

*TEMPLE UNIVERSITY HOSPITAL*  
*PGY2 Solid Organ Transplant Pharmacy*  
*Residency Manual*

## **Temple University Hospital PGY2 Solid Organ Transplant Pharmacy Residency Program**

Residents will have the opportunity to work in an academic tertiary care center in both the inpatient and ambulatory settings exposing them to a diverse constituency of patients, healthcare providers, residents and students. The resident will have a primary site at Temple University Hospital (TUH) and will participate in clinical rotations focused in the area of solid organ transplant, perform a longitudinal residency research project and drug use evaluation, and staff in the pharmacy department on a decentralized clinical pharmacist shift that encompasses solid organ transplant patients. Temple University Hospital provides a variety of excellent opportunities to grow as a solid organ transplant clinical pharmacist and provides access to a strong group of preceptors and an exciting environment to nurture teaching skills.

**Temple University Hospital-** TUH is a member of the Temple University Health System (TUHS) which is composed of 5 hospitals. TUH is a 593 bed institution and is the primary hospital of TUHS located in Philadelphia, Pennsylvania. It is also the chief clinical training site for the Temple University School of Medicine, Nursing, Pharmacy, as well as, other healthcare professional disciplines. Temple University Hospital has been recognized as among the best in the region by *US News & World Report*.

TUH performed the first heart transplant in the Philadelphia region back in 1984. Currently, it is the leader in lung transplantation, with 131 lung transplant surgeries, the most in the United States in 2017. In addition, TUH has a robust abdominal organ transplant program (kidney, liver, and pancreas) and heart transplant program, with 2017 averages of 80 and 25 surgeries, respectively. For 2018, TUH has established a referral basis with area hospitals to expand our transplant programs.

TUH's first pharmacy residency program was founded in 1969, and its graduates have gone on to successful careers in ambulatory care, critical care, infectious diseases, solid organ transplant, and academia, among others. There are currently 5 PGY1 pharmacy residents who gain clinical experience at both the TUH and Jeanes Hospital campuses. The PGY2 Solid Organ Transplant pharmacy resident will have opportunities to gain clinical experience at both these campuses as well. This program will further enhance their clinical skills and knowledge through participation on the multidisciplinary transplant team. PGY2 pharmacy resident involvement will range from providing clinical services in the inpatient and outpatient settings, developing protocols and policies, educating pharmacy students and residents, and performing outcomes research.

**Mission of Department of Pharmacy** (TUH-PHARM 20209.02.02 Department of Pharmacy: Scope, Organization, and Function)

The mission of the Department of Pharmacy Services is to provide safe, comprehensive, high quality, patient specific, pharmaceutical care in an environment of professionalism, respect, and integrity.

1. The prime mission of the Department of Pharmacy is to support the mission and programs of Temple University Hospital by providing high quality, cost-effective pharmaceutical services.
2. The department enhances the educational mission of the university by serving as a training site for its students and develops other programs in institutional practice.
3. The department adds to the knowledge of the pharmaceutical and medical professions by providing new information and a better understanding of existing information.
4. The department adheres to sound business practices in order to assure the continued maintenance of these services.

**Goals:** In support of the mission, principles and core values of Hospital and Health System, the Department of Pharmacy has established the following goals:

1. To provide safe and controlled drug distribution
2. To provide, monitor, and assure safe and cost-effective drug therapy
3. To promote professionalism, diversity and systematic service delivery
4. To assure satisfied, competent and qualified personnel
5. To assure that products and services are of proper quality
6. To maintain a close liaison with Temple University, School of Pharmacy
7. To conduct education and training programs
8. To conduct and facilitate research on drugs and drug related services
9. To assure recognition of the department including its members

### **PGY2 Solid Organ Transplant Residency Program Statement of Purpose**

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

### **PROGRAM OUTCOMES**

Completion of the PGY2 Solid Organ Transplant Pharmacy Residency program will provide a foundation to pursue multiple career paths including but not limited to:

1. Providing pharmaceutical care to all populations of solid organ transplant recipients
2. Providing clinical, practice management and professional leadership
3. Pursuing additional post-graduate training (Solid Organ Transplant Pharmacy Fellowship)

### **PROGRAM DESIGN**

The residency is a 52-week post-graduate program that begins on July 1 each calendar year consisting of required, elective and longitudinal learning experiences. The goals and objectives of each rotation are designed to meet or exceed ASHP residency learning system (RLS) standards while allowing enough flexibility to develop the specific learning interests of each resident. The resident must complete the required learning experiences and will have the opportunity to select two elective learning experiences.

In order for the resident to begin a scheduled learning experience with a non-pharmacist preceptor in conjunction with a pharmacist preceptor, the resident must demonstrate independence and clinical competence. This will be determined through evaluation of required goals and objectives for the residency program. The resident must receive an "achieved for residency" for the following required objectives prior to starting a scheduled learning experience with a non-pharmacist preceptor in conjunction with a pharmacist preceptor. The resident may not start a learning experience with a non-pharmacist preceptor in conjunction with a pharmacist preceptor if "needs improvement" is received for any of the R1.1 objectives. Current available learning experiences that include a non-pharmacist preceptor are transplant infectious diseases and transplant hepatology.

- 1) **Objective R1.1.1: (Applying) Interact effectively with health care teams to manage solid organ transplant patients' medication therapy.**
- 2) **Objective R1.1.2: (Applying) Interact effectively with solid organ transplant patients, family members, and caregivers.**
- 3) **Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for solid organ transplant patients.**
- 4) **Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for solid organ transplant patients.**
- 5) **Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for solid organ transplant patients by taking appropriate follow-up actions.**
- 6) **Objective R1.1.8: (Applying) Demonstrate responsibility to solid organ transplant patients for patient outcomes.**

The PGY2 Solid Organ Transplant Pharmacy Residency Program is structured as follows:

1. Required Rotations (8 total)
2. Elective Rotations (2 total)
3. Longitudinal Learning Experiences – ongoing training throughout residency year (4 total)
  - a. Abdominal Organ Transplant Clinic- 5 months
  - b. Cardiothoracic Transplant Clinic- 6 months
  - c. Research Project- 12 months
  - d. Drug Use Evaluation- 12 months
  - e. Code Blue, Rapid Response, Stroke Alert- 12 months
  - f. Staffing- 12 months

Required Rotations	Preceptor	Duration
Hospital and Departmental Orientation	Adam Diamond, PharmD, BCPS	4 weeks
Abdominal Organ Transplant	Adam Diamond, PharmD, BCPS	10 weeks
Lung Transplant	Jenny Au, PharmD	10 weeks
Cardiovascular Surgical Intensive Care/ Heart Transplant/Mechanical Circulatory Support	Christina Ruggia-Check, PharmD, BCPS, AQ Cardiology	10 weeks
Transplant Infectious Diseases	Kazumi Morita, PharmD, BCPS Heather Clauss, MD	4 weeks
Histocompatibility and Immunogenetics	Adam Diamond, PharmD, BCPS Olga Timofeeva, PhD, D(ABHI)	1 week

Elective Rotations	Preceptor	Duration
Surgical Intensive Care	Kimberley Harris, PharmD, BCPS, BCCCP	4 weeks
Transplant Hepatology	Adam Diamond, PharmD, BCPS	4 weeks
Outpatient Transplant Clinic (AOT/Nephrology)	Adam Diamond, PharmD, BCPS	4 weeks
Bone Marrow Transplant (at Jeanes Hospital)	Brittany Cael, PharmD, BCPS	4 weeks

Longitudinal Experiences	Project/Research Experiences
<u>Ambulatory transplant clinic:</u> <ul style="list-style-type: none"> <li>• Pre-transplant evaluations</li> <li>• Post-transplant clinic <ul style="list-style-type: none"> <li>○ Abdominal organ transplant clinic</li> <li>○ Cardiothoracic clinic</li> </ul> </li> </ul>	<u>Longitudinal Residency Research Project:</u> <ul style="list-style-type: none"> <li>• Solid organ transplant focus</li> <li>• Outcomes-based research</li> <li>• Submit for national presentation and /or publication</li> </ul>
<u>Teaching Opportunities:</u> <ul style="list-style-type: none"> <li>• Co-precept PGY1 residents and APPE students</li> <li>• Clinical enhancers and in-services to medical, nursing, and pharmacy staff</li> <li>• Patient case, journal club, and research presentations</li> </ul>	<u>Drug Use Evaluation:</u> <ul style="list-style-type: none"> <li>• Solid organ transplant focus</li> <li>• Present results to pharmacy and therapeutics committee</li> <li>• Present results to pertinent transplant teams</li> </ul>
<u>Administrative Opportunities:</u> <ul style="list-style-type: none"> <li>• Multidisciplinary selection meetings</li> <li>• Quality improvement committee meetings</li> <li>• Professional development series</li> <li>• Preceptor development series</li> </ul>	<u>Travel Opportunities:</u> <ul style="list-style-type: none"> <li>• Travel to ASHP Annual Midyear Meeting</li> <li>• Travel to American Transplant Congress</li> <li>• Opportunity for poster and/or oral abstract presentation</li> </ul>
<u>Pharmacy Practice:</u> <ul style="list-style-type: none"> <li>• Clinical staffing shift once every 3<sup>rd</sup> weekend</li> <li>• One summer and one winter holiday staffing shift</li> <li>• Code blue/rapid response/stroke team attendance</li> </ul>	<u>Additional opportunities:</u> <ul style="list-style-type: none"> <li>• Guideline/protocol development</li> <li>• Department of Medicine research curriculum</li> </ul>

**Program Requirements-** (TUH-PHARM 20209.14.18 PGY2 Pharmacy Residency Program- Responsibilities and Expectations). Residents will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined in the ASHP PGY2 residency accreditation standards. In addition to the expectations of the learning outcomes, we expect residents to be able to: (i) describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes, (ii) function as clinical pharmacists, and (iii) participate in medication use review and drug policy development. Residents must be able to communicate effectively verbally and in writing with other team members. Residents must be able to teach others effectively about drug therapy and participate in quality improvement initiatives.

**REQUIREMENTS TO ENTER THE RESIDENCY PROGRAM:**

**Applicant Selection Procedure-** (TUH-PHARM 20209.14.21 PGY2 Pharmacy Residency Program- Resident’s Selection Policy). We utilize a screening tool to assess each residency application for the PGY2 Solid Organ Transplant Pharmacy Residency Program. Upon applicant screening, an assessment score will be applied to their application. The residency advisory committee will select a minimum of 4 candidates to interview based upon the initial screening scores. The same preceptor group will participate in the interview to allow for consistency in assessment of all residency candidates. Our interview process consists of 2-3 groups of interviewers. The interview questions will include administrative and clinical components. The applicant will also be required to present a 20 minute presentation on a topic related to solid organ transplant. A Residency Selection Meeting, composed of interviewers and the RPD, will do the final ranking based upon the applicant’s performance. The ranking order list, in the order of preference, is submitted to the National Matching Service (NMS) for use in the

ASHP Resident Matching Program. We believe that our residency selection process is fair and allows us to identify the strongest candidates.

**Licensure Requirement-** (TUH-PHARM 20209.14.18 PGY2 Pharmacy Residency Program- Responsibilities and Expectations). Residents must be able to obtain pharmacist licensure with the State Board of Pharmacy of Pennsylvania by September 30<sup>th</sup> of the residency year ([www.dos.state.pa.us/pharm](http://www.dos.state.pa.us/pharm)). If the resident is not licensed in the State of Pennsylvania by September 30<sup>th</sup>, they will be terminated from the residency program.

**Completion of an ASHP accredited PGY1 Pharmacy Residency program-** (TUH-PHARM 20209.14.18 PGY2 Pharmacy Residency Program- Responsibilities and Expectations). The resident must provide the residency program director 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. 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.

#### **RESIDENCY ORIENTATION:**

**Residency Orientation Program-** (TUH-PHARM 20209.14.03 Orientation Program for Pharmacy Employees). Orientation for the resident is scheduled for the July of each year. This orientation period is used to introduce the incoming resident to Temple University Hospital, the Department of Pharmacy and to outline the expectations for the residency year.

#### **RESIDENCY EXPECTATIONS FOR RESIDENTS AND PRECEPTORS:**

**Duty Hours-** (TUH-PHARM 20209.14.15 PGY2 Pharmacy Residency Program- Resident Supervision and Duty Hours). Successful completion of a rotation is dependent on the active participation of the resident in the care of their patients. The resident should be physically present on the patient care unit daily, Monday through Friday of each week of the rotation, to complete rounding, clinical monitoring, code blue response, admissions/discharge counseling, clinical topic discussions and patient review with the preceptor. Hours vary depending on the rotation. (see individual learning experiences for details).

**Required Clinical Rotation Activities** (TUH-PHARM 20209.07.05- Documentation of Clinical Services)

1. The resident will complete the following activities for their patients unless otherwise specified in the rotation learning experience description
  - i. Attend patient care rounds
  - ii. Complete daily profile review of the following patient information assigned by site preceptor:
    - Vital signs, medication profile, medication administration record, progress notes, etc.
    - Age, sex, height, weight, and renal/hepatic function
    - Pregnancy and lactation status
    - Appropriateness of the dose, route, rate, timing, and frequency of administration, indication, and therapeutic duplication of all medications (TUH-PHARM 20209.07.03 Safety Plan for Patients and Personnel)
    - Available laboratory values and microbiology results

- Appropriateness of antimicrobial therapy regimens which may include anticipated/planned stopped dates
  - Potential drug-drug, disease-drug, food-drug interactions, contraindications or drug storages and outages (TUH-PHARM 20209.06.09 Medication Storages and Outages)
  - Targeted or therapeutic drug monitoring and pharmacokinetics, and adjustment of drug regimens if necessary (TUH-PHARM 20209.07.18 Medication Order Review by a Registered Pharmacist)
  - Review for disease progression and resolution of symptoms
  - Look-alike /sound-alike medication management (TUH-PHARM 20209.08.12 Look-Alike/Sound-Alike Medication Management)
- iii. Communication of necessary information to pertinent health care providers, patients, and caregivers
  - iv. Medication reconciliation (admissions, discharges)
  - v. Discharge education (TUH-PHARM 20209.08.06 Medication for Discharged Patients)
  - vi. Research and answer drug information questions

**Preceptor Responsibilities** (TUH-PHARM 20209.14.20 PGY2 Pharmacy Residency Program- Preceptor's Selection Policy)

Preceptors must meet eligibility criteria as listed in the ASHP PGY2 standard. Preceptors are assessed for competency and on-going job skill development periodically. (TUH-PHARM 20209.14.02- Pharmacy competencies and Performance Evaluation)

- i. Review the resident's understanding of subjective/objective, assessment, and plan for each of their patients (medical and pharmacy perspectives)
- ii. Provide feedback to the resident in which they can act on to improve their performance
- iii. Serve as a resource to help the resident care for their patients
- iv. Challenge the resident to support care decisions/recommendations with evidence based medicine
- v. Provide clinical topic discussions, pearls, articles, and resources to help the resident fill gaps in knowledge

**The following procedure will be followed when appointing new preceptors to the PGY2 SOT Pharmacy Residency Program:**

- 1) RPD 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.
- 2) RAC will review, approve and offer the preceptor position to the qualified clinical specialist or clinical pharmacist.
- 3) 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 PGY2 SOT Pharmacy Residency Program:**

- 1) All current preceptors must provide an updated academic and professional record form by the first Friday in June of the residency year to the RPD 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.

Residents will work under the direct supervision of preceptors for all activities. The preceptor will also be available on a regular basis to provide modeling and coaching by direct supervision of dispensing/clinical activities, discussion of any issues, facilitate interactions with other healthcare team members, provide guidance in preparation of any materials required, and evaluate resident performance.

### **Resident Responsibilities:**

By the end of the residency program, the resident is expected to complete the following activities and abide by the following policies and procedures:

#### 1) Hospital Orientation Activities:

1. New Employee Orientation
2. Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) training and certification
3. Hospital Tour
4. Computer Training (HMM, TDS)
5. Epic, Pyxis + Talyst Training
6. Investigational Drug Services
7. Sterile and Non-Sterile Product Compounding (TUH-PHARM 20209.09.06 General IV Production and Clean Room Procedures)
8. Clinical Pharmacist Training on each floor
9. Regulatory Compliance and controlled substance
10. PharmAcademic Evaluations
11. Clinical Interventions (Clinical Measures), Form checker and InfoShare drive documentation
12. Hospital and Pharmacy Policies and Procedures Review
13. Computer Usage, encrypted messages (HIPPA), codes/RRT
14. Clinical Programs IV to PO, therapeutic interchange, stress ulcer prophylaxis, and renal dosing adjustment
15. Staffing and clinical weekends monitoring



- 2) Active Participation in the Successful Completion of a Drug Use Evaluation (DUE)  
The resident is required to participate in a Drug Use Evaluation (DUE). The purpose of the DUE learning experience is to identify an area in which drug utilization should be evaluated to change and/or validate current practices. Performance is evaluated by the DUE preceptor in Pharmacademic.
- 3) Participation in Teaching Activities  
Resident involvement in teaching activities fosters development and refinement of the resident's communication skills, builds confidence and promotes the effectiveness of the resident as a teacher. The resident will participate in activities including in-services; co-precepting of students/PGY1 pharmacy residents and providing a didactic lecture in the transplant pharmacotherapeutics course sequence at the Temple University School of Pharmacy (didactic lecture is optional).
- 4) Presentations  
Residents will be required to present a poster at the ASHP Midyear and submit an abstract for a potential poster/platform presentation at the American Transplant Congress on the resident's research project. In addition, residents will be asked to give at least one case presentation and one journal club to pharmacy staff, residents and students. In-services will occur throughout the year, depending on the particular learning experience. Some of the specific timelines are as follows:
  1. ASHP Midyear Clinical Meeting Poster Presentation (held in December)
    - a. Consult [www.ashp.org](http://www.ashp.org) for submission/registration deadlines
  2. American Transplant Congress (held between April - June)
    - a. Abstract will be submitted for potential poster/platform presentation
    - b. If platform presentation accepted, at least 3 weeks before the conference the resident will participate in a practice session to all preceptors. Clinical pharmacy specialists and all residents are expected to attend and provide feedback.
    - c. All residents are expected to attend co-residents' presentations.
    - d. Consult <https://asts.org/education/events-meetings/american-transplant-congress/2018/06/02/default-calendar/2018-american-transplant-congress#.W2nBuNJKjcs> for submission/registration deadlines.
- 5) Participation in Recruitment Efforts  
The resident will assist with the recruitment efforts of the department for the PGY1 and PGY2 Solid Organ Transplant Pharmacy Residency Programs. There will be some scheduled time within the interview process for interviewees to interact with the current resident. Additionally, each resident is requested to spend time providing information to interested candidates during the ASHP Midyear Clinical Meeting. Residents will be asked to staff the residency showcase.
- 6) Completion of BLS and ACLS Curriculum  
Each resident is expected to successfully complete the BLS and ACLS curriculum within the first month of the residency. The goal is to ensure the resident is familiar with and capable of providing appropriate BLS and ACLS services, in the event of a code/rapid response.
- 7) Professional Conduct  
It is the responsibility of the resident to uphold the highest degree of professional conduct at all

times. The resident will display an attitude of professionalism in all aspects of his/her daily practice. The resident shall also comply with all TUH policies related to conduct in the workplace.

8) Personal Appearance

The resident is expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of TUH. Clean, pressed white lab coats of full length will be worn at all times in patient care areas.

9) Employee Badges

TUH requires all personnel (including residents) to wear a badge at all times when they are on campus. If the badge is misplaced, a replacement badge is available in the Human Resource Department (HR), for a minimal fee. If an employee badge is lost the resident must report the loss immediately to HR. All badges will be relinquished at the completion of the residency program.

10) Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional and physical well-being.

11) Outside Employment (Moonlighting) (TUH-PHARM 20209.14.16- PGY2 Pharmacy Residency Program Moonlighting Policy). The resident is not permitted to moonlight until December 1<sup>st</sup> of the residency year. The residency program director must approve all additional shifts (both within and outside of TUH).

12) Attendance (TUH-PHARM 20209.14.17- PGY2 Pharmacy Residency Program Time Off Policy)

The resident is expected to attend all functions as required by the Department of Pharmacy. The residents are solely responsible for their assigned operational pharmacy practice, and are responsible for assuring that these service commitments are met in the event of an absence. All time off requests must be approved in advanced with the involved preceptor, Pharmacy Manager of Clinical Services and Education and Residency Program Director to assure that service responsibilities can be fulfilled. The resident must complete the Resident Absence Form. A copy of the completed absence form must be sent to the Residency Program Director for record keeping. Residents are expected to work a full 8-hour shift per day at a minimum. Residents are required to keep track of their hours. The resident will email the duty hours documentation to the Residency Program Director at the end of each rotation.

13) Leave of Absence (TUH-PHARM 20209.14.19 PGY2 Pharmacy Residency Program Leaves of Absence Policy)

Residents requiring extended leave will be required to 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. The resident must provide a written request to the Residency Program Director for the opportunity to successfully complete the residency program by extending the residency program period by the length of the leave (i.e. a one month leave period would result in a one month extension to the program). Each situation will be evaluated individually. The Residency Program Director in consultation with the Residency Advisory Committee will attempt to accommodate such requests. Requests may not be accommodated if it is agreed by the

Residency Advisory Committee that such accommodation would negatively impact the continuity of training and would likely prevent the resident’s satisfactory completion of the program.

- 14) Resident Disciplinary Action Process (TUH-PHARM 20209.14.14 PGY2 Pharmacy Residency Program- Corrective Action, Failure to Achieve Certification, and Involuntary Dismissal)  
 The resident may be counseled or terminated from the residency program should there be evidence of their inability to function effectively, inability to provide competent patient care, or upon evidence of unethical or unprofessional acts inconsistent with the TUH employee expectations.

**Qualifications for Satisfactory Completion of the Residency**

Achieving a certificate of residency completion is the responsibility of both the resident and the Residency Program Director. The program has established learning outcomes that must be successfully met utilizing the ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Solid Organ Transplant Pharmacy Residencies. To obtain the certificate for successful completion, the resident is expected to have received “achieved (ACH): Resident performance is excellent. Resident recognizes areas for self-improvement, makes pharmacotherapy recommendations and plans independently, documents accurately, and seeks guidance to make positive changes to personal practice.” for at least 85% of the required goals and objectives evaluated. The remaining 15% must denote that the resident is “satisfactorily progressing (SP): 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.” No learning outcome should terminate in a score of “needs improvement (NI): 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.” If a mark of “needs improvement” is given, it is the responsibility of the preceptor to give a reason for the score and suggestions for improvement. The Residency Program Director will make every opportunity to restructure the program, if necessary, in effort to allow the resident the opportunity to achieve all goals and objectives. If the goal is again not successfully met, a certificate of completion may only be granted at the discretion of the Residency Program Director.

In addition to obtaining achieved for at least 85% of the required goals and objectives and at least satisfactory progress for the remaining 15% of the required goals and objectives, the resident must also complete the following required activities:

<b>PGY2 Solid Organ Transplant Pharmacy Residency Required Tasks</b>	
<i>PGY2 Solid Organ Transplant Pharmacy Resident: First Name Last Name, PharmD</i>	
<b><u>Learning Experience- Required Core Experiences</u></b>	<b><u>Progress and Date Completed</u></b>
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	
<b><u>Learning Experience- Elective Experiences (at least 2)</u></b>	<b><u>Progress and Date Completed</u></b>
Elective I	
Elective II	
<b><u>Required Longitudinal Experiences</u></b>	<b><u>Progress and Date Completed</u></b>
Longitudinal Abdominal Organ Transplant Clinic	
Longitudinal Cardiothoracic Transplant Clinic	
Formal Journal Club (at least 1)	
Formal Case Presentation (at least 1)	
Timely Topics in Transplantation (at least 2)	
Code blue, rapid response, and stroke alert coverage	
Longitudinal research project <ul style="list-style-type: none"> <li>• IRB approval</li> <li>• Data collection</li> <li>• Data analysis</li> <li>• Abstract submission</li> <li>• Present to P&amp;T committee</li> <li>• Manuscript draft</li> </ul>	
Longitudinal drug use evaluation <ul style="list-style-type: none"> <li>• Data collection</li> <li>• Present to pharmacy staff</li> <li>• Present to P&amp;T committee</li> </ul>	
Staffing requirement for every 3 <sup>rd</sup> weekend	
Achievement of 85% of required objectives	
For remaining 15% of objectives not marked as achieved, satisfactory progress has been obtained	

**Resident Evaluation Process**

Preceptors should not wait until the end of a learning experience to discuss significant concerns with the resident regarding their performance. Likewise, a resident should not wait until the end of a learning experience to discuss concerns with the learning experience or the preceptor. Written evaluations

should reflect the ongoing dialogue between receptor and resident throughout the learning experience.

Feedback on performance, given by the preceptor or the resident, should be constructive, honest, and tactful. The goal is to improve performance. Feedback should be without fear of reprisal for both the preceptor and resident.

The required evaluations and their required frequencies are listed below for each type of learning experience:

#### Learning Experiences

Learning experiences require a Summative Evaluation, Learning Experience evaluation and Preceptor Evaluation. PharmAcademic will send reminders for completion. These evaluations should be completed within 7 days of the resident completing a learning experience.

#### Resident's Individual Customized Plan & Evaluation

At the beginning of the residency year and quarterly, the Residency Program Director along with the Resident Advisor, and Residency Advisory Committee will evaluate the resident's progress and the resident will self-evaluate their own progress. The resident, Residency Program Director, and Resident Advisor will meet quarterly and provide necessary information and feedback to optimize the residency learning experience.

Items to be discussed and evaluated during the quarterly evaluation:

1. Evaluation and/or progress report on general requirements  
Things that would fall in this category include learning experiences completed, DUE, residency research project progress, case presentations, journal club, and longitudinal experiences.
2. Clinical skills and knowledge base
3. Staffing responsibilities
4. Teaching skills
5. Progress toward individual goals and objectives

**Updated: 6-2019**