to preceptors as Eastern States Presentation practice	Present findings and conclusions	Resident presentation with preceptor attendance
Modify presentation based on feedback	Modify slide set if necessary	Resident with approval by preceptor
Results presentation at Eastern State	Present findings and conclusion	PGY1 resident presentation with designated preceptor attendance
Results refinement	Modify conclusions based on Eastern States	Resident and preceptor

Write manuscript draft	Undertake necessary steps of results and discussion section to complete manuscript	Resident with preceptor approval
Submit manuscript of publishable quality to preceptor and Residency director	Modify manuscript based on initial draft comment	Resident with preceptor approval

## PGY1 TUHS Resident Research Project Timeline

*Please note the information below is in addition to the timelines provided on the residency program calendar & some are specific to TUH. All final electronic files (e.g. ASHP/Vizient poster, data collection sheet, Eastern States slides) should be placed in Residency folder on the Pharmacy InfoShare drive as each resident completes each portion of the project.*

### July 6<sup>th</sup>, 2023

Research ideas presented to the residents. Meet with preceptors to discuss projects. Conduct initial background search for projects of interest.

### July 21<sup>st</sup>, 2023

Research topic deadline – submit top 3 choices to Jaime Gray, Sheriff Gbadamosi & Adam Diamond

### July 28<sup>th</sup>, 2023

Research topics finalized and sent to residents & preceptors

### July 28<sup>th</sup> to August 11<sup>th</sup>, 2023

Meet with preceptors to discuss project and begin background research. Begin writing background and start thinking through methodology including data variables to be collected, number of patients, etc.

Physician lead/stakeholder should be identified during initial meetings in order to loop them in early to help facilitate IRB submission/approval.

Also – an applicable committee should be identified, depending on the project focus, to present project background and methodology in November and then results in May.

### August 2<sup>nd</sup> – 11<sup>th</sup>, 2023

Dedicated research week. Continue working on the above, but also begin work on IRB protocol. Begin work on protocol presentation in PowerPoint and begin creating a data collection sheet (redcap, excel, etc).

PowerPoint presentation should be created and shared with the research project preceptors by **August 4<sup>th</sup>** for review & revisions (at least 1 week).

### Week of August 14<sup>th</sup>, 2023: Research Think Tank Presentations (In-person & Virtual: Microsoft Teams)

Meeting with preceptors, site coordinators, and residency director to discuss residency research projects – Residents should prepare a PowerPoint slide to discuss background, objectives, methods, and statistics.

### August 14<sup>th</sup> – September 8<sup>th</sup>, 2023

Make modifications to project protocol & design based on feedback from the preceptors, RPD & RPC from the Research Think Tank. This should help to finalize the project protocol. Meet with research group as needed to work on final IRB protocol.

Contact Kerry Mohrien to review data collection sheet and statistical plan for the project if needed.

### September 8<sup>th</sup>, 2023

Submit research protocol to IRB.

Begin working on your ASHP/Vizient poster abstract.

September 15<sup>th</sup>, 2023

Submit draft ASHP/Vizient poster abstract to preceptor. Preceptor should review and send feedback within 1 week.

September 15<sup>th</sup> – October 1<sup>st</sup>, 2023 (October 1 is deadline to submit to ASHP!!)

Make revisions to ASHP/Vizient abstract. Send 2<sup>nd</sup> draft back to preceptors for review and/or submit final ASHP/Vizient poster abstract to ASHP and Vizient WITH preceptor approval. Place final copy in the Residency folder on the Pharmacy InfoShare drive.

September 2023 to February 2024

Obtain necessary patient lists, & collect data for research project (upon IRB approval)

October/November, 2023

Send background and methodology slides to secretary of appropriate committee for presentation at the November meeting.

October 15<sup>th</sup>, 2023

Submit draft ASHP/Vizient poster to preceptors

November 19<sup>th</sup>, 2023

Submit ASHP/Vizient poster for printing

**December 3<sup>rd</sup> – 7<sup>th</sup>, 2023**

**ASHP Midyear Conference (Anaheim, CA)**

**April 1<sup>st</sup>, 2024**

Deadline for Eastern States abstract and submit accordingly.

Week of April 8<sup>th</sup>, 2024 from 2 to 4 pm in TBD

Practice session #1 for Eastern States (3-residents)

Week of April 15<sup>th</sup>, 2024 from 2 to 4 pm in TBD

Practice session #1 for Eastern States (2-residents)

Week of April 22<sup>nd</sup> and week of 29<sup>th</sup>, 2024 from 2 to 4 pm in TBD (3 sessions, 2 residents each)

FINAL Eastern states practice session & Clinical Enhancers for all TUH residents.

**Group 1: May 5<sup>th</sup> -7<sup>th</sup> or Group 2: 6<sup>th</sup> – 8<sup>th</sup>, 2024 (TBD which group)**

**Eastern States Conference (Hershey, PA)**

April - June, 2024

Resident research teams should coordinate presentation of research results at the committee or subcommittee meeting where the initial background and methodology was presented (ie. P&T, Medication Safety, Antimicrobial Subcommittee, etc.). The resident will provide a 5-7-minute presentation of the final project results.

Ideally, PowerPoint slides should be sent to the committee secretary for inclusion at **the May meeting**.

Residents & preceptors work on any necessary follow-ups based Committee recommendation(s) or identified quality improvement actions. Place any follow-up material (e.g. EPIC screen revision, tools, data) in the Residency Folder on the Pharmacy InfoShare drive.

Manuscript should also be submitted and revisions made as indicated by preceptor group.

May 19<sup>th</sup>, 2024

First draft of manuscript submitted to preceptor(s)

June 14<sup>th</sup>, 2024

Final manuscript submitted & file placed in Residency folder on the Pharmacy InfoShare drive. This MUST be received, before residency graduation certificates are awarded.

**\*\* Residents should coordinate with their research group meetings through-out the year. Weekly or bi-weekly meetings may be necessary at the beginning of the year in order to get the project off the ground. It is the responsibility of the resident to coordinate and schedule these meetings. If you are having difficulty, please reach out to your research primary preceptor for guidance or to the RPD or RPC to assist. It is also a good idea to break the project down into smaller deadlines within your research group in order to stay on task through-out the year. Each project will likely work on a slightly different timeline but the major deadlines should serve as a placeholder to keep on track. Additionally, consider working on your manuscript early, as you complete each section, so you are not scrambling at the end of the year. \*\***

## **PGY2 Solid Organ Transplant Resident Research Project Timeline**

*Please note the information below is in addition to the timelines provided on the residency program calendar & some are specific to TUH. All final electronic files (e.g. ASHP/Vizient poster, data collection sheet, ATC poster and/or slides) should be placed in Residency folder on the Pharmacy InfoShare folder as each resident completes each portion of the project.*

### July 6<sup>th</sup>, 2023

Research ideas presented to the resident. Meet with preceptors to discuss projects. Conduct initial background search for projects of interest. Research topic should be

### July 10<sup>th</sup>, 2023

Research topic deadline – submit top choice to Adam Diamond.

### July 17<sup>th</sup>, 2023

Send draft IRB protocol and data collection sheet to research project preceptors for review. Physician lead/stakeholder should be identified during initial meetings in order to loop them in early to help facilitate IRB submission/approval.

### July 24<sup>th</sup>, 2023

Finalize IRB protocol and data collection sheet based on preceptor feedback. An applicable committee should be identified, depending on the project focus, to present project background and methodology in November and then results in May.

### July 31<sup>st</sup>, 2023

Submit IRB protocol

### September 11<sup>th</sup>-15<sup>th</sup>, 2023

Dedicated research week. Being working on data collection as long as IRB approval has been obtained.

### September 18<sup>th</sup> – October 27<sup>th</sup>, 2023:

Data collection to be completed and meeting with preceptors scheduled to review progress.

### September 26<sup>th</sup>, 2023:

Submit draft ASHP/Vizient abstract to preceptors for review.

### October 1<sup>st</sup>, 2023 (October 1 is deadline to submit to ASHP!!)

Make revisions to ASHP/Vizient abstract. Send 2<sup>nd</sup> draft back to preceptors for review and/or submit final ASHP/Vizient poster abstract to ASHP and Vizient WITH preceptor approval. Place final copy in the Residency folder on the Pharmacy InfoShare drive.

### October 20<sup>th</sup>, 2023

Submit draft ASHP/Vizient poster abstract to preceptor. Preceptor should review and send feedback within 1 week.

### October 30<sup>th</sup> - November 3<sup>rd</sup>, 2023:

Dedicated research week. Complete data analysis and set up meeting with preceptor group to review results and meet with statistician if needed.



November 17<sup>th</sup>, 2023

Data analysis to be completed. Begin working on draft ATC abstract and submit to preceptors for review.

November 27<sup>th</sup>, 2023

Finalize ATC abstract and plan to submit by deadline of December 1<sup>st</sup>, 2023

December 1<sup>st</sup>, 2023

Submit ATC abstract

**December 3<sup>rd</sup> – 7<sup>th</sup>, 2023**

**ASHP Midyear Conference (Anaheim, CA)**

May 2024 Committee Meeting

PowerPoint slides should be sent to the committee secretary for inclusion at **the May meeting**.

Residents & preceptors work on any necessary follow-ups based committee recommendation(s) or identified quality improvement actions. Place any follow-up material (e.g. EPIC screen revision, tools, data) in the Residency Folder on the Pharmacy InfoShare drive.

Manuscript should also be submitted and revisions made as indicated by preceptor group.

May 19<sup>th</sup>, 2024

First draft of manuscript submitted to preceptor(s)

**June 1<sup>st</sup> – 5<sup>th</sup>, 2024**

**American Transplant Congress (Philadelphia, PA)**

June 14<sup>th</sup>, 2024

Final manuscript submitted & file placed in Residency folder on the Pharmacy InfoShare drive. This **MUST** be received, before residency graduation certificates are awarded.

**\*\* Residents should coordinate with their research group meetings through-out the year. Weekly or bi-weekly meetings may be necessary at the beginning of the year in order to get the project off the ground. It is the responsibility of the resident to coordinate and schedule these meetings. If you are having difficulty, please reach out to your research primary preceptor for guidance or to the RPD or RPC to assist. It is also a good idea to break the project down into smaller deadlines within your research group in order to stay on task through-out the year. Each project will likely work on a slightly different timeline but the major deadlines should serve as a placeholder to keep on track. Additionally, consider working on your manuscript early, as you complete each section, so you are not scrambling at the end of the year. \*\***

**Guidelines for Formal Case Presentation I**

**Description:** The resident will present a clinical case from current or previous residency rotations and discuss the clinical and therapeutic issues involved in the case, the current literature evaluating the therapeutic topic, and their recommendations based on the literature reviewed. Topics should be an interesting disease state or controversial drug therapy issue.

**Format/Requirements:**

- Type: Resident-led group discussion/oral presentation
- Duration: 20-25 minutes with 5-10 minutes for questions (Total: 30 minutes)
- All procedures related to clinical enhancers must be followed.
  - See attachment A
- Slides or Handout required
  - It is the responsibility of the resident to provide copies of the slides/handout to the audience.
  - A final copy should be placed in the appropriate folder in the Infoshare drive.
- Suggested format
  - Presentations will be in-person and recorded via Teams.
  - Please see attachment C for a format guide.
- Evaluation
  - PharmAcademic evaluation completed by preceptor chosen by the resident. **Please note that residents may freely choose their preceptors for their presentations and are not limited to the current rotational preceptor during which their presentations are scheduled.**
  - It is the responsibility of the resident to provide the audience Microsoft Forms QR codes for presentation assessment. Each respective resident's Microsoft Forms QR code is provided during residency orientation.
  - Assessment of presentation is to be discussed with preceptor within one week of presentation.

**Deadlines:**

- Presentation title/topic should be given to preceptor **4-6 weeks** prior to presentation date.
- Slides/handout due to preceptor at least **2 weeks** prior to presentation date.
- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the pharmacy department **2 weeks** prior to presentation date.
- Submit your recorded presentation, handout (PDF format) and 5 post-test questions to the Secretaries of the Continuing Education committee within 2 days of your live presentation.

**Attachment A**

**Mandatory & Clinical Knowledge Enhancer Fulfillments**

Notification via email and calendar invite should be sent to the pharmacists no later than 2 weeks from the scheduled presentation. Emailed communication should be sent out by the continuing education committee members.

For pharmacists who are unable to attend the scheduled date of presentation, the recorded presentation and a post-test must be provided on Healthstream in which the staff member must obtain a correct score of 80% or above to obtain clinical knowledge enhancer credit. If the staff member is unable to obtain a correct score of at least 80%, clinical knowledge enhancer credit will not be provided. The due date of viewing the pre-recorded presentation and the post-test will be 1 month from when the presentation was originally given.

Upon completion of sessions(s), the presenter or facilitator must provide the following to Josephine Luong, Director of Pharmacy Clinical Services, within 2 days of the scheduled presentation for the pharmacy department's records:

- Attendance sheet (Attachment B)
- Copy of handout(s) provided to the audience, when applicable
- Copy of journal article for journal clubs, when applicable
- Copy of presentation recording
- 5 post-test questions

Any questions should be directed to the PGY1 Pharmacy Residency Program Director, Director of Pharmacy Clinical Services, or Preceptor for the Continuing Education Committee.



[Date]

SIGNATURE

Last updated 9/13/23 JTA

# Temple University Health System – Pharmacy Residency Program

## Attachment C

### Clinical issues/case presentations should include:

- I. Goals and objectives for the presentation
- II. Presentation of the case or clinical issue with clear definition of the problem
  1. Chief complaint
  2. History of present illness
  3. Pertinent past medical or surgical history
  4. Social history
  5. Family history
  6. Home medications including adherence or compliance issues as pertinent
  7. Allergies
  8. Relevant vaccine history
  9. What are relevant physical exam findings including vital signs? (ask as a question)
  10. What are important Review of Systems?
  11. What are pertinent laboratory findings at presentation including microbiologic data?
  12. What are pertinent imaging studies?
  13. Summary of hospital course prior to diagnosis, if necessary
- III. Introduction to primary problem
  1. Epidemiology
  2. Clinical presentation
  3. Pathophysiology and etiology
  4. Assessment and diagnosis
  5. Treatment options
    - a. Include any guidelines or protocols at TUH
    - b. Include primary literature to support potential treatment options
- IV. Conclusion to patient case
  1. Include treatment course and progression through either hospital course, resolution of primary problem, or death
  2. The following should be done as a question to the audience:
    - a. Include pharmacotherapeutic plan with rationale. Questions to consider during this portion include:
      - 1) Did the patient receive the most appropriate therapy given the options? Why?
      - 2) If not, what alternate plan would you recommend and why?
    - b. Include appropriate goals and monitoring parameters
- V. References
  1. Must include primary literature including guidelines
    - a. Must include a minimum 5 primary literature references
  2. No use of Up-to-date or Lexi-Comp! If you must have a reference for a drug, use the package insert.
  3. References should be cited on slides in standard AMA format.
- VI. Tips and tricks
  1. Attempt to engage the audience
    - a. Present to the audience as if the information is coming in in real time. The audience should act like the intern in the ED/Floor that is trying to determine their main problem.
    - b. Ask questions by: straw poll, multiple choice
    - c. Call on a co-resident that may have experience or expertise in the specific practice area.
    - d. If there is a lack of audience participation, perhaps the question is too complex. Can it be broken down into smaller components?

Example: You ask, "What other information do you want to know about the patient?" Instead:  
"Are there any additional labs, microbiology, imaging, PMH, etc., that you would like to know?"
  2. It is ok not to know the answer as an audience member. Think of the PROCESS of thinking about the problem in general. What do you ask about every patient?

**Description of activity:** The resident will choose a current and relevant study published in the last year and critically evaluate the methods, results and relevance to clinical practice. The resident will also be required to provide a brief pearl related to the statistical approach used in the respective journal article.

**Format/Requirements:**

- Type: Resident-led group discussion/oral presentation
- Duration: 20-25 with 5-10 minutes for questions (Total: 30 minutes)
- All procedures related to clinical enhancers must be followed.
  - See attachment A
- Handout OR PowerPoint presentation
  - If using handout format, please limit to 1 page – double-sided or 2 pages – single-sided.
  - If providing PowerPoint presentation, all components of handout must be included.
  - It is the responsibility of the resident to provide copies of the handout to the audience.
  - A final copy of handout/presentation and statistics pearl, along with journal article, should be placed in the appropriate folder in the Infoshare drive.
- Suggested Format
  - Presentations will be in-person and recorded via Teams.
  - Please see attachment C for a format guide.
- Evaluation
  - PharmAcademic evaluation completed by preceptor chosen by the resident. **Please note that residents may freely choose their preceptors for their presentations and are not limited to the current rotational preceptor during which their presentations are scheduled.**
  - It is the responsibility of the resident to provide the audience Microsoft Forms QR codes for presentation assessment. Each respective resident's Microsoft Forms QR code is provided during residency orientation.
  - Assessment of presentation to be discussed with preceptor within one week of presentation

**Deadlines:**

- Articles must be submitted to preceptor **4-6 weeks** prior to presentation date.
- Handout/presentation must be submitted to preceptor **2 weeks** prior to presentation date.
- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the pharmacy department **2 weeks** prior to presentation date.
- Submit your recorded presentation, handout (PDF format) and 5 post-test questions to the Secretaries of the Continuing Education committee within 2 days of your live presentation.

## Temple University Health System – Pharmacy Residency Program

### Attachment A

#### **Mandatory & Clinical Knowledge Enhancer Fulfillments**

Notification should be emailed to the pharmacists and posted in the pharmacy department no later than 2 weeks from the scheduled presentation. Emailed communication should be sent out by the continuing education committee members.

For pharmacists who are unable to attend the scheduled date of presentation, the recorded presentation and a post-test must be provided on Healthstream, in which the staff member must obtain a correct score of 80% or above to obtain clinical knowledge enhancer credit. If the staff member is unable to obtain a correct score of at least 80%, clinical knowledge enhancer credit will not be provided. The due date of viewing the pre-recorded presentation and the post-test will be 1 month from when the presentation was originally given.

Upon completion of sessions(s), the presenter or facilitator must provide the following to Josephine Luong, Director of Pharmacy Clinical Services, within 2 days of the scheduled presentation for the pharmacy department's records:

- Attendance sheet (Attachment B)
- Copy of handout(s) provided to the audience, when applicable
- Copy of journal article for journal clubs, when applicable
- Copy of presentation recording
- 5 post-test questions

Any questions should be directed to the PGY1 Pharmacy Residency Program Director, Director of Pharmacy Clinical Services, or Preceptor for the Continuing Education Committee.



[Date]

SIGNATURE

Last updated 9/13/23 JTA



**Temple University Hospital  
Department of Pharmacy Journal Club**

Article Citation

<b>I. BACKGROUND &amp; STUDY OVERVIEW</b>	
<b>Background</b>	
Introduction	- Information on the disease state or place in therapy for medication
Study Rationale	- Related prior studies <ol style="list-style-type: none"> <li>1. Study design/patient population</li> <li>2. Objectives</li> <li>3. Treatment</li> <li>4. Monitoring and assessment of efficacy</li> <li>5. Results</li> <li>6. Author's conclusion</li> </ol> - How do these studies inform the primary journal article?
<b>Primary Journal Article</b>	
Background	- What question is this study trying to answer?
Methods	Study design <ul style="list-style-type: none"> <li>- Is the study retrospective or prospective?</li> <li>- Is the study observational or experimental?                             <ol style="list-style-type: none"> <li>1. Observational                                     <ol style="list-style-type: none"> <li>a. Case-control   <ol style="list-style-type: none"> <li>i. What is the definition of cases?</li> <li>ii. How are cases and controls selected?</li> <li>iii. How are they matched or compared?</li> <li>iv. Are there any identified biases?   <ol style="list-style-type: none"> <li>1. Misclassification bias</li> <li>2. Recall bias</li> <li>3. Selection bias</li> </ol> </li> </ol> </li> <li>b. Cohort   <ol style="list-style-type: none"> <li>i. How is the cohort identified?</li> <li>ii. Do those not in the study look like those in the study?</li> <li>iii. Is there significant loss to follow-up in prospective trials?</li> <li>iv. Is there surveillance bias?</li> </ol> </li> </ol> </li> </ol> </li> <li>- Is the study a non-inferiority study?                             <ol style="list-style-type: none"> <li>1. Understand and discuss differences compared to superiority trials</li> </ol> </li> <li>- Are there other sources of systematic error?                             <ol style="list-style-type: none"> <li>1. Investigator bias</li> <li>2. Hawthorne effect</li> </ol> </li> </ul>
Trial Details	<ul style="list-style-type: none"> <li>- Is the study randomized?                             <ol style="list-style-type: none"> <li>1. How are the study groups randomized?                                     <ol style="list-style-type: none"> <li>a. Stratified</li> <li>b. Block</li> <li>c. Simple</li> </ol> </li> <li>2. Are the groups similar in baseline characteristics?</li> </ol> </li> <li>- If not randomized, why? Does this change how the study is evaluated?</li> <li>- Is the study blinded?                             <ol style="list-style-type: none"> <li>1. If not, what other methods are used to minimize bias?</li> <li>2. Are those evaluating outcomes blinded?</li> </ol> </li> <li>- Is the study placebo or active-controlled?</li> <li>- Is there appropriate allocation concealment?</li> <li>- What is the studied intervention?                             <ol style="list-style-type: none"> <li>1. Are the groups treated the same except for the trial intervention?</li> </ol> </li> <li>- Inclusion criteria</li> </ul>

## Temple University Health System – Pharmacy Residency Program

	<ol style="list-style-type: none"> <li>How are patients selected for entry into the trial? Is this appropriate?</li> </ol> <ul style="list-style-type: none"> <li>- Exclusion Criteria <ol style="list-style-type: none"> <li>Are the reasons for patient exclusion criteria appropriate?</li> <li>Are those not included in the trial accounted for?</li> </ol> </li> </ul>
Definitions	<ul style="list-style-type: none"> <li>- Are they appropriate?</li> </ul>
Measurements	<ul style="list-style-type: none"> <li>- Are they valid, reliable and accurate?</li> <li>- Is there interrater and intrarater reliability?</li> </ul>
Primary Outcomes	<ul style="list-style-type: none"> <li>- Is the primary outcome patient-oriented or surrogate?</li> <li>- Is follow-up sufficiently long?</li> </ul>
Secondary Outcomes	
Data Collection Methods	<ul style="list-style-type: none"> <li>- Are these standardized across groups with low variability?</li> <li>- Are they reproducible?</li> </ul>
Statistical analysis	<ul style="list-style-type: none"> <li>- Discuss the statistical methods <ol style="list-style-type: none"> <li>Is the sample size calculated and appropriate? <ol style="list-style-type: none"> <li>How was it determined? What change or difference were they looking for?</li> <li>Does this result in adequate power?</li> <li>Are statistical tests appropriate for the type of data?</li> </ol> </li> <li>Is the study analyzed by intention to treat? Per protocol or other?</li> </ol> </li> </ul>
<b>*Statistical Pearl*</b>	<ul style="list-style-type: none"> <li>- <b>Discuss a 2-3-minute statistical approach that the article used. This should be directed to aid fellow residents to recognize, learn, and understand the basics of a unique statistical application. Please use PowerPoint during your presentation to aid in understanding.</b></li> </ul>
Results	<ul style="list-style-type: none"> <li>- Baseline characteristics <ol style="list-style-type: none"> <li>Are there differences between groups at baseline?</li> <li>If so, what is the strength of the relationship between these factors and the outcome?</li> </ol> </li> <li>- Attrition <ol style="list-style-type: none"> <li>Are all patients who do not finish the trial accounted for?</li> <li>Is the dropout rate high? Does this impact the outcome? How?</li> </ol> </li> <li>- Primary outcome <ol style="list-style-type: none"> <li>Is the strength of association large?</li> <li>How precise is the point estimate of effect? What are confidence intervals or p-values?</li> <li>Is there effect modification?</li> <li>What about the trial design might impact your primary outcome?</li> <li>Is there likely a Type I or Type II error? (same for secondary and subgroup analysis)</li> </ol> </li> <li>- Secondary outcomes</li> <li>- Sub-group analysis <ol style="list-style-type: none"> <li>Specified a priori?</li> <li>Is the direction and magnitude pre-specified?</li> <li>Is it biologically plausible?</li> <li>Repeated in other studies?</li> <li>Possibility of alpha error?</li> </ol> </li> </ul>
Author's conclusions	<ul style="list-style-type: none"> <li>- Are these supported by the data presented or do the authors speculate?</li> <li>- Do authors expand outcomes to other patient populations?</li> <li>- Are results defined in perspective of current knowledge?</li> </ul>
Study strengths	
Study limitations	
Conclusion	<ul style="list-style-type: none"> <li>- Were objectives of the study met? If not, why?</li> <li>- Does this trial achieve both statistical and clinical significance?</li> <li>- Are treatment benefits worth cost and harm?</li> <li>- What is the external validity? <ol style="list-style-type: none"> <li>Where does this fit into general practice?</li> <li>Is this population the same as TUH's population?</li> <li>How does it fit into practice at TUH?</li> </ol> </li> <li>- Is the manufacturer involved in data analysis and manuscript preparation?</li> </ul>

**Guidelines for Informal Case Presentation II**

**Description:** The resident will present a clinical case from **current or previous** residency rotations and discuss the clinical and therapeutic issues involved in the case, the current literature evaluating the therapeutic topic, and their recommendations based on the literature reviewed. Topics should be an interesting disease state or controversial drug therapy issue.

**Format/Requirements:**

- Type: Resident-led group discussion/oral presentation
- Duration: 10-15 minutes with 5 minutes for questions
- Slides/handout optional
  - If applicable, a final copy should be placed in the appropriate folder in the Infoshare drive.
- Suggested format
  - Please see attachment A for a format guide.
- Evaluation
  - There will be no formal PharmAcademic evaluation as there will be no formal preceptor for this assignment. You may reach out to content experts for any questions, but they will have no formal role in preceptorship. **Please note that residents may freely choose their clinical case for their presentations and are not limited to the current rotation during which their presentations are scheduled.**

**Deadlines:**

- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the clinical pharmacy specialists **2 weeks** prior to presentation date.

# Temple University Health System – Pharmacy Residency Program

## Attachment A

### Slide Limits

- a. The goal is to succinctly present the pertinent patient information relating to the primary problem of the patient (1-2 slides).
- b. Present a detailed but brief summary of the disease state relating to the primary problem (1-2 slides)
- c. Include pharmacotherapy review of treatment of the disease state, highlighting the 1-2 main studies that support the mainstay of treatment (2-3 slides)
- d. Finally conclude by summarizing the patient case and therapeutic plan (1 slide)

### Clinical issues/case presentations may include (if pertinent):

- I. Goals and objectives for the presentation
- II. Presentation of the case or clinical issue with clear definition of the problem. All the items below should be abbreviated to highlight and focus on the primary problem. Not all things need to be included if not relevant to the topic discussing.
  1. Chief complaint
  2. History of present illness
  3. Pertinent past medical or surgical history
  4. Social history
  5. Family history
  6. Home medications including adherence or compliance issues as pertinent
  7. Allergies
  8. Relevant vaccine history
  9. What is relevant physical exam findings including vital signs? (ask as a question)
  10. What are important Review of Systems?
  11. What are pertinent laboratory findings at presentation including microbiologic data?
  12. What are pertinent imaging studies?
  13. Summary of hospital course prior to diagnosis, if necessary
- c. Introduction to primary problem
  1. Brief epidemiology
  2. Clinical Presentation of patient
  3. Pathophysiology and Etiology
  4. Assessment and Diagnosis
  5. Treatment Options
    - 1) Include any guidelines or protocols at TUH
    - 2) Include primary literature to support potential treatment options
- d. Conclusion to patient case
  1. Include treatment course and progression through either hospital course, resolution of primary problem or death
  2. The following should be done as a question to the audience:
    - a. Include pharmacotherapeutic plan with rationale. Questions to consider during this portion include:
      - 1) Did the patient receive the most appropriate therapy given the options? Why?
      - 2) If not, what alternate plan would you recommend and why?
    - b. Include appropriate goals and monitoring parameters
- e. References
  1. Must include primary literature, including guidelines
    - 1) Must include a minimum 2 primary literature references
  2. No use of Up-to-date or Lexi-Comp! If you must have a reference for a drug, use the package insert.
  3. References should be cited on your slides in standard AMA format.
- f. Tips and tricks
  1. A summary question or two should be asked at the end of the presentation to engage the audience and test their understanding of the information you just presented.
    - a. Ask questions by: straw poll, multiple choice
  2. Given the limited nature of this case, there is not enough time to engage the audience in the differential, etc throughout the case as in patient case I, but it is important to test the knowledge and teaching at the conclusion. This will also prompt discussion and questions at the end of the presentation.

**Description:** The resident will choose a current and relevant study published in the last year and critically evaluate the methods, results and relevance to clinical practice. The resident will also be required to provide a brief pearl related to the statistical approach used in the respective journal article.

**Format/Requirements:**

- Type: Resident-led group discussion
- Duration: 10-15 minutes with 5 minutes for questions
- Slides/handout optional
  - If applicable, a final copy should be placed in the appropriate folder in the Infoshare drive.
- Evaluation
  - There will be no formal PharmAcademic evaluation as there will be no formal preceptor for this assignment. You may reach out to content experts for any questions, but they will have no formal role in preceptorship. **Please note that residents may freely choose their clinical case for their presentations and are not limited to the current rotation during which their presentations are scheduled.**

**Deadlines:**

- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the clinical pharmacy specialists **2 weeks** prior to presentation date.

## TUHS PGY1 Chief Resident Responsibilities

- Resident report out at Residency Advisory Committee (RAC) which occurs monthly.
- Committee report out at RAC for Recruitment/Media and CE committees.
- Coordinate the pharmacy monthly newsletter (August to December)
- Point person for any residency items
- Social chair to organize 1 event per quarter outside the hospital (for resilience and wellbeing)

Block	Resident
Orientation: 7/24 – 8/14	
#1: 8/14 – 9/15	
#2: 9/18 – 10/20	
#3: 10/23 – 12/1	
#4: 12/4 – 12/29	
#5: 1/2 - 2/2	
#6: 2/5 – 3/8	
#7: 3/11 - 4/12	
#8: 4/15 – 5/17	
#9: 5/20 – 6/21	

# Professional Development Series Schedule 2023-24



## Professional Development Series Overview:

The purpose of the professional development series is to assist our residency class in transitioning smoothly into their PGY1 year and beyond. These sessions allow for the residents to interact with a number of different preceptors while learning valuable clinical, financial, personal, and professional skills.

## 2023-2024 Topics and Schedule

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### **Giving Effective Feedback**

- Date/Time: August 31, 2023 12:00-1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Christine Owens, Nick Ferraro

### **Opportunities after PGY-1 Residency**

- Date/Time: September 14, 2023 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Adam Diamond, Jaime Gray, Josephine Luong

### **Basic Statistics and Statistical Analysis**

- Date/Time: September 25, 2023 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenter: Adam Diamond, Nick Ferraro

### **Writing and Formatting Your CV and Letter of Intent**

- Date/Time: October 12, 2023 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Josephine Luong, Jaime Gray

### **Understanding Professional Placement Services (PPS) and Networking at Midyear**

- Date/Time: November 22, 2023, 2023 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Adam Diamond, Sheriff Gbadamosi, Ishani Shah

### **Preceptor Review of CV and Letter of Intent**

- Date/Time: Varied (Completed by November 2023)
- Location: Varied (Discuss with Assigned Preceptor)
- Attendance: Mandatory

- Presenters: Miscellaneous TUHS Preceptors
- *Note: Residents should send an updated CV to Nick Ferraro by **October 22<sup>nd</sup>** for review.*

### **Basic Interview Techniques and Skills**

- Date/Time: December 14, 2023 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Elizabeth Tencza, Josephine Luong

### **Mock Interviews**

- Date/Time: Varied (Discuss with Assigned Preceptor)
- Location: Varied (Discuss with Assigned Preceptor)
- Attendance: Mandatory
- Presenters: Miscellaneous TUHS Preceptors

### **Finding Your Best Fit for Student Loan Repayment**

- Date/Time: On Demand Webinar through TIAA
- Location: Virtual
- Attendance Mandatory (Send Attendance Certificate to Nick Ferraro Post Webinar)
- Presenter: TIAA

### **Well-Being and Resilience**

- Date/Time: March 7, 2024 12:00-1:00
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: Christina Ruggia-Check, Nick Ferraro

### **Introduction to Manuscript Writing**

- Date/Time: April 9, 2024 12:00 – 1:00 PM
- Location: Resident Office / Teams
- Attendance: Mandatory
- Presenters: David Koren



**Resident Development Plan 2023-2024**  
**Temple University Hospital PGY-1 Pharmacy Residency**

Resident:  
 Primary Advisor:

Resident's update the following with the initial assessment then quarterly through-out the residency year:				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
STRENGTHS				
AREAS FOR IMPROVEMENT				
INTERESTS				
CAREER GOALS				
RESEARCH & DUE Progress				
PRESENTATIONS Progress				
Resident Well-being & Resilience				
Advisor/RPD please fill out the following:	ASHP Objectives to Target	QUARTER GOALS	Advisor Comments or recommended changes to program/structure	RPD: Indicate changes to Residency program/structure planned
<b>FIRST</b> <b>QUARTER PLAN</b> <i>July-September</i>				
<b>SECOND</b> <b>QUARTER PLAN</b> <i>October-December</i>				
<b>THIRD</b> <b>QUARTER PLAN</b> <i>January-March</i>				
<b>FOURTH</b> <b>QUARTER PLAN</b> <i>April-June</i>				

**Resident Development Plan 2023-2024**  
**Temple University Hospital PGY-2 Solid Organ**  
**Transplant Pharmacy Residency**

Resident:  
Primary Advisor:

Resident's update the following with the initial assessment then quarterly through-out the residency year:				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
STRENGTHS				
AREAS FOR IMPROVEMENT				
INTERESTS				
CAREER GOALS				
RESEARCH & DUE Progress				
PRESENTATIONS Progress				
Resident Well-being & Resilience				
Advisor/RPD please fill out the following:	ASHP Objectives to Target	QUARTER GOALS	Advisor Comments or recommended changes to program/structure	RPD: Indicate changes to Residency program/structure planned
FIRST QUARTER PLAN <i>July-September</i>				
SECOND QUARTER PLAN <i>October-December</i>				
THIRD QUARTER PLAN <i>January-March</i>				
FOURTH QUARTER PLAN <i>April-June</i>				

# Pharmacy Residency Committee Responsibilities

# Formulary Committee Checklist of Responsibilities for New Resident

Examples of documents discussed on this checklist can all be found in the Pharmacy InfoShare Drive

## Week Prior to Meeting:

- Prepare Meeting Agenda and Meeting Materials (“Microsoft Teams” → “Formulary Committee Admin” → “Files” → “Meetings” → click on specific Month/Year)
  - Go into Microsoft Teams, “Meetings” → “2022”, then make a folder for the month of the next meeting (“August 2022”). In that folder is where you’ll “Upload” all the documents sent to you that will be discussed at that meeting. When naming those documents, try to stick to a consistent format, such as:
    - “Annual Formulary Class Review – Name of Drug Class”
    - “Medication Name Formulary Addition Request”
    - “Medication Name Formulary Expansion Request”
    - “Medication Name Formulation Change”
    - “Medication Name Monograph”
  - You will also make the Agenda in a Word document and then “Upload” to Microsoft Teams folder (“August 2022”)
    - First item on the Agenda should always be the Meeting Minutes from the previous meeting
    - Double check with Adam if he has a preference for the order of agenda items
      - It’s usually always new medication addition requests first, but after that there’s no specific order; it just depends on the other agenda items.
  - In the Formulary Committee Admin Folder there are a variety of other folders where you can upload documents (Monographs and Formulary Committee E-Binder are the most commonly used). Just make sure all these folders are updated with the appropriate documents, it’s a little repetitive but it helps organize all of the documents.
- Prepare Meeting Materials
  - Convert all of the documents that you saved in Microsoft Teams from Word to PDF format.
  - Utilize the website “ilovepdf.com” and the tool “Merge PDF” to compile all the documents for the meeting into one document for distribution to the Formulary Committee.
  - This is the document you will email to all the Formulary Committee recipients (discussed below)
- Email Formulary Committee
  - The Formulary Committee has a Private Group on Microsoft Outlook that you will email the agenda and meeting materials to for each meeting.
  - Attach meeting packet in the email (PDF format; example title = “TUH Formulary Committee Agenda and Meeting Materials”)
  - Subject of Email, example = “Formulary Committee Meeting – Aug 2021”
- Email Guests who will be attending this month’s meeting
  - Presenters of formulary addition requests, monograph developers, etc.
  - Include Microsoft Teams or Zoom link for conference call-ins

- Format of Email:
  - Introductory Paragraph: The **May** Formulary Committee meeting is on Tuesday, May 11<sup>th</sup> from 12:00 pm – 1:00 pm. This will be a virtual meeting via Zoom and the meeting invite can be found below. Attached are the documents that will be reviewed at the meeting. The Committee strives to ensure a thorough review and discussion, which will allow Temple University Hospital to provide the very best level of care to our patients. Therefore, it is requested that each guest review the material prior to attending the Committee meeting. Please keep your presentation to a maximum of 10 minutes. Once you have completed your presentation, you may be excused from the meeting. You will be notified of the formulary decision after the Formulary Committee's recommendation is presented at the P&T Committee and Medical Executive Committee meetings.
  - Then link the Meeting Link (Microsoft Teams or Zoom)
  - Wrap-up: "If you have any questions or concerns, please feel free to e-mail me or call me at (xxx) xxx-xxxx, or Adam Diamond at [Adam.Diamond@tuhs.temple.edu](mailto:Adam.Diamond@tuhs.temple.edu) or 215-280-8041. Sincerely, (Your Name)

#### Day of Meeting

- I found it helpful to print out the agenda to help organize my thoughts and take notes during the meeting.
- Take note of all people on the call for Attendance (can also run a report after the meeting)
- Share your screen with the Meeting Agenda and Materials (same PDF document sent to everyone the week prior to meeting)
- Be sure to record the meeting so that writing minutes is easier (especially in beginning of residency year)

#### Week Following Meeting

- Write up Meeting Minutes and send to Adam and Dr. Fatma (Formulary Committee Chair) for final review.
- Upload completed Meeting Minutes into Microsoft Teams
- Send finalized Minutes to Adam (Secretary) and Dr. Fatma (Formulary Committee Chair) to sign; and also sign them yourself. I found it easier to have an image of everyone's signature to copy and paste into the minutes, this way everyone doesn't have to go through the trouble of signing the minutes.
- The physical copy of the formulary binder has been replaced with an e-binder. The e-binder includes the meeting materials and signed meeting minutes. The "Formulary Committee E-Binder" can be found in Microsoft Teams.
- Once meeting minutes have been approved (signed by Formulary Chair and secretaries), send a copy to P&T residents to include at the next meeting.

#### After Presenting Formulary Minutes at P&T Meeting

- Any medications approved for addition, changes, removal must be updated in the Formulary Grid (located in Microsoft Teams) titled "Formulary Grid. Microsoft Teams.xlsx"

- Make sure that sheet1's Medication Name also populates in the CDM Setup tab (this is the tab that Pharmacy Admin and Epic Willow team uses)
- All new medications will need to have an Epic Screen built, as well as a Drug Info Summary written. This is the responsibility of the resident and precepting clinical pharmacy specialist who worked on the monograph for the new addition.
  - Send them the "TUH Rx Med Build Spreadsheet" document ("**Templates**")
  - Provide them with previous examples from Sharepoint ("**Drug Information Summary**" and "**Epic Builds**")

Thanks so much!

Sincerely,

Stephen

## **Infusion Center Committee Checklist**

### **Before each meeting:**

- ☐ Reach out to infusion center committee members via email to inquire about items for upcoming meeting agenda (approximately 7-10 days prior to meeting)
  - Members: Infusion Center Committee  
<InfusionCenterCommittee4576@tuhs.onmicrosoft.com>; Luong, Josephine C  
<Josephine.Luong@tuhs.temple.edu>; Chandar, Ashwin  
<Ashwin.Chandar@tuhs.temple.edu>; Savior, Deric C <Deric.Savior@tuhs.temple.edu>;  
Berman, David E <David.Berman@tuhs.temple.edu>; Taveira, Roxana E  
<Roxana.Taveira@tuhs.temple.edu>; Veneri, Paula A <Paula.Veneri@tuhs.temple.edu>;  
Ellis, Lauren P <Lauren.Ellis@tuhs.temple.edu>; Bauer, Greg A  
<Greg.Bauer@tuhs.temple.edu>; Emamifar, Amir <Amir.Emamifar@tuhs.temple.edu>;  
Pham, Theresa L <Theresa.Pham@tuhs.temple.edu>; Nguyen, Phuong  
<Phuong.Nguyen@tuhs.temple.edu>; Pedana, Edward  
<Edward.Pedana@tuhs.temple.edu>; Trumbower, Timothy R  
<Timothy.Trumbower@tuhs.temple.edu>; Zhan, Sonya  
<Sonya.Zhan@tuhs.temple.edu>; Finn, Joseph T <Joseph.Finn@tuhs.temple.edu>;  
Scafidi, Marissa J <Marissa.Scafidi@tuhs.temple.edu>; Weaver, Joy  
<Joy.Weaver@tuhs.temple.edu>; Pereira-Rico, Alvaro <Alvaro.Pereira-  
Rico@tuhs.temple.edu>; Norton, Pamela E <Pamela.Norton@tuhs.temple.edu>;  
Kocotis, Shannon <Shannon.Kocotis@tuhs.temple.edu>; Kloth, Dwight  
<Dwight.Kloth@fccc.edu>; Richman, Darrin S <Darrin.Richman@fccc.edu>; Miller,  
George <G.MillerIV@tuhs.temple.edu>; Ramsey, Andrew  
<Andrew.Ramsey@tuhs.temple.edu>; Geary, Stephen A  
<Stephen.Geary@tuhs.temple.edu>; Ryu, Michael <Michael.Ryu@tuhs.temple.edu>;  
Fair, Maret <Maret.Fair@tuhs.temple.edu>; Jacobs, Elizabeth  
<Elizabeth.Jacobs@tuhs.temple.edu>; Herron, Brianna <Brianna.Herron@fccc.edu>;  
Coyne, Therese A <Therese.Coyne@tuhs.temple.edu>; Shinefeld, Jonathan A  
[Jonathan.Shinefeld@tuhs.temple.edu](mailto:Jonathan.Shinefeld@tuhs.temple.edu)
  - CC: add in member that would like to be included for that months meeting
- ☐ IF a new medication request is sent, share the drug information request form and monograph template via email with physician
  - Complete drug monograph if necessary
  - Also be sure to invite requesting physician to upcoming infusion center committee meeting to present his request (CC them on the emails)
- ☐ Share a draft of the agenda with the committee prior to finalizing the list (approximately 5-7 days prior to meeting)
- ☐ Compile meeting materials for upcoming meeting, be sure to include: agenda, previous month's signed meeting minutes, and any documents compiled for topics that are necessary to discuss

### **During the meeting:**

- ☐ Ensure the meeting is started in a timely manner, and is being recorded in order to write the meeting minutes

- Share screen while scrolling meeting materials to stay on topic of what is being discussed by the committee
- Make note of any items that may need a prompt follow-up with infusion center committee members
- IF there are any FCCC changes, this is presented by Kinjal Shah, PharmD, BCOP
  - Please note this in the meeting agenda when mentioning the presenter

**After the meeting:**

- Summarize meeting in a few bullet points and email out to: ICC members as well as:
  - **Additional Physicians/NPs:**  
 Essex, David <David.Essex@tuhs.temple.edu>; Carter, Jordan <Jordan.Carter@tuhs.temple.edu>; Ali, Nadia <Nadia.Ali@tuhs.temple.edu>; Bromberg, Michael <Michael.Bromberg@tuhs.temple.edu>; Rao, A.Koneti <A.Koneti.Rao@tuhs.temple.edu>; Padmanabhan, Aruna <Aruna.Padmanabhan@tuhs.temple.edu>; Mittal, Juhi <Juhi.Mittal@tuhs.temple.edu>; Houck, Karen <Karen.Houck@tuhs.temple.edu>; Hernandez, Enrique <Enrique.Hernandez2@tuhs.temple.edu>; Quien, Emmanuel <Emmanuel.Quien@tuhs.temple.edu>;
  - **Nurses/Pharmacists:** Marquardt, Maria <Maria.Piddoubny@tuhs.temple.edu>; Infusion Center Committee <InfusionCenterCommittee4576@tuhs.onmicrosoft.com>; Bradley, Katie <Katie.Bradley@tuhs.temple.edu>; Brinkley, Laura <Laura.Brinkley@tuhs.temple.edu>; Camm, Lucy M <Lucy.Camm@tuhs.temple.edu>; Cheng, Amy <Amy.Cheng2@tuhs.temple.edu>; Cicalese, Anna M <Anna.Cicalese@tuhs.temple.edu>; Curtin, Victoria L <Victoria.Curtin@tuhs.temple.edu>; Deburow, Crystal <Crystal.Deburow@tuhs.temple.edu>; Ellis, Lauren P <Lauren.Ellis@tuhs.temple.edu>; Frimpong, Justina O <Justina.Frimpong@tuhs.temple.edu>; Gross, Christine A <Christine.Gross@tuhs.temple.edu>; Hughes, Marilyn <Marilyn.Hughes@tuhs.temple.edu>; John, Joel S <Joel.John@tuhs.temple.edu>; Joseph, Mariam <Mariam.Joseph@tuhs.temple.edu>; Knox, Siobhan <Siobhan.Knox@tuhs.temple.edu>; Leslie-Blow, Veronica <VERONICA.LESLIE-BLOW@tuhs.temple.edu>; Liciaga, Madeline <MADELINE.LICIAGA@tuhs.temple.edu>; Mak, Lisa <Lisa.Mak@fccc.edu>; NAIR, USHAKUMARI R. <USHAKUMARI.NAIR@tuhs.temple.edu>; OBrien, Maureen <Maureen.O'Brien2@tuhs.temple.edu>; Panagopoulos, Fotini <Fotini.Panagopoulos@tuhs.temple.edu>; Pham, Theresa L <Theresa.Pham@tuhs.temple.edu>; Philipose, Thomas <Thomas.Philipose@tuhs.temple.edu>; Prince, Mark <Mark.Prince@tuhs.temple.edu>; Rad, Pouya <Pouya.Rad@tuhs.temple.edu>; Rodriguez, Maria <Maria.Rodriguez@tuhs.temple.edu>; Smith, Leslie <Leslie.Smith@tuhs.temple.edu>; Sperry, Lauren <Lauren.Sperry@tuhs.temple.edu>; Stride, Angela <Angela.Stride@tuhs.temple.edu>; Taveira, Roxana E <Roxana.Taveira@tuhs.temple.edu>; Taylor, Diashea <Diashea.Taylor@tuhs.temple.edu>; Thomas, Chrissy A



<Chrissy.Thomas@tuhs.temple.edu>; Thomas, Christine  
<Christine.Thomas@tuhs.temple.edu>; Thomas, Grace  
<Grace.Thomas@tuhs.temple.edu>; Toolajian, Dylan R  
<Dylan.Toolajian@tuhs.temple.edu>; Tran, Robert <Robert.Tran@tuhs.temple.edu>;  
Wynne, Dana <Dana.Wynne@fccc.edu>; Spence, Tanez  
<Tanez.Spence@tuhs.temple.edu>; Jacobs, Elizabeth  
<Elizabeth.Jacobs@tuhs.temple.edu>; Fair, Maret <Maret.Fair@tuhs.temple.edu>Re-

- ☐ Watch infusion center committee meeting to ensure nothing is missed while writing infusion center committee meeting minutes
- ☐ Share draft of meeting minutes with Maria to correct any mistakes prior to signing
- ☐ Send electronic signature email to Maria and committee chair (Dr. Chandar) for the final signature prior to presentation
- ☐ Submit meeting minutes to P&T co-residents (upon their email request) to be included in the upcoming P&T meeting agenda
- ☐ Present ICC meeting minutes at P&T monthly meeting

**In between meetings:**

- ☐ Upload meeting materials, meeting minutes, and meeting participants to infusion center committee binder (in residents office)
- ☐ Upload new monographs to ICC sharepoint folder and the grid in Microsoft teams
  - Sharepoint: always use internet explorer
    - To add a new folder: library in top left corner → open in explorer → right click and make a new folder
  - Microsoft teams: use Microsoft Teams app on desktop
    - Update grid using the monograph saved in sharepoint
- ☐ Update medications added to the Infusion Center medication tracker upon approval, EPIC beacon build finalization, etc.
- ☐ Follow up with any committee-related miscellaneous monthly tasks

## Medication Safety Guide for Incoming Resident

### Call for Agenda Items

1. Reach out to committee members approximately 10 days in advance with a call for agenda items. Please use the email template provided below.
  - a. “Good [morning/afternoon], everyone!  
The Medication Safety Committee will reconvene on Monday, <month> <day>, <year>. Please send reports or other agenda items for inclusion in the meeting agenda/packet by the end of **Wednesday, <month> <day>, <year>**. A tentative agenda will be sent out with a reminder for agenda items closer to this date.
  - b. As an example, the committee currently meets on the second Monday of each month. For September, this means the meeting date is 9/11/2023. The first call for agenda items should go out on 8/30/2023 with a request to submit items by 9/6/2023.
2. A second reminder should go out either on the day prior or day of submission deadline.  
Example:
  - a. “Good morning, everyone!

As a reminder, the Medication Safety Meeting for this <month> will take place on Monday, <month> <day> from 1:00-2:00 PM.

Please send any reports or agenda items for inclusion in the meeting agenda/packet by the end of today (Wednesday, <month> <day>).”

### Creating the Packet

- Use <https://www.ilovepdf.com/> to convert all materials into PDFs
- Use the Merge PDF function afterwards to create the packet
- Email the completed packet to Jaime for review preferably on Thursday/Friday prior to the meeting so that she can review content and provide feedback
- Once the packet is completed, it should be mailed out to the committee members (use same mailing list as call for agenda items) - **it is okay to email the packet out the day of the meeting**

### Meeting Minutes

- You can copy my meeting minutes format (stored in the Medication Safety Committee folders on Microsoft Teams)
- Using the recording on Microsoft Teams, create the meeting minutes and then send to Jaime for initial review. Ask her for the attendee list (completes two steps with one email). When she sends back feedback/approval, update the attendee list.
- Email Dr. Chu and Dr. Cronin asking for them to sign off on the minutes. This step must be done for us to present our minutes at P&T. Their signatures are already on old meeting minutes, so they should just need to give their approval via email.

- Send the approved meeting minutes to the P&T committee secretaries (your co-residents).

#### Updating Medication Safety Committee Microsoft Teams

- Update the Microsoft Teams folders after each meeting. This should only take a couple of minutes but will help keep all the information centralized for Jaime's reference later in case she has questions (and to help the incoming resident when you are done!)
- I have sorted the folders and updated them prior to leaving. Please use the following navigation:
  - Medication Safety -> Medication Practices -> Safety Committee -> Files
    - Medication Safety Events – just upload our completed events
    - Medication Safety Meeting Materials – create a folder for the meeting and copy/paste in the materials which were submitted
    - Medication Safety Minutes (Final) - upload once steps above completed
    - Medication Safety Packets (Final) - self-explanatory

ISMP Safety Alert Summary: This is a longitudinal responsibility for Medication Safety. Workflow:

1. Jaime uploads ISMP Safety Alerts (usually released second week of each month) to folder in Medication Safety Committee folders on Microsoft Teams
2. Read the ISMP Safety Alert(s) - not all of them have information that is relevant to pharmacy or our health system in general. Your job is to determine if there is anything relevant to report out that we can start a quality initiative (QI) for.
3. If you identify relevant content, consider whether it is informational (safety Tip) or requires investigation as to how TUHS performs (gap analysis).
  - a. Those identified for safety tip will be presented at committee
  - b. Those identified for gap analysis will be evaluated during resident management & safety rotations and presented at a later date
4. If there is no relevant content, you can mention in passing during the meeting that there are no updates for this standing agenda item.

#### Medication Safety Tip:

1. This is a single slide to be shared at the start of each meeting. (see example in the teams folder)
2. As above, the ISMP safety alert can inform what should be a safety tip
3. If there is nothing pertinent to include, consider internal events that may warrant education or other safety resources such as ECRI, FDA, TJC, etc.

Medication Safety Spreadsheet: This needs to be updated **after each meeting** with the event totals for our campus. Please refer to Jaime for where she will store the new sheet on Microsoft Teams.

#### Medication Safety Events Workflow

1. Jaime will receive medication events from risk management and notify resident
2. Resident reviews and categorizes medication events
  - a. Each event should only be in one category – consider what is the root cause leading to the medication error?
  - b. Not all events need to be categorized. You can skip over anything that is not medication related.
  - c. I found it easiest to sort events into Excel with category of event, description of event, related drug, and any related QI initiative. This will help with making the presentation (you can just transfer things over instead of having to re-do the work).
3. Refer to most up to date medication safety event presentation template for how to create presentation. Send the presentation to Jaime for feedback and inclusion of any QI.

Safety Story: One of the standing agenda items for our monthly meetings. This is usually a more detailed recounting of one of the events that was reported for this month's meeting. It should be no longer than a few minutes and strictly include objective fact as well as any related QI initiatives.

- Examples:
  - Verapamil IR 120 mg was given to a patient instead of verapamil ER 120 mg. This was the result of the medication being incorrectly listed on the PTA med list as the instant release formulation. The cause of this error was multi-factorial: the patient had a transitions of care consult for medication reconciliation in which the mistake was identified but there was no prompt for the provider to update the PTA med list.
  - The wrong patient was administered a significant dose of hydromorphone in the ED. This was made possible by a workaround where a patient's wristband was able to be previewed in EPIC which allowed the nurse to scan for the medication administration without being bedside with the patient. The syringe was then handed off to another nurse with instructions to administer to a patient identified only by bed number. This was the incorrect bed number, so the wrong patient received the drug. The patient who received drug was opioid-naïve and required transition to the ICU due to respiratory depression requiring intubation and a Narcan drip. We have worked with the EPIC team to turn off the ability to preview patients' wristbands in order to eliminate the workaround.

#### **Summary of Responsibilities:**

1. Medication safety events for main campus
2. Call for agenda items
3. Creating medication safety packet
4. Creating medication safety minutes and submitting to P&T
5. Running monthly medication safety meetings (remember to record & transcribe!)
  - a. Resident responsible for:
    - i. Safety story
    - ii. Safety Tip
    - iii. ISMP Safety Alert

1. Review ISMP Safety Alerts each month
  - iv. Presentation of TUH Main Campus events
6. Creation of minutes and their presentation at monthly P&T committee
7. Update medication safety teams with all relevant materials

## Pharmacy and Therapeutics Committee Checklist

### **Before each meeting:**

- ☐ Schedule monthly meetings (should only have to do this at beginning of the year and usually done by Joee).
- ☐ Resident Secretaries of P&T are responsible for creating a Regulatory Tip that will be presented with each P&T meeting. Each resident will take turns creating the Regulatory Tip (Safety Tip will be completed by the Resident Secretary of the Med Safety Committee).
- ☐ Reach out to P&T committee members via email to inquire about items in order to put together the agenda (approximately 7-10 days prior to meeting). Below is an example of the email format:

Hello everyone,

The June 2022 P&T Committee meeting will be held on **Friday, June 17<sup>th</sup> at 12:00PM** on Microsoft Teams. You can use the link that is included in the recurring monthly invites. If there is anything that you would like to submit to the P&T agenda, please send to me. The deadline to send is **Monday, June 13<sup>th</sup>**. Please let me know if you have any questions!

Thanks,  
XXXXX

Tip (VERY USEFUL): schedule for yourselves recurring events as reminders to send out this email asking for items and a reminder to send out the agenda.

- ☐ Upon receiving all the materials, compile the agenda and meeting packet. Specific details on how to create the agenda and packet can be found in the supplementary video. You can refer to the same folder this document is located to find the “skeleton” of the agenda (less so a skeleton but each month we would basically use a previous agenda and just delete the old info and plug in the new stuff).

Tip (VERY USEFUL): use this link <https://www.ilovepdf.com/> to merge the documents. Select “Merge PDF” in the upper left hand corner. Play around with this to get the hang of it.

Another tip: you can save Microsoft word documents and powerpoints as PDFs very easily! Just go to save as and where it says word document, just change that to PDF

Another tip: the CIAC order set PDFs can make the packet very long and hard to scroll. We included them in a separate PDF entitled “Order Sets,” and only included the summary of changed in the packet for the meeting.

- ☐ Once the packet and agenda are complete, distribute the items to the P&T committee members 1-2 days in advance via email. Below is an example of the email format:

Good Morning,

Attached to this email are the materials for the May 2023 P&T meeting which will be held tomorrow, May 19th at 12:00 PM via Microsoft Teams.

Please let me know if you have any questions or concerns.

Thank you!  
XXXXX

**During Meeting:**

- ☐ Ensure meeting is started in a timely manner and it is being recorded in order to help you draft the meeting minutes.
- ☐ Share screen while scrolling through the meeting materials to stay on topic. It helps a lot to write the page numbers next to the agenda items (on your own personal sheet), so you can jump to the next topic/section by typing in the page number in when needed.
- ☐ Make note of any items that need prompt follow up with P&T committee members.

**After Meeting:**

- ☐ Type up the meeting minutes at the end of the meeting, then send to Joee and she will make her edits and then she will sign. After that, send them to the chair, Emil Thomas, and he will sign them. Finally, both co-residents have to sign the minutes as well.
- ☐ Update the P&T Teams folder with the meeting packet from the previous month, which should include the signed meeting minutes, the agenda, and the CIAC order sets.
- ☐ Re-watch the P&T committee meeting to ensure nothing is missed while drafting the meeting minutes (extremely helpful).

Welcome to the Continuing Education Committee! With some of the PGY1 residents' official presentations due in September, I just wanted to make sure that you were aware of the expectations as members of this committee. As part of this committee, your responsibilities include, but are not limited to:

1. Notification of clinical enhancer opportunity emailed to the pharmacy department (all faculty members, preceptors, & TUH, Inc. staff) **2 weeks prior to presentation date**. The resident(s) who will be presenting will be responsible for sending you all necessary documents (journal articles, handouts, Teams links, Forms links for evaluation, etc.)
  - a. Not necessary, but a reminder email and calendar invite 1 week prior to the presentation may increase attendance
    - i. In 2021-2022, we sent out a calendar invite 2 weeks prior and then a reminder email the day of the presentation or the day before
  - b. **Recommendations: You will be evaluated on ensuring that an email is sent 2 weeks prior. I recommend that you send calendar invites to you peers as a reminder for them to send you the necessary information in a timely manner.**
2. Send the recorded presentation and post-test questions from the presenters to Joee who will upload it to HealthStream for pharmacists who are unable to attend the scheduled date of presentation
3. Reserving rooms, if necessary, for each CE practice and formal presentation. – **Once you have the dates for the residents' CE presentations, I would book Erny Auditorium as soon as possible as reservations tend to fill up quickly. You may also be responsible for reserving rooms for the CE practice presentation; however, in recent years, Ina has been reserving rooms at the pharmacy school for this. With the recent pandemic, double check with the school if presentations are going to be in-person or remain virtual.**



**Resident Teaching Certificate Seminar Series  
Temple University School of Pharmacy (TUSP)**

**Coordinator: Divita Singh, PharmD, BCPS, BCACP**

Clinical Assistant Professor  
Department of Pharmacy Practice  
Temple University School of Pharmacy  
Office: 104 F  
Phone: 215-707-9026  
e-mail: [divita.singh@temple.edu](mailto:divita.singh@temple.edu)

**Instructors:**

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Clinical Assistant Professor of Pharmacy Practice  
Temple University School of Pharmacy  
215-707-4916  
[natalie.rodriguez0002@temple.edu](mailto:natalie.rodriguez0002@temple.edu)

**Neela Bhajandas, Pharm.D., BCPS, BCCCP**

Clinical Associate Professor of Pharmacy Practice  
Temple University School of Pharmacy  
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**Christina Rose, Pharm.D., BCCCP, FCCM**

Clinical Professor in Pharmacy Practice  
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**Vasyl Zbyrak, PharmD, BCPS, BCACP**

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215-707-4967  
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**Leigh Godfrey Webber, RPh**

Director, Introductory Pharmacy Practice Experiences (IPPE)  
215-707-9378  
[leigh.webber@temple.edu](mailto:leigh.webber@temple.edu)

**Description and Objectives:**

The Resident Teaching Certificate is a required component of the PGY-1 residency. The certificate program is designed for residents and clinical preceptors who are interested in a basic course on education. The course focuses on the research relating to how people learn and best teaching practices, with the aim of preparing the participants to teach health professionals in the didactic and experiential setting. Upon completion of this seminar series, and the teaching responsibilities for the residency program, a certificate of completion will be awarded signed by the coordinator.

**Participants in this course will:**

1. Apply theories of learning and development to teaching.
2. Use a variety of effective teaching methods to address diverse learners effectively.
3. Apply the principles of integrated course design to develop learning materials, assignments, and assessments.
4. Develop a reflective and purposeful approach to teaching.

**Requirements:**

- Attend and actively participate in the Resident Teaching Seminar Series and associated activities
- Write a teaching philosophy statement (update your philosophy throughout the year)
- Complete shadowing/ co-precepting of IPPE or APPE - 2 sessions (Summer or Fall)
- Precept IPPE students in the Spring
  - a. PY3 IPPE begins Monday, 1/22/24, and ends on Thursday, 4/25/24
  - b. The IPPE days are Monday, Wednesday, and Thursday
- Teach 15 minutes of a didactic lecture at TUSP in the Fall
- Co-instruct a Pathophysiology and Pharmacotherapy (P+T) Recitation Course at TUSP in the Fall
- Practice Continuing Education presentation
- Continuing Education presentation

**Required Readings:**

1. Nilson, L.B. (2016) Teaching at its Best 4<sup>th</sup> ed. Jossey-Bass.
  - <https://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?pq-origsite=primo&docID=4567495>
2. Ambrose, S. How Learning Works. San Francisco, CA: Jossey-Bass, c2010.
  - <https://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?docID=529947&pq-origsite=primo>
3. McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate into Any Course to Improve Student Metacognition, Study Skills, and Motivation
  - <http://libproxy.temple.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=e000xna&AN=1083022&site=ehost-live&scope=site>

**Resident Teaching Seminar Topics/Schedule**  
**Room 123 from 2-4 PM**

<b>Date</b>	<b>Topics/Due Dates</b>	<b>Reading Assignments</b>	<b>Seminar Facilitator</b>
Friday, July 14 <sup>th</sup> 1 – 2 PM	Orientation (1 hour)	Review Syllabus and expectations	Divita Singh
Tuesday, July 18 <sup>th</sup>	Preparing a Continuing Education Program	CE Speaker Handbook Policies and Procedures for ACPE Standards for Continuing Pharmacy Education	Divita Singh
Tuesday, August 1 <sup>st</sup>	Learner Centered Course Design Integrated Course Design Writing Educational Objectives	Teaching at Its Best Chapters 2 and 11	Divita Singh
Tuesday, August 15 <sup>th</sup>	How People Learn How Prior Knowledge affects Learning Motivating Learners	Ambrose SA. How Learning Works Chapters 1 and 3	Natalie Rodriguez
Tuesday, August 29 <sup>th</sup>	Helping your Students be Better Learners  Facilitating Discussions	McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate Into Any Course to Improve Student Metacognition, Study Skills, and Motivation Chapters to be determined  FYI Teaching at Its Best Chapter 13	Vasyl Zbyrak
Tuesday, September 19 <sup>th</sup>	Formative and Summative Assessment Assessing Student Learning <ul style="list-style-type: none"><li>• Writing Exam Questions</li></ul> Designing Rubrics	McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate Into Any Course to Improve Student Metacognition, Study Skills, and Motivation Chapters to be determined  Teaching at Its Best Chapter 26	Divita Singh
Tuesday, September 26 <sup>th</sup>	Share Learning Objectives	<b>Learning Objectives for Continuing Education – Upload to one Drive Folder Titled “Resident CE Learning Objectives Upload” by 9/19/23</b>	Divita Singh

Tuesday, October 10 <sup>th</sup>	Developing Teaching Materials Developing and Delivering Effective Lectures	Pre- Class Video <a href="https://www.youtube.com/watch?v=BSildZzHn2Y">https://www.youtube.com/watch?v=BSildZzHn2Y</a>	Neela Bhajandas
Tuesday, October 24 <sup>th</sup>	Active Learning Strategies Classroom Assessment Techniques (CATS)	Gleason B. et. al. An Active-Learning Strategies Primer for Achieving Ability-Based Educational Outcomes Journal of Pharmaceutical Education 2011; 75 (9) Article 186.	Christina Rose
Thursday, November 16 <sup>th</sup>	Teaching in the Clinical Setting Providing Feedback in the Clinical Setting	Weitzel K, et. al. Teaching clinical problem solving: A preceptor's guide. Am J Health-Syst Pharm. Sept. 2012: Vol 69:1588-1599  Bienstock J, et.al To the point: medical education reviews— providing feedback American Journal of Obstetrics & Gynecology. June, 2007:509-513  <b>Teaching Philosophy Statement – Due at End of Class – Upload to One Drive folder titled “Resident Teaching Philosophy Upload”</b>	Christina Rose
Tuesday, January 9 <sup>th</sup>	Orientation to IPPE Precepting		Leigh Webber Divita Singh PGY-2 Residents

### Continuing Education Practice Schedule

Resident Name	Content Mentor	Date	Time (EST)	Room	Presentation Title
Resident 2		10/17/23	1 – 4 PM	123	Riya
Resident 3		10/17/23	1 – 4 PM	123	Seth
Resident 4		12/12/23	1 – 4 PM	123	Eric
Resident 5		12/12/23	1 – 4 PM	123	Madison
Resident 6		2/20/24	1 – 4 PM	114	Steve

Resident 7		2/20/24	1 – 4 PM	114	Jaqi
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### **Final CE Presentation**

**Location: TUH- Main (Erny Auditorium)**

**Time: 2:30 – 3:30 PM (EST)**

<b>Resident Name</b>	<b>Date</b>	<b>Presentation Title</b>
Resident 1 – PGY2 Transplant Resident Kevin Ly	11/14/23	Management of refractory cytomegalovirus (tentative)
Resident 2	12/19/23	Riya
Resident 3	1/16/24	Seth
Resident 4	2/13/24	Eric
Resident 5	3/12/24	Madison
Resident 6	4/16/24	Steve
Resident 7	5/21/24	Jaqi



## Continuing Education

### Speaker Handbook

Ina Lee Calligaro, Pharm.D.  
Director, Office of Continuing Pharmacy Education

## Welcome

We look forward to working with you as you prepare and deliver your CE program (activity). This handbook provides important instructions about how to prepare a program that is compliant with the Accreditation Council for Pharmacy Education Standards and provides guidance on teaching/learning and assessment methods that engage adult learners to make your activity educational and enjoyable.

Please contact one of us if you have any questions, concerns or suggestions.

Ina Lee Calligaro, PharmD.  
Director of the Office for Continuing Education  
[ina.calligaro@temple.edu](mailto:ina.calligaro@temple.edu)

Janet Malkowski  
Manager of Assessment & Operations  
[janet.malkowski@temple.edu](mailto:janet.malkowski@temple.edu)  
215-707-7889

## Mission Statement

The mission of the Office of Continuing Pharmacy Education (OCPE) is to provide evidence based professional development activities that help Temple University Health System (TUHS) pharmacists maintain and advance their knowledge and skills to achieve the professional competencies needed to provide high quality pharmacy services. Programs will be designed to enable pharmacists to adapt to changes in health care delivery, participate as integral members of the health care team, provide of pharmacy care to a diverse underserved patient population and to serve as preceptors/role models for pharmacy students and residents. At its core the OCPE is an important provider of no cost live Continuing Professional Education (CPE) to TUHS pharmacists and provides the PGY1 Residents a teaching experience to hone their skills as educators.

## Integrity and Independence (Standard 5)

Temple University School of Pharmacy (TUSP) is committed to providing education that is evidence-based, independent, free of commercial bias and serves the needs of patients and the public. To ensure that all CPE activities comply with this commitment the following process is followed:

1. At the start of the planning process, planners, content mentors (for pharmacy residents who are preparing a CPE activity), presenters and **all** others who might influence the content of a CPE activity are given a copy of the **ACPE Guidance for Planners, Authors, and Faculty: Ensuring that Clinical Content is Valid** and are encouraged to contact the OCPE Director if they have any questions or concerns. They are also required to complete the *Collection of Information to Identify Financial Relationships from Planners, Faculty and Others*. Individuals who refuse to complete this form will not be permitted to participate in any aspect of the program that could impact the content.

## Integrity and Independence (Standard 5)

2. The **Peer Review of Content Form** will be completed prior to the provision of a CPE activity. These forms will be completed by one or more of the following individuals after reviewing the teaching materials (all activities) and observing the practice presentation of the CPE activity for pharmacy residents and any speaker who would like feedback on their presentation.

Pharmacy Residents – The faculty content mentor and OCPE Director or their designate will complete this form.

All other speakers – The OCPE Director or their delegate based on a review of the teaching materials (handouts, PowerPoints etc.) which are due at least two weeks prior to the presentation.

When reviewing instructional materials/presentation for content validity, the reviewer(s) will confirm that all recommendations are:

- ✓ Based on current science, evidence, and clinical reasoning.
- ✓ Provide a fair and balanced view of therapeutic options.
- ✓ Supported by evidence-based sources which are provided in a reference list to participants.

Note: Although CE is an appropriate place to explore new/evolving topics, don't advocate for or promote these approaches.

**Presentations** must also provide a **balanced view of therapeutic options**. No single product or service should be over emphasized.

Adapted from: Accreditation Council for Pharmacy Education, Standard 5 Presentation at the CPE Administrators Workshop. May 2022.



## Requirements for ACPE Accredited Continuing Education Programs

You will have a CE Program folder in Microsoft Teams, please upload the following information/documents on or before the due date to your folder.

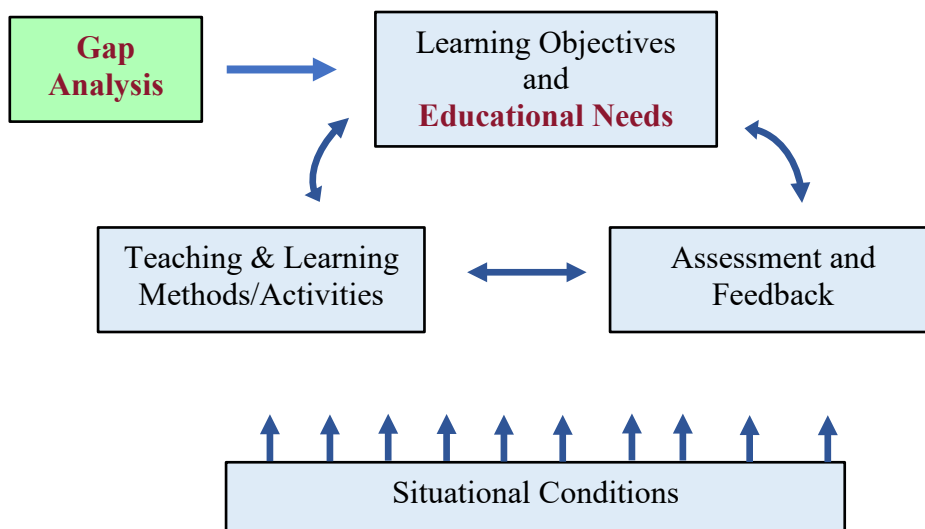
Required Document/Information	Due Date <sup>1</sup>	Responsible Party	Location of any additional information
<b>Topic</b>	TBD	Presenter	
<b>Gap Analysis</b>	TBD	Presenter	<a href="#">Link to Gap</a>
<b>Name(s) of individuals who might have influence over the content of the program</b> including, but not limited to planners, presenters (faculty), committee members, content mentors (residents), peer reviewers. <sup>2</sup>	TBD	Presenter	
Send the <i>Collection of Information to Identify Financial Relationships Form</i> , with a cover letter explaining why this information is being requested, to any individual who might influence the content.	TBD	Office of Continuing Education (OCE)	<a href="#">Link to Collection form only</a>
<b>Title and Learning Objectives</b> (Approved by content mentor -Residents)	TBD	Presenter	<a href="#">Link to section on Learning Obj</a>
<b>Save the Date Announcements</b>	One Month Prior to the Presentation	OCE	
<b>✓ Curriculum Vitae</b> <b>✓ Activity Planning Form</b> <b>✓ Teaching Materials</b> Must include: ⇒ Learning Objectives ⇒ Active Learning Strategies ⇒ Assessment ⇒ References	<u>Residents</u> Date of Practice Presentation <u>Faculty</u> Three weeks prior to your CE program	Presenter	<a href="#">Link to activity Planning Form and to Teaching and Learning Activities and Instructional Materials and Assessment and References</a>
<b>CE Program Announcement</b>	Two weeks prior to your CE Program	OCE	
<b>Final copy of Teaching Materials and Activity Planning Document</b>	One week prior to CE Program	Presenter	<a href="#">Activity Planning Document</a>
<b>Program Evaluation</b>	Opens day of CPE program.	OCE	<a href="#">Evaluation</a>

<sup>1</sup> Dates are entered at the start of the planning process. <sup>2</sup> If additional individuals are added as you prepare your CE Presentation, inform the OCE so that these individuals complete the Collection of Information to Identify Financial Relationships Form.

## Overview Designing an Integrated Continuing Pharmacy Education Program

In L. Dee Fink's seminal text on integrated course design, a comprehensive process for developing effective learning experiences in higher education is delineated<sup>1</sup>. This method utilizes a "backward" design" where the instructor first decides the desired outcomes of the educational experience by asking, "What do I want the learner to do at the end of this experience?" First **Learning Objectives** are clearly defined then **Assessment Strategies to evaluate achievement of learning objectives** for the experience are selected.

**Teaching methods and Learning Activities** are then chosen to provide practice and help students achieve the desired outcomes. When creating a learning experience, Dr. Fink sagely encourages faculty to consider **Situational Factors** that may impact learning, which the instructor has no control over.



**Bold Red** = an addition to Fink's Graphic

Adapted from Fink, LD. *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses* Revised and Updated Edition; 2013

## Gap Analysis

### What is a practice/ professional gap?

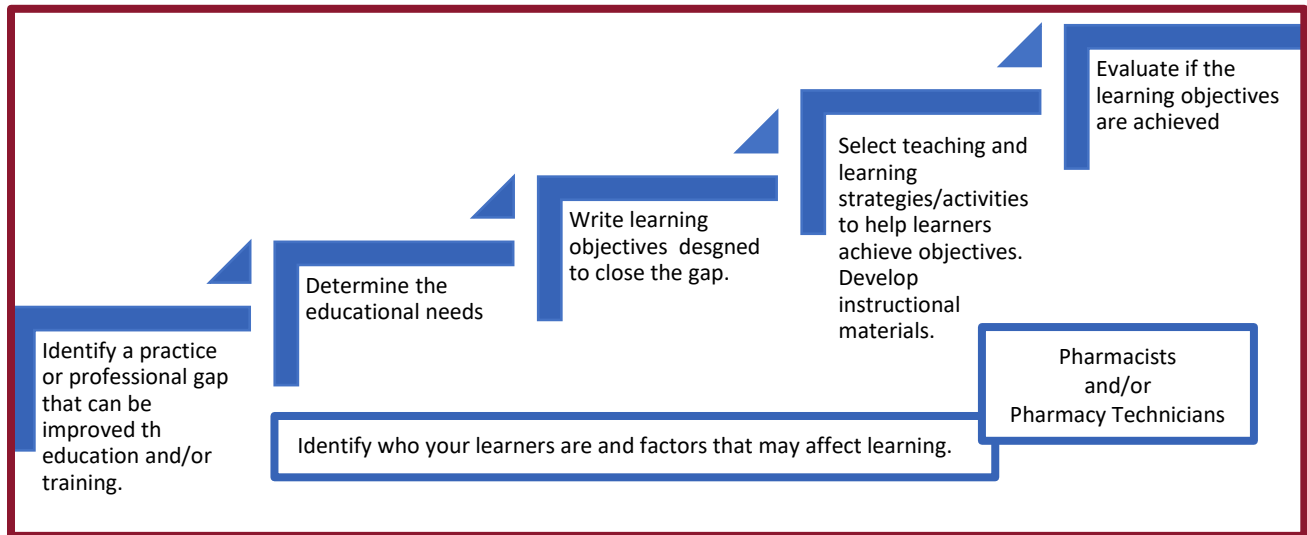
The purpose of Continuing Pharmacy Education is to enhance care and patient outcomes. The first step in developing impactful CPE activities is to identify a **practice gap** which is a problem that could be solved or an initiative that could be advanced/implemented by education or training. The practice gap is the difference between the desired practice and the observed/current practice. CPE programs designed to bridge this gap have a positive impact on the pharmacy care/services delivered and improve patient outcomes.

Performing a **gap analysis** helps to identify the need for an educational activity. This process is central to the development of learning objectives, appropriate teaching methods/activities to achieve these objectives, and evaluation/assessment strategies designed to measure the outcomes of the CPE activity.



[https://sites.duke.edu/dukegim/files/2015/09/bridging\\_the\\_gap.jpg](https://sites.duke.edu/dukegim/files/2015/09/bridging_the_gap.jpg)

## Developing and Delivering a CPE Activity that is a Meaningful Learning Experience



**Important:** As you plan your CPE activity, complete the **Activity Planning Form**

### Step 1: Identify a Practice/Professional Gap (Standard 2)

There are lots of sources that can help including, but not limited to:

- Initiatives to enhance processes or provision of care to patients
- Quality Improvement Data (e.g., MUE, DUR, medication error reports, readmissions relating to medications, patient care audits, outcome data)
- Performance Assessments
- New Drugs or New Indications – Roll in therapy
- Current Literature
- Clinical Guidelines
- New Trends in pharmacy to enhance pharmacy care
- Committee Reports
- Consensus of experts
- Assessment findings
- Participant feedback – Personal Needs assessment
- Government statistics
- State requirements
- Board of Pharmacy Requirements

## Step 2: Identify Educational Needs to Bridge the Practice/Professional Gap (Standards 2 and 3)

**Determine if the learner needs to gain knowledge, skills or improve their ability to perform a skill. (Standard 2)**

- **Knowledge** –evidence-based information (new drug, new indication, new legislation, new guidelines)
- **Skill** – knowledge is not being applied in clinical practice, skills suboptimal or inconsistently.
- **Performance** – unable to do (administer vaccines, counsel patients, provide MTM services)

### Select Activity Type (Standard 3)

Continuing pharmacy education (CPE) activities are categorized into three types: knowledge, application, and certificate. TUSP currently offers application activities to meet the educational needs and fill pharmacy related practice or professional gaps within the Temple University Health System. All information must be based on evidence-based information from reliable sources.

A summary of the activity types is displayed below.

Activity Type	Activity Purpose	Learning Assessment	Assessment Feedback
Knowledge	Transmit Knowledge	Questions/Recall of facts	Must be provided to all participants
Application	Apply information	Case studies/application of principles	
Certificate	Instill knowledge, skills, attitudes	Formative and summative	

Source - <https://www.acpe-accredit.org/continuing-education-provider-accreditation/>

Currently TUSP only Offers Application level programs

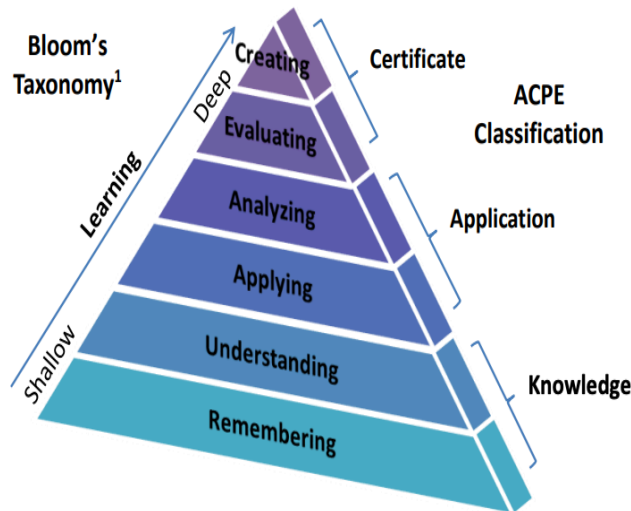
## Step 3: Writing Learning Objectives (Standard 4)

Learning Objectives are the foundation of any learning activity. The learning objectives define the purpose of the learning activity. They describe what the learner should be able to do at the end of your CPE activity. They help you select the cognitive level (Bloom's Taxonomy), teaching methods, learning activities and assessments designed to help participants achieve the learning objectives. You may be familiar with the original Bloom's taxonomy which used nouns and was revised in 2001 to use verbs. We will use the revised form.

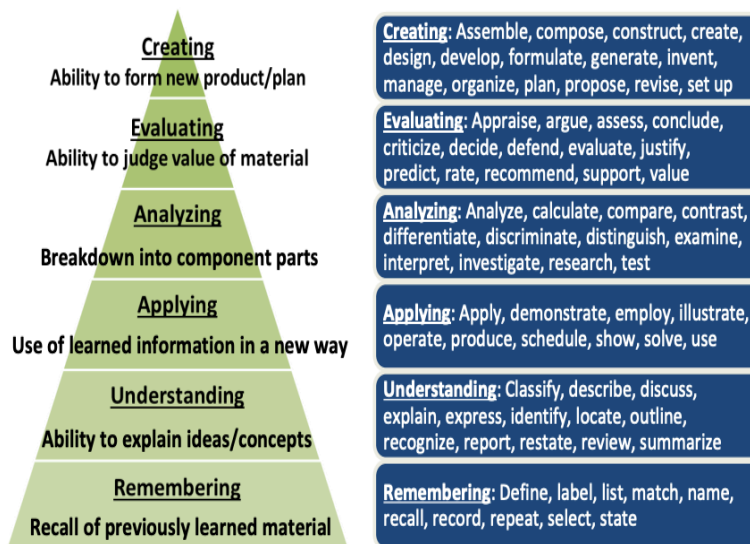


## Framework for CPE Activity Types and Learning Objectives

Relative to taxonomies of learning, ACPE CPE activity types fall along a continuum of learning, starting at Knowledge, moving through Application, and ending with Certificate. Learning across this continuum will generally progress from being more cognitive, theoretical and shallow with Knowledge-based activities to becoming more practical, applied and deep with Application-based and Certificate Programs, including additional elements from psychomotor and affective domains that emphasize the systematic application of content, skills and attitudes to real-life practice.



### Suggested Verbs for CPE Activities by Domain



<sup>1</sup>Anderson, L.W., David R. Krathwol, D.R., et al. (2001). *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. Boston, MA: Allyn and Bacon.

## Using Bloom's Cognitive Taxonomy to Create Learning Objectives

Bloom's Taxonomy is hierarchical, meaning that learning at higher levels is dependent on having attained prerequisite knowledge and skills at lower levels (see diagram to the right). Educators can use "verb tables" to identify which action verbs align with each level in Bloom's Taxonomy.

American College of Surgeons  
Division of Education  
<https://www.facs.org/for-medical-professionals/education/cme-resources/learning-objectives/>  
accessed February 2023

## Tips for writing learning objectives

Once you decide what you want to change through your educational activity and have delineated the what the learner needs to know or do to implement the change(s), you are ready to write your objectives.

1. Learning objectives should be **learner centered** describing what the student will do, not what the instructor will do.
2. Write about 3-4 learning objectives for a one-hour CPE program.
3. Use **action** verbs that can be observed/evaluated.  
*Avoid using verbs like appreciate, recognize, know, understand as these verbs can't be observed or evaluated.*
4. Include only one action verb for each objective.
5. Choose verbs that target the desired cognitive level of performance based on the educational needs identified. (Bloom's Taxonomy)

## Step 4: Selecting teaching and learning strategies/activities to help learners achieve objectives and preparing educational materials. (Standards 7 and 8)

### Selecting Teaching/Learning Methods (Standard 7)

Research shows that active learning activities that are relevant to students deepen learning and increase retention of the material.

Active Learning Activities have been shown to increase the learner's....

- engagement and motivation
- attention span
- retention and transfer of new information
- critical thinking skills
- opportunities to assess their achievement of the objectives
- motivation

They also make the activity more fun!

Suggested Active Learning Activities for a one- hour CPE program ([Appendix B Descriptions of Selected Active Learning Activities](#))

- Clarification Pauses
- Demonstration
- Think-Pair Share
- Brainstorming
- Case Studies/Problems/Scenarios
- Rapid Response Questions
- Pre-test
- Post-Test
- Self-Assessment

**Encourage engagement and self-assessment throughout your program**

## Creating Instructional Materials (Standard 8)

Slides and/or a handout must be provided to the participants to supplement the presentation, enhance understanding of the material and be a resource to participants after the CPE activity. Include references and additional sources of information including articles, links to on-line evidence- based information and Apps.

**Remember  
Do Not!**

- ✓ Use Tradenames or company names
- ✓ Include Patient names, ID number, date of birth (HIPPA)

**Remember  
To...**

- ✓ Display instructions to log onto Poll Everywhere, as participants enter.  
*Consider including an ice breaker question that will assess baseline comfort with the topic. Example: How comfortable are you with \_\_\_\_\_?*
- ✓ Include the disclosure slide and verbally announce any financial relationships or lack of financial relationships.
- ✓ Review the learning objectives

## Tips for Designing Instructional Materials

**Make sure your slides are easy to read.**

- ✓ Use 5-6 lines of text per slide
- ✓ Use tables, figures, graphs rather than words when possible

Type	Limits
Column chart	4 columns
Bar chart	5 – 7 bars
Pie chart	5 slices Place % inside pie Place labels outside pie
Line graph	3 – 4 lines
Table	4- vertical columns 6- horizontal rows

**Declutter**

- ✓ Eliminate irrelevant text/images and animations
- ✓ Select a font size large enough to be seen from the back of the room.
- ✓ Choose a font style that increases readability. Consider..

Times Roman

Arial

Calibri

Corbel

Gill Sans



## Tips for Designing and Presenting Instructional Materials (continued)

- ✓ Use colors that provide enough contrast

Dark colors on a light background

Light colors on a dark background

- ✓ Number your slides
- ✓ Check spelling and grammar then have a friend check spelling and grammar
- ✓ Cite references using the AMA format. AMA Manual of Style Committee, *AMA Manual of Style: A Guide for Authors and Editors*, 11th ed. (New York, 2020; online edn, AMA Manual of Style, 3 Feb. 2020) <https://doi.org/10.1093/jama/9780190246556.001.0001>, accessed February 2023

## References

Vanderbilt University Teaching and Learning Center

<https://wp0.vanderbilt.edu/cft/guides-sub-pages/making-better-powerpoint-presentations/#research>, accessed February 2023

Reynolds G. Presentation tips. <https://www.garreynolds.com/tips> , accessed February 2023

## Keys to a Great Presentation

- 🔑 Practice Practice Practice
- 🔑 Know your content
- 🔑 Start strong, grab the audience's attention
- 🔑 Tell a story
- 🔑 Use a pointer or animations (carefully) to help the audience follow your presentation
- 🔑 Do NOT read your slides
- 🔑 Emphasize/reinforce key concepts “*Say what you want to say, repeat it, say it again*”
- 🔑 Summarize
- 🔑 Maintain good eye contact
- 🔑 Speak clearly at an appropriate pace (Breathe)
- 🔑 Don't speak in a monotone

## Answering Questions

- Give the questioner a chance to finish asking their question
- Be brief and to the point when answering questions
- Repeat the question
- If possible, use the question to reinforce your points
- Be honest, if you do not know the answer, offer to follow-up, then follow-up
- Take questions from all parts of the room
- Be polite and professional
- End on time (required in seminar)
- End on a positive note

## Step 5: Assess Learning (Standards 9 and 10)

Assessment is a required component of all CPE programs. You need to include at least **one active learning activity** and **two case based assessment questions** for each learning objective at the end of the CPE program.

**Formative Assessment** is an ongoing process throughout an educational experience that affords opportunities for students to practice the skills needed to achieve the objectives; provides feedback about learning; helps the instructor to improve teaching and identifies learning gaps that need to be addressed. Active learning exercises provide formative assessment.

**Summative Assessments** evaluate the student's achievement of the learning objectives.

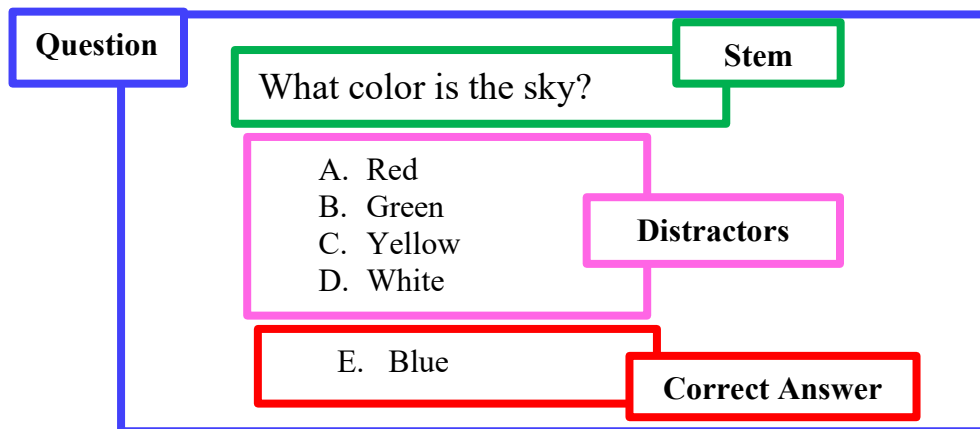
Poll Everywhere is a rapid response platform, currently available to all Temple University Faculty, that you will be using as one option for active learning exercises and for assessment. Instructions explaining how to use Poll Everywhere are included in **Appendix C** explaining how to use this program. You can create numerous types of questions (called activities in Poll Everywhere) that can be used effectively as an active learning exercise (providing formative assessment) and for pre and post test questions as a summative assessment tool that allows for immediate feedback.

## Commonly Used Question Types

Multiple choice  
Select all that apply  
Word Cloud  
Open ended (short answer)  
Click on an image

Be creative try different types of questions based on the learning objective being evaluated.

## Components of a Multiple-Choice Question



## Writing Multiple Choice Questions: Best Practices

- ✓ The question should **assess** the learner's achievement of a **learning objective**.
- ✓ Create questions at different **cognitive levels** based on the learning needs/objectives.
- ✓ Provide at least 3 good distractors
- ✓ Minimize the amount of reading in each item (avoid irrelevant information).
- ✓ Check your work: Use correct grammar punctuation, capitalization and spelling
- ✓ In Poll Everywhere when you have more than one correct answer, choose "Select all that Apply questions" to avoid confusing the learner (e.g. B and C are correct, None of the above, All of the above). **Tip:** Be sure to add "Select all Correct Answers" in the stem.

## Providing Feedback

Discuss each answer and explain why the answer is correct or incorrect. Encourage discussion.

## **Program Evaluation (Standard 9)**

Participants are asked to complete an on-line **Program Evaluation Form** at the end of your presentation to provide you and the OCPE with feedback about the program. Review this form before you begin to develop your CPE activity and again prior to your presentation so that you know what is expected. A copy of the Evaluation Report will be provided to you once the survey is closed.

## Appendix A

### Completing the Activity Planning Document

#### Activity Planning

Directions: Please complete this form by defining the learning objectives, identifying the instructional materials being provided to the participants and the active learning methods employed to help learners achieve the learning objectives. List the assessment questions you created for each learning objective. (Add additional lines as needed) Due: Date of your practice presentation.

<b>Please list the activity's learning objectives below</b>	<b>What instructional materials will be used to meet this objective? (i.e., outlines, slides, case studies, computer assisted techniques, etc.)</b>	<b>What active learning methods will be used to meet this objective? (Please indicate those methodologies that fostered active participation in learning (i.e., group-based learning, workshops, demonstrations, etc.)</b>	<b>What learning assessment activities will be used to enable participants to assess their achievement? (i.e., case studies, problem solving activities, post-tests, multiple choice questions, hands-on demonstration, etc.)</b>
<i>Example: Describe the consequences of CINV on patient outcomes</i>	<i>Table listing the consequences of CINV</i>	<i>Participant discussion (Think-Pair-Share) to identify outcomes of CINV.</i>	<i>Post-test question (recall) with multiple choice responses</i>
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			

## Appendix B : How can you incorporate active learning into your classroom?

The following list summarizes some of the many approaches.

Note: Activities that work well during a 1 hour activity are highlighted.

- **Clarification Pauses:** This simple technique fosters “active listening.” Throughout a lecture, particularly after stating an important point or defining a key concept, stop presenting and allow students time to think about the information. After waiting, ask if anyone needs to have anything clarified. Ask students to review their notes and ask questions about what they’ve written so far.
- **Writing Activities such as the “Minute Paper”:** At an appropriate point in the lecture, ask the students to take out a blank sheet of paper. Then, state the topic or question you want students to address. For example, “*Today, we discussed emancipation and equal rights. List as many key events and figures as you can remember. You have two minutes – go!*”
- **Self-Assessment:** Students receive a quiz (typically ungraded) or a checklist of ideas to determine their understanding of the subject. Concept inventories or similar tools may be used at the beginning of a semester or the chapter to help students identify misconceptions.
- **Large-Group Discussion:** Students discuss a topic in class based on a reading, video, or problem. The instructor may prepare a list of questions to facilitate the discussion.
- **Think-Pair-Share:** Have students work individually on a problem or reflect on a passage. Students then compare their responses with a partner and synthesize a joint solution to share with the entire class.
- **Cooperative Groups in Class (Informal Groups, Triad Groups, etc.):** Pose a question for each cooperative group while you circulate around the room answering questions, asking further questions, and keeping the groups on task. After allowing time for group discussion, ask students to share their discussion points with the rest of the class.
- **Peer Review:** Students are asked to complete an individual homework assignment or short paper. On the day the assignment is due, students submit one copy to the instructor to be graded and one copy to their partner. Each student then takes their partner's work and, depending on the nature of the assignment, gives critical feedback, and corrects mistakes in content and/or grammar.
- **Group Evaluations:** Similar to peer review, students may evaluate group presentations or documents to assess the quality of the content and delivery of information.
- **Brainstorming:** Introduce a topic or problem and then ask for student input. Give students a minute to write down their ideas, and then record them on the board. An example for an introductory political science class would be, “*As a member of the minority in Congress, what options are available to you to block a piece of legislation?*”
- **Case Studies:** Use real-life stories that describe what happened to a community, family, school, industry, or individual to prompt students to integrate their classroom knowledge with their knowledge of real-world situations, actions, and consequences.
- **Hands-on Technology:** Students use technology such as simulation programs to get a deeper understanding of course concepts. For instance, students might use simulation software to design a simple device or use a statistical package for regression analysis.
- **Interactive Lecture:** Instructor breaks up the lecture at least once per class for an activity that lets all students work directly with the material. Students might observe and interpret features of images, interpret graphs, make calculation and estimates, etc.
- **Active Review Sessions (Games or Simulations):** The instructor poses questions and the students work on them in groups or individually. Students are asked to show their responses to the class and discuss any differences.
- **Role Playing:** Here students are asked to “act out” a part or a position to get a better idea of the concepts and theories being discussed. Role- playing exercises can range from the simple to the complex.

## Active Learning Strategies (continued)

- **Jigsaw Discussion:** In this technique, a general topic is divided into smaller, interrelated pieces (e.g., a puzzle is divided into pieces). Each member of a team is assigned to read and become an expert on a different topic. After each person has become an expert on their piece of the puzzle, they teach the other team members about that puzzle piece. Finally, after each person has finished teaching, the puzzle has been reassembled, and everyone on the team knows something important about every piece of the puzzle.
- **Inquiry Learning:** Students use an investigative process to discover concepts for themselves. After the instructor identifies an idea or concept for mastery, a question is posed that asks students to make observations, pose hypotheses, and speculate on conclusions. Then students share their thoughts and tie the activity back to the main idea/concept.
- **Forum Theater:** Use theater to depict a situation and then have students enter into the sketch to act out possible solutions. Students watching a sketch on dysfunctional teams, might brainstorm possible suggestions for how to improve the team environment. Ask for volunteers to act out the updated scene.
- **Experiential Learning:** Plan site visits that allow students to see and experience applications of theories and concepts discussed in the class.

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## Appendix C

### How to Use PowerPoint Slides, Poll Everywhere and Zoom Together

#### Preparing, Presenting and Recording Responses

1. Prepare your slides in PowerPoint on your computer. Do not use the Poll Everywhere app at this time. This app supposedly allows you to integrate PowerPoint with Poll Everywhere Questions/Activities in one document. This currently on works well if the conditions identified below are in place (I don't believe they are).
2. Log into your Poll Everywhere account at polleverywhere.com. Start a folder for the presentation.
3. Enter your activities (questions).
4. At the start of your presentation, open your browser and log into your Poll Everywhere account using your Temple University username and password.
5. Open your PowerPoint slide deck.
6. Log into your Zoom Room and select share screen.
7. Choose the upper left option to share your Screen (on Windows) or select Desktop (on Mac) to ensure that your participants will be able to see whatever is visible on your screen at any given time. This will make it so that you can seamlessly switch between the browser and PowerPoint without the need to re-share.
8. Start your PowerPoint presentation, then once you're ready to launch an activity, switch over to the Browser to activate/present whichever activity you'd like folks to respond to.
9. You will be able to switch back and forth between your slides and the Poll Everywhere Website.

#### **FYI: Conditions Required for the Poll Everywhere App to Work Properly**

For Poll Everywhere activities that have been inserted into a PPT presentation to work properly, two conditions must be met:

1. The Poll Everywhere application must be installed on whatever computer is being used to present (not just the computer that was originally used to insert the activities)
2. The presenter must be signed into their Poll Everywhere account on that computer.
  - On a [Windows computer](#), this means being signed into the Poll Everywhere ribbon item in PowerPoint.
  - On a [Mac computer](#), this means being signed into the launched Poll Everywhere app.

If these two conditions are not met, and presenting PE activities via PowerPoint does not work (i.e., participants are able to see the PE activity slide but are unable to respond to them),

**Source: Tips for Using Poll Everywhere with PowerPoint at Temple University (prepared by Jonah Chambers Sr. Educational Technology Specialist Center for the Advancement of Teaching 2/14/23)**





## Peer Review: Ensuring that Clinical Content is Valid

Please answer the following questions regarding the clinical content of the education.



Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of therapeutic options? *[Standards for Integrity and Independence, Guideline 5.1(1)]*

☐ Yes

☐ No

Comments:

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *[Standards for Integrity and Independence, Guideline 5.1(2)]*

☐ Yes

☐ No

Comments:

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? *[Standards for Integrity and Independence, Guideline 5.1(3)]*

☐ Yes

☐ No

Comments:

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? *[Standards for Integrity and Independence, Guideline 5.1(3)]*

☐ Yes

☐ No

Comments:

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? *[Standards for Integrity and Independence, Guideline 5.1(4)]*

☐ Yes

☐ No

Comments:

Signature

Practice  
Presentation Date