



Department of Pharmacy Services

**PGY1 – Pharmacy Residency Program
PGY2 – Pediatric Pharmacy Residency Program
PGY1 Pharmacy & PGY2 Corporate Pharmacy Administration and
Leadership (CPAL) with Masters Residency Program**

2025 – 2026 HANDBOOK

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THE HOSPITAL

Opened in 1855 as the nation's first children's hospital, Children's Hospital of Philadelphia is dedicated to improving the health of children in our region and around the globe through excellence in patient care, innovative research and high-quality education. The US News and World Report annual guide to "America's Best Hospitals" and *Parents* magazine have consistently ranked the hospital among the best in pediatric hospitals in the US. Children's Hospital of Philadelphia is a tertiary care facility and Level I trauma center serving the Delaware Valley, a tri-state area consisting of southeastern Pennsylvania, southern New Jersey, and Delaware. Children's Hospital of Philadelphia also regularly accepts international referrals from Europe, Africa, and the Far East. Today, the Hospital has over 600 beds and had more than 1 million outpatient and inpatient visits last year.

Children's Hospital of Philadelphia is also a teaching hospital, training pediatricians, pediatric subspecialists, pharmacists, nurses, other health care professionals and basic scientists for positions in academic medicine, community practice, and medical research around the world.

HOSPITAL MISSION STATEMENT

Children's Hospital of Philadelphia, the oldest hospital in the United States dedicated exclusively to pediatrics, strives to be the world leader in the advancement of healthcare for children by integrating excellent patient care, innovative research, and quality professional education into all of its programs.

Research

Children's Hospital is committed to researching and finding cures for chronic and fatal pediatric illnesses. Our physician-researchers draw on the latest available information about the human genome to customize therapies to variations in genetic makeup. Oncologists are working on therapeutic vaccines for children that teach patients' healthy cells to recognize and fight cancer. Other researchers are investigating prenatal stem-cell transplants to improve treatments for a variety of diseases including muscular dystrophy, leukemia & sickle cell disease.

Family-centered care

The Hospital was one of the first in the United States to recognize the importance of treating all aspects of the patient, including emotional well-being and that of the child's family. We work to educate families as partners in their children's care, and we rely on their feedback to improve our services. The Child Life, Education and Creative Arts Therapy Department is designed to nurture the hearts and minds of patients and families while caregivers treat the body.

Education and advocacy

Children's Hospital healthcare providers also are aware that preventing disease is at least as important as treating illnesses. Current advocacy programs include those to prevent HIV and asthma, as well as early intervention to best prepare children for school and to help chronically ill young adults live on their own.

Since its founding in 1855, Children's Hospital of Philadelphia has fostered some of the nation's pioneers in pediatric medicine and continues to be the premier training ground for future pediatric leaders.

We have been the first to contribute many innovations to the field. Our commitment to improving the health of all children has remained constant over 150 years. We have had major accomplishments and have significant programs in a variety of areas including cardiac, genetic and cancer research; and fetal surgery, neonatology and automobile safety research. The Hospital has pioneered several vaccines against childhood illness, and our scientists continue to investigate new vaccines to fight deadly diseases.

Like our founders, physicians and staff today at Children's Hospital of Philadelphia share the common goal to make sick children well and to secure a healthy future for families.



HOSPITAL VALUES & SERVICE STANDARDS

The values and standards of The Children's Hospital of Philadelphia support our mission and are tools to guide us through our positions on a day-to-day basis, as well as through organization-wide changes.

Values (ICARE)

At Children's Hospital of Philadelphia, we are committed to making breakthroughs for children every day. We advance health care for children through the integration of family-centered, safe, and high-quality care with innovative research and quality professional education. Every employee has the ability and opportunity to contribute to breakthroughs in care and service, whether large or small. By defining our collective values, we create the framework for delivering these breakthroughs as we partner with the children and families we serve.

We embrace the following values in all we do:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Service Standards

Everyone who works here is dedicated to creating an environment in which families feel welcome, respected, and confident that their child is receiving the best care. By doing so, we also create an environment in which each employee can flourish, feel valued and contribute to making new breakthroughs for children.

- Be Present, Physically and Mindfully
- Communicate Clearly
- Practice with a Questioning Attitude
- Take Ownership to Solve Problems
- Support Each Other
- Apologize with Empathy and Without Blame
- Show Care through Tone and Non-Verbal Communications
- Express Thanks, Appreciation and Admiration

PHARMACY DEPARTMENT MISSION AND PRIMARY FUNCTION

Mission: The Department of Pharmacy Services at Children’s Hospital of Philadelphia (CHOP, “the institution”) is dedicated to providing pharmaceutical care that is of the highest quality and safety, integrating dispensing and clinical activities directed toward providing excellence in patient care and the advancement of education and research in an environment of professionalism, respect and effective communication.

Vision / Goals: The vision and goals of the Department of Pharmacy Services support the departmental and institutional Mission Statements and align with CHOP’s foundation of making breakthroughs for children every day; integration of family-centered care that is safe, effective, and of high-quality; supports innovation and research; and provides high-quality education, while upholding the institution’s core values of integrity, compassion, accountability, respect, and excellence.

Values and Service Standards: In addition to taking the lead in all institutional matters related to the use of drugs, the Department of Pharmacy supports CHOP and its Service Standards by:

- Collaborating with physicians and other allied healthcare providers to promote health across the patient care continuum through optimal and cost-effective use of medications.
- Working with physicians and other allied healthcare providers to actively promote programs that enhance knowledge and the optimal use of medications.
- Supporting the concept of patient-focused, outcome-oriented, pharmaceutical care.
- Participating in or supporting basic and clinical research activities that advance pediatric treatment modalities or delivery systems.

PHARMACY DEPARTMENT FACILITIES AND STAFF

The Department of Pharmacy Services provides pharmaceutical care through decentralized teams of staff pharmacists and technicians to meet the needs of patients and health care professionals. The Department maintains state-of-the-art inpatient satellites, off-site surgi-center pharmacies, and an oncology care clinic pharmacy. Pharmacy personnel consists of over 20 clinical pharmacy specialists, over 75 staff pharmacists, 80 pharmacy technicians, 20 administrative staff, 4 residents, 12 support staff and 14 pharmacy interns.

Our clinical pharmacy specialists are highly trained in pediatric pharmacotherapy and specialize in the following areas:

- Acute Care, Pediatrics
- Cardiology / Cardiac Intensive Care
- Neonatal and Infant Intensive Care
- Pediatric Intensive Care
- Investigational Drug Services
- Infectious Diseases
- Oncology / Bone Marrow Transplantation
- Transplantation
- Emergency Medicine
- Toxicology / Poison Control
- Drug Information
- Psychiatry / Behavioral Health

The Department of Pharmacy Services, through our pediatric specialists, provides a full complement of clinical services including:

- Drug information
- Pharmacokinetics and pharmacotherapy consultations
- 24 hours a day, 7 days a week clinical on-call service
- Discharge medication counseling
- Emergency / code response
- Medication policy development
- Professional staff development

In addition, our specialists are integral members of multidisciplinary committees, such as the Therapeutic Standard Committee, Adverse Drug Reactions Subcommittee, Drug Use Evaluation Subcommittee, Formulary Subcommittee, Medication Safety Committee, Institutional Review Board and various Continuous Quality Improvement Committees (CQI).

PHARMACY CARE SERVICES

The Department of Pharmacy provides services to patients at the Children's Hospital of Philadelphia, the Children's Seashore House of the Children's Hospital of Philadelphia, Ambulatory Oncology Pharmacies and Ambulatory Surgical Centers. The patient population served includes neonates, infants (birth to 12 months), toddlers (1-<3 years old), preschoolers (3-5 years), school age (6-9 years), pre-adolescents (10-<13 years), adolescents (13-16 years), young adults up to 18 years of age and have been a life-long patient, adults with pediatric disease states, obstetric patients, and patients in the ambulatory environment.

Pharmacists routinely assess pertinent patient information, such as demographic data, vital signs, laboratory values, medication regimens, medication compliance, and health insurance coverage. Pharmacists collaborate with all members of the healthcare team, patients, and their caregivers to provide value-based, patient-centered care.

Pharmacy technicians, pharmacist assistants, and pharmacy students assist in the delivery of pharmaceutical care under the direct supervision of a pharmacist. Established policies, procedures, protocols, therapeutic guidelines, and standards of pharmacy practice are followed as part of the pharmaceutical care services process

Pharmacist patient care services are provided to all patients who receive medications. Pharmacists provide collaborative and interdisciplinary care in a cost-effective, evidence-based manner to improve patient outcomes. Standards of practice established by the American Society of Health-Systems Pharmacists, The Joint Commission, the Pennsylvania Board of Pharmacy, the United States Pharmacopeia, and the Food and Drug Administration provide guidance for establishing pharmacy services. The processes by which these services are provided are as follows:

- All new medication orders are reviewed for appropriateness by a pharmacist to determine the presence of medication therapy problems in a patient's current medication therapy, including, for example, any of the following:
 - Medication used with no medical indication;
 - Medication prescribed inappropriately for a particular medical condition;
 - Immunization regimen is incomplete
 - Current medication therapy regimen is inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration);
 - There is therapeutic duplication;
 - Patient allergies pose risk with current medication selection;
 - There are adverse drug- or device-related events requiring intervention or potential for such events;
 - There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions;
 - Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others;

- There are needed laboratory or other assessments to ensure safe and effective medication therapy that have not been ordered or assessed;
 - Patient is not receiving full benefit of prescribed medication therapy;
- Pharmaceutical needs of the patient are reassessed on an as-needed basis as the patient's condition changes. Ongoing assessment of the individual patient's needs through participation on medical rounds, review of the electronic medical record, daily review of medication profiles and laboratory data, and consultation with team members ensures optimum medication therapy is prescribed. In addition, pharmacists coordinate the ordering, timing, and evaluation of serum drug concentrations, adjust doses for altered renal function, intermittent dialysis, and continuous renal replacement therapy, convert routes of medication administration, modify therapy to standardized doses as needed, and provide recommendations for pharmacokinetic follow-up for appropriate drugs.
 - Pharmacists direct appropriate medication use and administration through the development and maintenance of guidelines, protocols, and other references for clinical personnel.
 - Patient progress and recommendations regarding medication use are communicated to the primary provider and documented in pharmacy monitoring notes and in progress notes in the permanent medical record.
 - Pharmacists play a role in the development and implementation of discharge plans of care for patients. Responsibilities include educating patients and/or caregivers, facilitating safe transitions of care. Pharmacists reconcile discharge medication orders with the patient's inpatient and pre-hospitalization home medication regimens to assure safe transitions of care and appropriateness of medication use to reduce the risk of readmissions due to inappropriate medication use or follow up.
 - Pharmacists control the drug distribution systems to ensure that the right medication and dose are administered via the right route to the right patient at the right time, and maintain the safety and efficiency of the medication use system.
 - Pharmacists assist in the monitoring, prevention, reporting and coordination of performance improvement activities across the continuum of care. Pharmacists especially provide oversight for adverse drug events, drug interactions, and medication errors.
 - Pharmacists develop, maintain, monitor, and enforce medication use policies, guidelines, and formulary restrictions in order to decrease variability, improve quality, and decrease cost. Patient population assessments are accomplished through medication use evaluation studies and reviewing compliance with established therapeutic and clinical guidelines. These evaluations are used to

improve organizational performance through collaborative performance improvement initiatives.

- Pharmacists assist in the development, implementation, and maintenance of decision support software systems aimed at decreasing overall healthcare costs and improving the quality of care provided to patients. These services assist with enforcing standards of care, institutional guideline adherence, and regulatory compliance.
- Pharmacists assist in optimizing the use of automation and information technology to further enable the development of the professional role of the pharmacist and the clinical services they provide by promoting the efficient use of healthcare resources.
- Pharmacists provide reliable drug information to physicians, nurses, patients, caregivers, and other members of the health care team to promote the safe, effective, efficient, and patient-centered use of medication therapy.
- Pharmacists help to educate future caregivers by serving as preceptors to pharmacy students and pharmacy residents, and are involved with continuing education through the provision of in-services for pharmacists and other healthcare professionals. Pharmacists also take an active role in providing medication therapy teaching to medical residents and other professional students in interdisciplinary care settings.
- Pharmacists serve on department- and organization-wide committees to promote family-centered, value-based care.
- The pharmacy department's Investigation Drug Service provides research support, protocol review, protocol activation, protocol closeout, drug development tracking, budgeting recommendations, and accountability for all applicable regulatory requirements for conducting medication-related research.
- Pharmacy staff members coordinate the storage, preparation and distribution of all medications, including sterile products, and ensure full compliance with national standards of practice.
- Pharmacy staff members developed processes to monitor medication shortages and collaborate with physicians to determine appropriate alternative therapies. Combined management of the electronic medical record allows rapid dissemination of drug shortage management strategies to providers and allied health professionals across the health system.

RESIDENCY STATEMENTS OF PURPOSE

PGY1 Pharmacy Residency Program

The CHOP PGY1 Pharmacy Residency Program builds on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY2 Pediatric Pharmacy Residency Program

The purpose of the PGY2 Pediatric Pharmacy Residency at Children's Hospital of Philadelphia is to build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in pediatrics. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification (BCPPS).

PGY1 Pharmacy & PGY2 Corporate Pharmacy Administration and Leadership (CPAL) with Masters Residency Program (PGY1/PGY2 CPAL)

The purpose of the combined PGY1/PGY2 Corporate Pharmacy Administration and Leadership (CPAL) with Masters residency provided in partnership by CHOP and Cencora is to prepare a resident to assume high level managerial, supervisory, and leadership responsibilities within pharmacy. The PGY1 portion of this residency program will build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacy skills. During the PGY2 CPAL year, the program will build upon a PGY1 residency graduates' competence (following completion of the PGY1 Program at CHOP) in the delivery of patient-centered care and in pharmacy operational services. This combined residency program will provide residents with opportunities to experience and build knowledge in safe and effective medication-use systems, quality assurance and improvement, the development of strategic sourcing initiatives utilizing clinical expertise, the use of advanced literature analysis skills, the management of human resources, the management of financial resources, use of technology, and advanced leadership. Residents who successfully complete an accredited combined PGY1/PGY2 Corporate Pharmacy Administration and Leadership residency will have a strong foundation for continued growth in management and leadership skills, preparing them for a clinical or operational management/supervisory role in a variety of work settings.

ASHP ACCREDITATION STANDARD FOR POSTGRADUATE PHARMACY RESIDENCY PROGRAMS

Abbreviated. Full standards document can be found at www.ashp.org

The ASHP Accreditation Standard for Postgraduate Residency Programs (The Standard) establishes criteria for the training of pharmacists to achieve professional competence in the delivery of patient-centered care, leadership, and pharmacy services.

Application of The Standard

The requirements defined in The Standard serve as the basis for evaluating all residency programs and will be used in conjunction with the Competency Areas, Goals, and Objectives for individual program types to assess residency programs' fulfillment of the corresponding Purpose.

The Standard describes the criteria used in evaluation of programs that apply for accreditation and reaccreditation of their programs. The policies governing the accreditation process and procedures for seeking and maintaining accreditation are described in the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

The accreditation process is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with other pharmacy associations including the American Pharmacists Association (APhA), the Academy of Managed Care Pharmacy (AMCP), the American College of Clinical Pharmacy (ACCP), and the American Association of Colleges of Pharmacy (AACCP).

The Guidance provides interpretation of The Standard. *Guidance and How It Will Be Surveyed* describes how compliance with The Standard will be evaluated by accreditation surveyors.

Overview of The Standard

Standard 1: Recruitment and Selection of Residents

Standard 1 provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy, and support the organizations' mission and values.

Standard 2: Program Requirements and Policies

Standard 2 details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and, requirements of *ASHP Regulations on Accreditation of Pharmacy Residencies* and *ASHP Duty Hour Requirements for Pharmacy Residencies*.

Standard 3: Structure, Design, and Conduct of the Residency Program

Standard 3 defines required components of program structure, design, and conduct. It is important that the program's structure and design enable residents to achieve the purpose of the residency program through skill development in the program's required competency areas. Requirements for oversight of residents' development, formative and summative evaluations, and self-assessment are defined.

Standard 4: Requirements of the Residency Program Director and Preceptors

Standard 4 defines eligibility and qualification requirements for residency program directors (RPDs) and preceptors as well as requirements for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

Standard 5: Pharmacy Services

Standard 5 serves as a guide to best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department that are applicable to all practice environments. Each standard applies to all practice environments, unless otherwise indicated.

PGY1 Pharmacy Residency

ASHP COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR PGY1 PHARMACY RESIDENCIES (2024)

Abbreviated. Full standards document can be found at www.ashp.org

Introduction

The Postgraduate Year One (PGY1) Competency Areas, Goals, and Objectives (CAGOs) outlined below are for use in conjunction with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs*. The four competency areas (Patient Care, Practice Advancement, Leadership, Teaching and Education) and their associated goals and objectives are required and must be included in all programs.

Each objective has been classified according to educational taxonomy and appropriate level of learning and are to be achieved through the completion of activities. An explanation of the taxonomies is available elsewhere.

Progress toward achievement of a specific objective is assessed using criteria. The use of criteria-based evaluations is required by the Standard for both formative and summative assessments.

Definitions of Educational Terminology

Competency Areas: Categories of the residency graduates' capabilities.

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives (Objective): Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Activities: The Standard requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Please see specific learning experience descriptions in PharmAcademic for indicated activities.

Required Competency Areas

Competency Area R1: Patient Care

- Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
 - Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
 - Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
 - Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
 - Objective R1.1.4: (Applying) Implement care plans.

- Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
- Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
- Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
 - Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
 - Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
 - Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
- Goal R1.3: Promote safe and effective access to medication therapy.
 - Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
 - Objective R1.3.2: (Applying) Participate in medication event reporting.
 - Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.
- Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).
 - Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
 - Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

Competency Area R2: Practice Advancement

- Goal R2.1: Conduct practice advancement projects.
 - Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
 - Objective R2.1.2: (Creating) Develop a project plan.
 - Objective R2.1.3: (Applying) Implement project plan.
 - Objective R2.1.4: (Analyzing) Analyze project results.
 - Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
 - Objective R2.1.6: (Creating) Develop and present a final report.

Competency Area R3: Leadership

- Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
 - Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.

- Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.
- Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.
 - Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
 - Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
 - Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
 - Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Competency Area R4: Teaching and Education

- Goal R4.1: Provide effective medication and practice-related education.
 - Objective R4.1.1: (Creating) Construct educational activities for the target audience.
 - Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
 - Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
 - Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.
- Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.
 - Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.

DESCRIPTION OF THE PGY1 PHARMACY RESIDENCY

The PGY1 Pharmacy Residency Program is a one-year (52 weeks) training program that begins at the end of June/beginning of July and runs through June 30th of the following year. The residency program is accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY1 Pharmacy Residency Program will be conferred to the resident at the completion of the program requirements.

The residency is designed to foster clinical competency in pharmacotherapeutics, an understanding of the practical and administrative considerations of providing pharmaceutical care and an introduction to clinical research. The resident will function as an active member of various multidisciplinary medical teams. They will be able to tailor the learning experiences to best meet their professional goals.

Required 4 week learning experiences include:

- Orientation*
- Drug Information
- Acute Care**
- Oncology
- Pharmacy Administration and Management
- Intensive Care (Selective)
 - Pediatric Intensive Care Unit
 - Cardiac Intensive Care Unit
 - Neonatal/Infant Intensive Care Unit
- Ambulatory Clinic / Specialty Pharmacy (Selective)
 - Cystic Fibrosis Clinic
 - Rheumatology / GI Clinic

* Orientation will be approximately 7 weeks long

** Acute Care experience will be 5 weeks long

Elective learning experiences include:

- Any intensive care unit (selective) experience not completed as a required experience
- Cardiac Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit II
- Pediatric Intensive Care Unit II
- Emergency Department
- Acute Care II
- Oncology II
- Infectious Diseases
- Pharmacy Administration and Management II
- Home Care, Specialty, and Retail Pharmacy Operations
- Home Care
- Satellite / Regional Hospital Pharmacy Operations

- Supply Chain Management (provided by Cencora)
- Poison Center
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Required longitudinal experiences include:

- Drug Use Evaluation (40 weeks)
- Pharmacy Operations and Administrator On-Call (48 weeks)
- Medication Safety (40 weeks)
- Recruitment (32 weeks)
- Practice Advancement Project (50 weeks)
- Teaching (40 weeks)
- Presentations (scheduled based on other learning experiences)
 - Journal Clubs (3 required)
 - Learning Experience Presentations (4 required)

The resident provides a service commitment to the hospital every third weekend, alternating weekend responsibilities between administrator on-call and order verification or triage shifts.

The resident will attend the ASHP Midyear Clinical Meeting in December and the Eastern States Residency Conference in April or May of their residency year. The resident is also encouraged to attend local pharmacy meetings as well.

	LONGITUDINAL Learning Experiences							OTHER
	Pharmacy Operations and Administrator On-Call	Drug Information	Drug Use Evaluation	Medication Safety	Project	Recruitment	Teaching	Presentations (Cases, Journal Clubs)
Duration (week)	48	48	48	48	48	28	40	on demand
(R)quired or (E)jective	R	R	R	R	R	R	R	R
Direct Patient Care (Y/N/TBD)	Y	Y	N	N	N	N	N	N
*Highlighted are Program Core Objectives (6 must ACHR for certificate) Objective is BOLD equate ACHS for certificate								
R1.1 Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	TE							
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE							
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.								
R1.1.4: (Applying) Implement care plans.								
R1.1.5: Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.								
R1.1.6: Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.								
R1.2: Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.	TE							
R1.2.2: Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.								
R1.2.3: Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.								
R1.3: Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.	TE	TE						
R1.3.2: Objective R1.3.2: (Applying) Participate in medication event reporting.				TE				
R1.3.3: Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE							
R1.4: Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.			TE	TE				
R1.4.2: Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.		TE						
R2.1: Objective R2.1.1: (Evaluating) Identify a project topic or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or institutional case in knowledge related to patient care.	TE	TE	TE	TE	TE			
R2.1.2: Objective R2.1.2: (Creating) Develop a project plan.					TE			
R2.1.3: Objective R2.1.3: (Applying) Implement project plan.		TE			TE			
R2.1.4: Objective R2.1.4: (Analyzing) Analyze project results.			TE		TE			
R2.1.5: Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.			TE	TE	TE			
R2.1.6: Objective R2.1.6: (Creating) Develop and present a final report.			TE		TE			
R3.1: Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.								
R3.1.2: Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.								
R3.2: Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.						TE		
R3.2.2: Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.								
R3.2.3: Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.								
R3.2.4: Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.							TE	
R4.1.1: Objective R4.1.1: (Creating) Construct educational activities for the target audience.							TE	TE
R4.1.2: Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE	TE					TE	TE
R4.1.3: Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.							TE	TE
R4.1.4: Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.							TE	TE
R4.2: Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.							TE	TE

PGY2 Pediatric Pharmacy Residency

ASHP COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) PEDIATRIC PHARMACY RESIDENCIES (2016)

Abbreviated. Full standards document can be found at www.ashp.org

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs*. The first five competency areas described herein are required, and the others are elective.

The required competency areas and all of the goals and objectives they encompass must be included in all programs. Programs may add one or more additional competency areas. Each of the goals encompassed by the program's selected program competency areas (required and additional) must be evaluated at least once during the residency year.

Each of the objectives listed in this document has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.

PGY2 competency areas, goals, and objectives in pediatric pharmacy are differentiated from those from PGY1 by specialization and the expectation of PGY2 residents for greater work competence and proficiency.

Definitions of Educational Terminology

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

- *Required:* Five competency areas are required - all programs must include them and all their associated goals and objectives.
- *Additional (for program):* Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.
- *Elective (for specific residents):* Competency area(s) or specific goals and objectives within the competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives (Objective): Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Activities: The *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs* requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Please see specific learning experience descriptions in PharmAcademic for indicated activities.

Competency Area R1: Patient Care

- Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to pediatric patients following a consistent patient care process.
 - Objective R1.1.1: (Applying) Interact effectively with health care teams to manage pediatric patients' medication therapy.
 - Objective R1.1.2: (Applying) Interact effectively with pediatric patients, family members, and caregivers.
 - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for pediatric patients.
 - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for pediatric patients.
 - Objective R1.1.5: (Creating) Design and/or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for pediatric patients.
 - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for pediatric patients by taking appropriate follow-up actions.
 - Objective R1.1.7: (Applying) For pediatric patients, document direct patient care activities appropriately in the medical record or where appropriate.
 - Objective R1.1.8: (Applying) Demonstrate responsibility to pediatric patients.
- Goal R1.2: Ensure continuity of care during transitions of pediatric patients between care settings.
 - Objective R1.2.1: (Applying) Manage transitions of care effectively for pediatric patients.
- Goal R1.3: Manage and facilitate delivery of medications to support safe and effective drug therapy for pediatric patients.
 - Objective R1.3.1: (Applying) Prepare and dispense medications for pediatric patients following best practices and the organization's policies and procedures.
 - Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management for pediatric patients.
 - Objective R1.3.3: (Applying) Facilitate aspects of the medication-use process for pediatric patients.

Competency Area R2: Advancing Practice and Improving Patient Care

- Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for pediatric patients, as applicable to the organization.
 - Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of pediatric patients including proposals for medication-safety technology improvements.
 - Objective R2.1.2: (Evaluating) Participate in a medication-use evaluation or quality improvement audit related to care for pediatric patients. (Guidance: This should not be the major project but may be part of the project.)

- Objective 2.1.3: (Applying) Participate in the review of medication event reporting and monitoring related to care for pediatric patients.
- Objective 2.1.4: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for pediatric patients.
- Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.
 - Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.
 - Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.
 - Objective 2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.
 - Objective R2.2.4 (Applying) Implement a quality improvement or research project to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.
 - Objective R2.2.5: (Evaluating) Assess changes made to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.
 - Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy at a local, regional, or national conference. (The presentation can be virtual.)

Competency Area R3: Leadership and Management

- Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of care for pediatric patients.
 - Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for pediatric patients.
 - Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for pediatric patients.
- Goal R3.2: Demonstrate management skills in the provision of care for pediatric patients.
 - Objective R3.2.1: (Applying) Contribute to pediatric pharmacy departmental management.
 - Objective R3.2.2: (Applying) Contribute the pediatric pharmacist's perspective to technology and automation systems decisions.
 - Objective R3.2.3: (Applying) Manage one's own pediatric pharmacy practice effectively.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

- Goal R4.1: Provide effective medication and practice-related education to pediatric patients, caregivers, health care professionals, students, and the public (individuals and groups).
 - Objective R4.1.1: (Applying) Establish oneself as an organizational expert for pediatric pharmacy- related information and resources.
 - Objective R4.1.2: (Applying) Ensure appropriate pediatric pharmacy resources are available.
 - Objective R4.1.3: (Applying) Design effective educational activities related to the care of pediatric patients.
 - Objective R4.1.4: (Applying) Use effective presentation and teaching skills to deliver education related to pediatric pharmacy.
 - Objective R4.1.5: (Applying) Use effective written communication to disseminate knowledge related to pediatric pharmacy.
 - Objective R4.1.6: (Applying) Appropriately assess effectiveness of education related to pediatric pharmacy.
 - Objective R4.1.7: (Applying) Provides effective patient and caregiver education.
- Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals about the care of pediatric patients.
 - Objective R4.2.1: (Analyzing) When engaged in teaching about the care of pediatric patients, select a preceptor role that meets learners' educational needs.
 - Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of pediatric patients.

Competency Area R5: Management of Medical Emergencies

- Goal R5.1: Demonstrate understanding of the management of pediatric medical emergencies.
 - Objective R5.1.1: (Applying) Demonstrate understanding of the management of pediatric medical emergencies according to the organization's policies and procedures.

DESCRIPTION OF THE PGY2 PEDIATRIC PHARMACY RESIDENCY

The Pediatric Pharmacy Residency Program is a one-year (52 weeks) training program lasting from the first week in July through June 30th of the following year. The residency program is accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY2 Pediatric Pharmacy Residency Program will be conferred to the resident upon the successful completion of the program requirements.

The residency is designed to foster clinical expertise in pediatric pharmacotherapeutics, an understanding of the practical and administrative considerations of providing pharmaceutical care to pediatric patients and experience in teaching as well as clinical research. The resident will function as an active member of various multidisciplinary pediatric teams. They will be able to tailor learning experiences to best meet their professional goals. The residency program consists of approximately eight months of required learning experiences and four months of elective learning experiences.

Required 4 week learning experiences include:

- Orientation
- Clinical On-Call (1 week)
- Acute Care
- Cardiac Intensive Care Unit
- Neonatal / Infant Intensive Care Unit
- Pediatric Intensive Care Unit
- Oncology
- Solid Organ Transplant
- Teaching (Experiential)

Elective learning experiences include:

- Acute Care II
- Cardiac Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit III
- Pediatric Intensive Care Unit II
- Poison Center
- Infectious Diseases
- Informatics
- Emergency Department
- Oncology II
- Solid Organ Transplant II
- Pharmacy Administration and Management
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Required longitudinal experiences include:

- Drug Information (40 weeks)
- Educational Module Development and Delivery (32 weeks)
- Pharmacy Operations and Order Verification (48 weeks)
- Clinical On-Call (48 weeks)
- Code Response (50 weeks)
- Medication Safety / Regulatory Compliance (52 weeks)
- Research (50 weeks)
- Recruitment (32 weeks)
- Teaching (20 weeks)
- Presentations
 - Journal Clubs (3)
 - Learning Experience Presentations (4)

The resident provides a service commitment to the hospital every three weeks, alternating weekend responsibilities between administrator on-call (first half of the year), clinical on-call (second half of the year) and order verification or triage shifts.

The resident will attend the ASHP Midyear Clinical Meeting in December and an associated specialty meeting (e.g., PPA) in the spring of their residency year. The resident is also encouraged to attend local pharmacy meetings.

PGY2 Pediatric Learning Experience Competency Areas Grid

		BLOCK Learning Experiences											
		Orientation	Patient Care Experiences										
			Clin 1	Clin 2	Clin 3	Clin 4	Clin 5	Clin 6	Teaching (Experiential)	Elective (goals to be customized)	Elective (goals to be customized)	Elective (goals to be customized)	Elective (goals to be customized)
Duration (weeks)		3 if returning resident 8 if new to CHOP	4	4	4	4	4	4	5	4	4	4	4
(R)required or (E)elective		R	R	R	R	R	R	R	R	E	E	E	E
Direct Patient Care (Y/N/TBD)		Y	Y	Y	Y	Y	Y	Y	Y	TBD	TBD	TBD	TBD
Highlighted are Program Core Objectives (6 must ACHR for certificate)													
Objectives in BOLD require ACHRI for certificate													
R1.11	Objective R1.11: (Applying) Interact effectively with health care teams to manage pediatric patients' medication therapy.		TE		TE		TE						
R1.12	Objective R1.12: (Applying) Interact effectively with pediatric patients, family members, and caregivers.		TE			TE		TE					
R1.13	Objective R1.13: (Analyzing) Collect information on which to base safe and effective medication therapy for pediatric patients.		TE	TE			TE						
R1.14	Objective R1.14: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for pediatric patients.				TE	TE		TE					
R1.15	Objective R1.15: (Creating) Design and/or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for pediatric patients		TE	TE	TE								
R1.16	Objective R1.16: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for pediatric patients by taking appropriate follow-up actions.					TE	TE	TE					
R1.17	Objective R1.17: (Applying) For pediatric patients, document direct patient care activities appropriately in the medical record or where appropriate.		TE		TE		TE						
R1.18	Objective R1.18: (Applying) Demonstrate responsibility to pediatric patients			TE		TE		TE					
R1.21	Objective R1.21: (Applying) Manage transitions of care effectively for pediatric patients.				TE		TE	TE					
R1.31	Objective R1.31: (Applying) Prepare and dispense medications for pediatric patients following best practices and the organization's policies and procedures.	TE											
R1.32	Objective R1.32: (Applying) Manage aspects of the medication-use process related to formulary management for pediatric patients.												
R1.33	Objective R1.33: (Applying) Facilitate aspects of the medication-use process for pediatric patients.	TE											
R2.11	Objective R2.11: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of pediatric patients including proposals for medication-safety technology improvements.												
R2.12	Objective 2.12: (Evaluating) Participate in a medication-use evaluation or quality improvement audit related to care for pediatric patients. (Guidance: This should not be the major project but may be part of the project.)												
R2.13	Objective 2.13: (Applying) Participate in the review of medication event reporting and monitoring related to care for pediatric patients.												
R2.14	Objective 2.14: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for pediatric patients.												
R2.2.1	Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.												
R2.2.2	Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.												
R2.2.3	Objective 2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.												
R2.2.4	Objective R2.2.4: (Applying) Implement a quality improvement or research project to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.												
R2.2.5	Objective R2.2.5: (Evaluating) Assess changes made to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.												
R2.2.6	Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy at a local, regional, or national conference. (The presentation can be virtual.)												

R3.11	Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for pediatric patients.			TE	TE		TE							
R3.12	Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for pediatric patients.		TE	TE		TE								
R3.21	Objective R3.2.1: (Applying) Contribute to pediatric pharmacy departmental management.													
R3.22	Objective R3.2.2: (Applying) Contribute the pediatric pharmacist's perspective to technology and automation systems decisions.	TE												
R3.23	Objective R3.2.3: (Applying) Manage one's own pediatric pharmacy practice effectively.	TE		TE		TE		TE						
R4.11	Objective R4.1.1: (Applying) Establish oneself as an organizational expert for pediatric pharmacorelated information and resources.	TE							TE					
R4.12	Objective R4.1.2: (Applying) Ensure appropriate pediatric pharmacy resources are available.	TE												
R4.13	Objective R4.1.3: (Applying) Design effective educational activities related to the care of pediatric patients.									TE				
R4.14	Objective R4.1.4: (Applying) Use effective presentation and teaching skills to deliver education related to pediatric pharmacy.													
R4.15	Objective R4.1.5: (Applying) Use effective written communication to disseminate knowledge related to pediatric pharmacy.	TE												
R4.16	Objective R4.1.6: (Applying) Appropriately assess effectiveness of education related to pediatric pharmacy.										TE			
R4.17	Objective R4.1.7: (Applying) Provides effective patient and caregiver education.		TE (DMC)	TE (DMC)	TE (DMC)	TE (DMC)	TE (DMC)	TE (DMC)						
R4.21	Objective R4.2.1: (Analysing) When engaged in teaching about the care of pediatric patients, select a preceptor role that meets learners' educational needs.										TE			
R4.22	Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of pediatric patients.										TE			
R5.11	Objective R5.1.1: (Applying) Demonstrate understanding of the management of pediatric medical emergencies according to the organization's policies and procedures.	TE	Include at discretion of learning experience preceptor(s), but HIGHLY encouraged for ICU based rotations											

		LONGITUDINAL Learning Experiences									
		Drug Information	Medication Safety/ Regulatory Compliance	Clinical On-Call (1 week block+ longitudinal)	Teaching	Education Module Development and Delivery	Pharmacy Operations and Order Verification	Code Response	Presentations	Recruitment	Research Project
	Duration (weeks)	40	36	1+ 48	20	32	48	50	on demand	32	n/a
	(R)quired or (E)lective	R	R	R	R	R	R	R	R	R	R
	Direct Patient Care (Y/N/U/TBD)	Y	N	Y	N	N	Y	Y	N	N	N
Highlighted are Program Core Objectives (6 must ACHR for certificate)											
Objectives in BOLD require ACHR for certificate											
R1.11	Objective R1.11: (Applying) Interact effectively with health care teams to manage pediatric patients' medication therapy.						TE				
R.1.12	Objective R1.12: (Applying) Interact effectively with pediatric patients, family members, and caregivers.										
R1.13	Objective R1.13: (Analyzing) Collect information on which to base safe and effective medication therapy for pediatric patients.			TE			TE				
R.1.14	Objective R1.14: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for pediatric patients.			TE			TE				
R1.15	Objective R1.15: (Creating) Design and/or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for pediatric patients.			TE							
R.1.16	Objective R1.16: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for pediatric patients by taking appropriate follow-up actions.										
R1.17	Objective R1.17: (Applying) For pediatric patients, document direct patient care activities appropriately in the medical record or where appropriate.			TE							
R.1.18	Objective R1.18: (Applying) Demonstrate responsibility to pediatric patients.			TE							
R1.21	Objective R1.21: (Applying) Manage transitions of care effectively for pediatric patients.										
R1.31	Objective R1.31: (Applying) Prepare and dispense medications for pediatric patients following best practices and the organization's policies and procedures.						TE				
R1.32	Objective R1.32: (Applying) Manage aspects of the medication-use process related to formulary management for pediatric patients.	TE					TE				
R1.33	Objective R1.33: (Applying) Facilitate aspects of the medication-use process for pediatric patients.						TE				
R2.11	Objective R2.11: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of pediatric patients including proposals for medication-safety technology improvements.	TE									
R2.12	Objective 2.12: (Evaluating) Participate in a medication-use evaluation or quality improvement audit related to care for pediatric patients. (Guidance: This should not be the major project but may be part of the project.)	TE									
R2.13	Objective 2.13: (Applying) Participate in the review of medication event reporting and monitoring related to care for pediatric patients.		TE								
R2.14	Objective 2.14: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for pediatric patients.	TE	TE								
R2.21	Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.										TE
R2.22	Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.										TE
R2.23	Objective 2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy.										TE
R2.24	Objective R2.2.4: (Applying) Implement a quality improvement or research project to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.										TE
R2.25	Objective R2.2.5: (Evaluating) Assess changes made to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy.										TE
R2.26	Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy at a local, regional, or national conference. (The presentation can be virtual.)										TE

R3.11	Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for pediatric patients.			TE						
R3.12	Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for pediatric patients.									
R3.21	Objective R3.2.1: (Applying) Contribute to pediatric pharmacy departmental management.	TE							TE	
R3.22	Objective R3.2.2: (Applying) Contribute the pediatric pharmacist's perspective to technology and automation systems decisions.	TE								
R3.23	Objective R3.2.3: (Applying) Manage one's own pediatric pharmacy practice effectively.								TE	
R4.11	Objective R4.1.1: (Applying) Establish oneself as an organizational expert for pediatric pharmacorelated information and resources.	TE			TE					
R4.12	Objective R4.1.2: (Applying) Ensure appropriate pediatric pharmacy resources are available.	TE								
R4.13	Objective R4.1.3: (Applying) Design effective educational activities related to the care of pediatric patients.				TE	TE			TE	
R4.14	Objective R4.1.4: (Applying) Use effective presentation and teaching skills to deliver education related to pediatric pharmacy.					TE			TE	
R4.15	Objective R4.1.5: (Applying) Use effective written communication to disseminate knowledge related to pediatric pharmacy.	TE								
R4.16	Objective R4.1.6: (Applying) Appropriately assess effectiveness of education related to pediatric pharmacy.				TE	TE			TE	
R4.17	Objective R4.1.7: (Applying) Provides effective patient and caregivers education.									
R4.21	Objective R4.2.1: (Analysing) When engaged in teaching about the care of pediatric patients, select a preceptor role that meets learners' educational needs.				TE				TE	
R4.22	Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of pediatric patients.				TE				TE	
R5.11	Objective R5.1.1: (Applying) Demonstrate understanding of the management of pediatric medical emergencies according to the organization's policies and procedures.							TE		

**PGY1 PHARMACY & PGY2
CORPORATE PHARMACY
ADMINISTRATION AND
LEADERSHIP (CPAL) WITH
MASTERS RESIDENCY
(PGY1/PGY2 CPAL)**

DESCRIPTION OF THE PGY1 PHARMACY & PGY2 CORPORATE PHARMACY ADMINISTRATION AND LEADERSHIP (CPAL) WITH MASTERS RESIDENCY (PGY1/PGY2 CPAL)

The Department of Pharmacy Services at Children’s Hospital of Philadelphia offers a two-year combined post-graduate year 1 (PGY1) Pharmacy Residency Program / post-graduate year 2 (PGY2) Corporate Pharmacy Administration and Leadership (CPAL) Residency through a partnership with Cencora. Each Program is one-year (52 weeks) in duration and starts at the end of June/beginning of July and runs through June 30th of the following year. The resident will complete the PGY1 Program at CHOP, as described within this Handbook. The PGY2 year will be completed remotely with Cencora while being physically located at CHOP. During the 2-year program, residents will acquire in-depth knowledge and engage in essential supply chain activities pivotal to pharmacy practice. These activities include pharmacy supply chain principles, understanding the stakeholder ecosystem, wholesaler distribution and economics, health system leadership, drug shortage strategies, inventory management, 340B contracting, and medication cost management strategies. Additionally, the resident will pursue a Master of Science Degree in Pharmaceutical Sciences, Health System Pharmacy Administration through The University of North Carolina at Chapel Hill as part of this innovative two-year program, strategically crafted to prepare them for success as a future pharmacy leader in corporate pharmacy, specializing in pharmacy supply chain management.

Residents will be employees of CHOP for the first year of the combined program and are subject to all resident requirements, policies and procedures, and benefits as outlined for PGY1 residents at CHOP; a certificate of completion of the PGY1 Pharmacy Residency Program will be conferred by CHOP to the resident at the completion of the program requirements. Residents become Cencora employees for the PGY2 year, and are subject to all resident requirements, policies and procedures, and benefits as outlined for Cencora pharmacy residents. A Certificate for completion of the PGY2 Corporate Pharmacy Administration and Leadership Residency Program will be conferred to the resident by Cencora at the completion of the program requirements. The residency is designed to prepare residents for success as future pharmacy leaders in corporate pharmacy, specializing in pharmacy supply chain management.

The residency program is in Pre-Candidate Accreditation Status with ASHP and is designed using the American Society of Health-System Pharmacists (ASHP) Residency Standards, and utilizes the goals and objectives designed within this program.

PGY1

See PGY1 Pharmacy Residency Information above.

PGY2 (CPAL)

About Cencora

Cencora, previously known as AmerisourceBergen, is a leading pharmaceutical solutions organization focused on improving the lives of people and animals around the world. We partner with pharmaceutical innovators to facilitate and optimize market access to therapies. Care providers depend on us for the secure, reliable delivery of pharmaceuticals and healthcare products. Learn more at www.cencora.com.

Residents will work remotely the PGY2 year, while being physically based at CHOP. Residents will travel to Cencora headquarters and for partner meetings throughout the PGY2 year. Cencora will cover the cost of that travel.

During the PGY2 year, residents will engage in diverse learning experiences specifically designed to enhance their professional development and deepen their understanding of supply chain management. These experiences will be gained through active participation in resident rotations across several key focus areas, including:

- Corporate Orientation
- Executive Pharmacy Administration & Leadership
- Wholesale Distribution & Supply Chain Management
 - 340B Operations
 - Contracting
 - Sourcing Strategies
 - Supply Chain Logistics and Inventory Management (Trios, Global Brand)
 - Supply Chain Stakeholders (GPOs, etc.)
 - Manufacturing CGMP (Good Manufacturing Practices)
 - DSCSA & Regulatory
- Supply Chain and Health Systems Operations Management
- Finance and Market Economics
- Informatics & Information System Management
- Sales and Negotiations
 - Marketing
 - Customer Contracting
 - Account Management
- Services and Solutions
 - Consulting
 - Pharmacy Management
 - Technology
 - Analytics
- Outcomes Projects/Research

The resident provides a service commitment to CHOP every three weeks, alternating weekend responsibilities between administrator on-call and order verification or triage shifts.

The PGY2 CPAL resident will attend the ASHP Midyear Clinical Meeting in December and various Cencora on-site meetings and conferences throughout the year. The resident is also encouraged to attend local pharmacy meetings.

Please see the PGY1/PGY2 CPAL joint program website for more information:
amerisourcebergen.com/provider-solutions/hospitals-and-health-systems/pharmacy-residency

RESIDENCY PROGRAMS FACULTY

RESIDENCY PROGRAMS DIRECTOR

Evan Zachary Ramsey, PharmD, BCPPS, Lead Clinical Pharmacy Specialist, Clinical Specialist in Pediatric Cardiology

Zach Ramsey graduated from Hampden-Sydney College in Virginia with a BS in Chemistry and Virginia Commonwealth University School of Pharmacy with a Doctor of Pharmacy degree. He completed both a Pharmacy Practice Residency (PGY1) and a Pediatric Specialty Residency (PGY2) at the University of Kentucky Chandler Medical Center in Lexington, Kentucky. His research has included examining the stability of an extemporaneously prepared hypertonic saline nebulization solution for use in cystic fibrosis patients, antifibrinolytic prophylaxis during on-pump cardiac surgery, the use of recombinant factor VII for non-hemophilia indications and treatment approaches for pulmonary hypertension. Dr. Ramsey holds a faculty appointment at Wilkes University School of Pharmacy and Jefferson School of Pharmacy and coordinates the Pediatric Pharmacotherapy elective courses there. He is actively involved in ASHP, ACCP, and PPA.

RESIDENCY LEADERSHIP

Education Committee Chair

Rebecca Kendsersky, PharmD, BCPPS, Clinical Specialist in General Pediatrics

Practice Advancement Project Committee Co-Chairs

Gianna Galioto, PharmD, BCPPS, Pediatric Clinical Pharmacy Specialist

Karla Resendiz, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care

Well-Being / Social Committee Chair

Stephanie Li, PharmD, Clinical Specialist in Transitions of Care

Schedule Chair

Angela Grachen, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care

RESIDENCY PRECEPTORS

Please visit the Programs' website for additional information on Preceptors at <https://www.chop.edu/centers-programs/department-pharmacy-services/education-training/our-team>

Catherine Adinolfi, PharmD, Pharmacy Manager Operations, KOPH

Experience(s) precepted: Satellite / Regional Hospital Pharmacy Administration

Anna Bieniek, PharmD, MS, Medication Safety and Quality Assurance Pharmacist

Experience(s) precepted: Medication Safety (Longitudinal)

Bridget Blowey, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care

Experience(s) precepted: PICU

Anna Bustin, PharmD, BCPPS, Clinical Specialist in Neonatal/Infant Intensive Care

Experience(s) precepted: NIICU

Colleen Croy, PharmD, BCPPS, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant

Experience(s) precepted: Oncology, BMT

Richard Dyke, PharmD, Director Pharmacy Business Operations

Experience(s) precepted: Pharmacy Administration and Management II

Aubrie Eaton, PharmD, BCPPS, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant

Experience(s) precepted: Oncology, BMT

Kelsie Ellis, PharmD, Clinical Specialist in Neonatal/Infant Intensive Care

Experience(s) precepted: NIICU

Joseph Frey, PharmD, Pharmacy Supervisor - Compliance

Experience(s) precepted: Pharmacy Administration and Management II

Gianna Galioto, PharmD, BCPPS, Pediatric Clinical Pharmacy Specialist

Experience(s) precepted: KOPH

Sarah Gattoline, PharmD, BCPPS, Clinical Specialist in Neonatal/Infant Intensive Care

Experience(s) precepted: NIICU

Jamie Gomes, PharmD, BCPS, Pharmacy Supervisor - Medication Order Review Process

Experience(s) precepted: Orientation, Pharmacy Operations, Education Module Development and Delivery

Angela Grachen, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care
Experience(s) precepted: PICU

Madeline Grossman, PharmD, Clinical Specialist in Pediatric Cardiology
Experience(s) precepted: CICU

Hannah Gustafson, PharmD, Retail and Specialty Pharmacist
Experience(s) precepted: Specialty / Rheumatology / Gastroenterology Clinic

Jennifer Hewlett, PharmD, Clinical Specialist in Solid Organ Transplant and Nephrology
Experience(s) precepted: Solid Organ Transplant

Brendan Homanick, PharmD, BCPPS, Clinical Specialist in Pediatric Cardiology
Experience(s) precepted: CICU

Kelly Hummel, PharmD, BCPPS, Clinical Specialist in Emergency Medicine
Experience(s) precepted: Emergency Department

Anthony Jaworski, PharmD, BCCCP, CSPI, Clinical Specialist in Poison Information
Experience(s) precepted: Poison Center

Natalia Jucha, PharmD, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant
Experience(s) precepted: Oncology, BMT

Lauren Karel, PharmD, BCPS, Clinical Specialist in Drug Information and Policy Development
Experience(s) precepted: Drug Information

Rebecca Kendsersky, PharmD, BCPPS, Clinical Specialist in General Pediatrics
Experience(s) precepted: Acute Care

Connie Law, PharmD, Clinical Specialist in Drug Information and Policy Development
Experience(s) precepted: Drug Information

Joyce P. Lee, PharmD, BCPS, Manager, Clinical Pharmacy
Experience(s) precepted: Pharmacy Operations (Longitudinal)

Sukdong Lee, PharmD, BCPS, Clinical Specialist in Drug Information and Policy Development
Experience(s) precepted: Drug Information

Stephanie Li, PharmD, Clinical Specialist in Transitions of Care

Experience(s) precepted: Orientation

Colin Maehler, PharmD, Clinical Specialist in Psychiatry

Experience(s) precepted: Psychiatry / Behavioral Sciences

Astrela Moore, PharmD, BCPPS Clinical Specialist in General Pediatrics

Experience(s) precepted: Acute Care

Abhay Patel, PharmD, MBA, Director Operations, KOPH

Experience(s) precepted: Satellite / Regional Hospital Pharmacy Administration

Neil Patel, PharmD, BCOP, Director Retail & Specialty Pharmacy

Experience(s) precepted: Home Care, Specialty, and Retail Pharmacy Operations; Pharmacy Administration and Management II

Karla Resendiz, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care

Experience(s) precepted: PICU

Jennifer Schoelles, PharmD, MS, Director – Pharmacy Education and Professional Development, Cencora

Experience(s) precepted: Supply Chain Management

Karen Shalaby, PharmD, Manager Clinical Operations – Home Infusion, Home Care Pharmacy Services

Experience(s) precepted: Home Care, Specialty, and Retail Pharmacy Operations

Laura Shanley, PharmD, Clinical Specialist in Cystic Fibrosis Clinic

Experience(s) precepted: CF Clinic

Kate Snyder, PharmD, BCPS, CPPS, Compliance, Quality Assurance, and Medication Safety Pharmacist

Experience(s) precepted: Medication Safety (Longitudinal)

Winson Soo-Hoo, RPh, MBA, Senior Director Pharmacy

Experience(s) precepted: Pharmacy Administration and Management, Pharmacy Administration and Management II

Andrew Sweigart, PharmD, Clinical Specialist in Pediatric Cardiology

Experience(s) precepted: CICU

Robin Wheeler, PharmD, Managed Care Pharmacist

Experience(s) precepted: Pharmacy Administration and Management II

Jessica Zook, PharmD, BCPPS, Clinical Specialist in General Pediatrics

Experience(s) precepted: Acute Care

RESIDENT SALARY AND BENEFITS

PGY1 Pharmacy Residency Program

- \$55,000 per year stipend
- 20 days per year Paid Personal Leave (PPL) which include vacation and sick days
- 5 days per year Extended Disability Leave (EDL)
- 9 holidays (the resident will work one holiday – Christmas or Thanksgiving)
- As a full time employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, life insurance, medical and dependent care reimbursement accounts and 403b plans.

PGY2 Pediatric Pharmacy Residency Program

- \$57,000 per year stipend
- 20 days per year Paid Personal Leave (PPL) which include vacation and sick days
- 5 days per year Extended Disability Leave (EDL)
- 9 holidays (the resident will work one holiday – Christmas or Thanksgiving)
- As a full time, employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, life insurance, medical and dependent care reimbursement accounts, and 403b plan.

PGY1 Pharmacy & PGY2 Corporate Pharmacy Administration and Leadership (CPAL) with Masters Residency Program (PG1/PGY2 CPAL)

- **PGY1 (employed by Children’s Hospital of Philadelphia)**
 - \$55,000 per year stipend
 - 20 days Paid Personal Leave (PPL) - includes vacation and sick days
 - 5 days per year Extended Disability Leave (EDL)
 - 9 holidays (the resident will work one holiday – Christmas or Thanksgiving)
 - As a full time employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, life insurance, medical and dependent care reimbursement accounts and 403b plans.
- **PGY2 (employed by Cencora)**
 - Salary and benefits to be provided by Cencora

RESIDENCY TRAVEL

The Department of Pharmacy will provide reimbursement for PGY1 and PGY2 Pediatric residents for travel and lodging for the resident during the year for required meetings, which include:

ASHP Midyear Clinical Meeting

The resident is expected to attend the ASHP Midyear Clinical Meeting in December of each year. In exchange, the resident will have responsibilities at the Midyear including, but not limited to, recruiting future residency candidates, staffing at the residency showcase, and interviewing candidates.

Eastern States Residency Conference or Specialty Meeting (e.g. PPAG)

The resident is expected to attend and present their residency project in the spring of the residency year. The Department of Pharmacy will be responsible for the cost of attending the conference (minimum allowance of \$750).

Attendance at other conferences will be at the discretion of the Director of Pharmacy and the Residency Program Director.

PGY2 CPAL residents enrolled in the PGY1/PGY2 CPAL program will have travel supported by Cencora.

RESIDENT RESPONSIBILITIES

Time Commitment

The Pharmacy Residency Programs at CHOP are one-year (52 weeks) training programs lasting from the first week in July through June 30th of the following year. Should a resident require extended time away from the program beyond what is normally allowed via CHOP Paid Personal Leave (for example, Family Medical Leave of Absence) or ASHP standards (37 days of time away), the requirement for completion of 52 weeks of the program must be met and may require the resident to remain in the program beyond the planned completion date, until the full 52 weeks of residency have been completed. Refer to Pharmacy Residency Programs' Leave Policy for more details.

Licensure

All residents shall be in possession of a valid Pennsylvania Pharmacists' license prior to August 1st but no later than October 1st of the residency year. **Failure to obtain licensure at this point will result in dismissal from the program,** unless unforeseen extenuating circumstances apply. Residents may NOT perform any of the functions of a licensed pharmacist until valid licensure is obtained. The Director of Pharmacy and the Residency Program Director will make a decision regarding extenuating circumstances if they apply. Residents must be licensed for a minimum of 2/3 of the residency year (35 weeks). Refer to Pharmacy Residency Programs' Licensure Policy for more details.

Service Commitment

CHOP Pharmacy residents are required to work every third weekend, alternating weekend responsibilities as outlined below for each specific program. Additionally, residents will also be required to work one holiday (Thanksgiving or Christmas). Assignment of holiday coverage will be decided amongst the residents, with the expectation that one PGY1 and one PGY2 resident each will work the holiday.

PGY1: The PGY1 resident will be required to provide a service commitment to the department every third weekend, alternating weekend responsibilities between administrator on-call and order verification or triage shifts (pursuant to successful completion of associated training as outlined in Administrator On-Call and Order Verification sections of Orientation and Onboarding and associated longitudinal learning experiences). Administrator on-call coverage, when assigned, will begin at 10PM on Friday and conclude at 7AM Monday. Weekend order verification or triage shifts will consist of a day shift on Saturday and Sunday (7AM – 3:30PM).

PGY2 Pediatric: The PGY2 resident will be required to provide a service commitment to the department every third weekend, alternating weekend responsibilities between clinical on-call and order verification or triage shifts (pursuant to successful completion of associated training as outlined in Order Verification section of Orientation, Clinical On-Call and associated longitudinal learning experiences). Clinical on-call coverage, when

assigned, will begin at 4PM on Friday and conclude at 10PM on Sunday. Weekend order verification / triage shifts will consist of a day shift on Saturday and Sunday (7 or 8 AM until 3:30 or 4:30 PM).

PGY2 Pediatric Clinical On-call Experience:

The Department of Pharmacy Services responds to drug information inquiries from health care professionals within the institution as well as from other institutions. A clinical pharmacist also reviews all drug levels reported by the Clinical Laboratory twice daily and the medical staff is contacted with appropriate recommendations if dosage adjustments are required. A clinical pharmacist is available 24 hours a day, 7 days a week for consultations on therapeutic issues. The PGY2 resident will be part of the clinical on-call rotation after an adequate training period.

PGY1/PGY2 CPAL: Residents enrolled in this Program will be required to provide a service commitment to the department every third weekend, alternating weekend responsibilities between administrator on-call and order verification or triage shifts (pursuant to successful completion of associated training as outlined in Administrator On-Call and Order Verification sections of Orientation and Onboarding and associated longitudinal learning experiences). Administrator on-call coverage, when assigned, will begin at 10PM on Friday and conclude at 7AM Monday. Weekend order verification or triage shifts will consist of a day shift on Saturday and Sunday (7AM – 3:30PM).

Residency Project

Each resident is required to complete a residency project. The project must be presented at the Eastern States Residency Conference (preferred PGY1) or appropriate specialty meeting (e.g. PPA, preferred PGY2 Pediatric) and should be of benefit to Children's Hospital of Philadelphia's Department of Pharmacy Services. Each resident must have a residency preceptor to act as a mentor for the project. The Residency Program Director and Residency Project Committee must approve the project prior to commencing. It is highly suggested that the PGY1/PGY2 CPAL resident select a more administrative, process, or quality improvement type project.

This project is longitudinal in nature, to be completed throughout the year on the resident's own time. Thus, the residency project must follow a timetable agreed upon by both the resident and the mentor. Sufficient data must be collected at the time the project is presented at the Eastern States Residency Conference or appropriate specialty meeting. In addition, the project must be written up in publishable format by the completion of the residency year (June 30th).

The project should be executed using the following guidance:

Mid-/End July	Submit final project selection to project committee for approval
Mid-August	Submit project proposal to project committee
Early September	Present proposal to project committee
Mid-/End September	IRB submission (if applicable)
Mid-October	Data collection and analysis schedule due to mentor, project advisor, and RPD
Mid-January	Presentation of results to project committee
End January	Final abstract due
Mid-February	Practice platform presentation (2 days – one for PGY2s and one for PGY1s)
Mid-March	FINAL presentation (1.5 hour meeting – 30 min each resident)
Mid-/End May	First draft of manuscript due to project advisor
2 nd week of June	Final draft of manuscript due to RPD

A Residency Certificate will not be awarded if the resident fails to complete the Residency Projects by June 30th.

Formulary Management

Each resident is required to contribute to the management and maintenance of the CHOP formulary as part of their residency experience.

PGY1: Each resident must complete a minimum of one drug use evaluation (DUE), one drug monograph for Formulary addition and one Formulary class review with presentation to the appropriate CHOP Therapeutics Standards Committee (TSC) subcommittee. The DUE must also be presented as a poster at the ASHP Midyear Clinical Meeting.

PGY2 Pediatric: Each resident must complete a minimum of one drug use evaluation (DUE), two drug monographs for Formulary addition, one Formulary class review, an update to a Formulary chart, and actively participate in the dissemination of Formulary information via an ISBARQ or Newsletter.

Presentations

Each resident is required to construct and present:

- Four (4) presentations pertaining to a medication related topic or patient case to the residency preceptor group, fellow residents, and other indicated audience members as determined by the primary preceptor or residency program director. Three of these presentations shall each be approximately 45 minutes in duration; one of these presentations may be 20 to 30 minutes in duration (to potentially be for external interview activities, if indicated). There is no cap to duration of questions following a resident presentation (of any length).
- Three (3) formal journal clubs during the year (two individual and one group).
- Their residency project to the pharmacy staff prior to the Eastern States Residency Conference or appropriate specialty meeting.
- PGY2 residents are also required to create an educational module and lecture for the pharmacy staff and the CHOP coordinated Pediatric Pharmacotherapy elective at a school of pharmacy (respectively), prior to completion of the residency.

Medication Safety

Each resident is required to participate in medication safety within the organization by completing or participating in the follow activities:

- Adverse drug reaction evaluations (on alternating months amongst all the residents)
- IHI Basic Certificate self-learning
- Topic discussions (4)
- Medication safety debate (1)
- ISMP article reviews (2)
- A longitudinal medication safety-based project to improve safety within the institution
- Attendance at a Medication Safety Committee meeting (1)

Master of Science Degree (For PGY1/PGY2 CPAL ONLY)

Each resident in the combined PGY1/PGY2 CPAL program is required to complete a Master of Science Degree in Pharmaceutical Sciences, Health System Pharmacy Administration through The University of North Carolina at Chapel Hill. Graduate student tuition is paid for by Cencora. This enriching academic component is seamlessly integrated into the two-year residency experience, allowing residents to enhance their clinical expertise while developing critical leadership and management skills in the pharmacy sector. The addition of the Masters program not only equips residents with advanced knowledge but also prepares them for future challenges in healthcare settings.

Should a matched resident already possess a Master's Degree in Health System Pharmacy Administration or Business Administration, the program acknowledges their prior achievements by waiving the Master's Degree requirement.

Teaching

The Children's Hospital of Philadelphia Department of Pharmacy Services offers various learning experiences for students from Wilkes University, Jefferson College of Pharmacy, and various other nearby Pharmacy Schools. Pharmacy residents contribute to these learning opportunities as follows:

PGY1 Pharmacy residents are required to complete a Teaching Certificate Program (e.g. ASHP's Teaching Certificate for Pharmacy - <https://elearning.ashp.org/products/8957/teaching-certificate-for-pharmacists>) and will assist in precepting IPPE students during the year. The PGY1 resident may also participate in the preceptorship of an APPE student to refine their teaching skills in the second half of the residency year. (Note: If the resident plans to go on to specialty training, it is encouraged that they wait until that year to take on APPE precepting responsibilities). Additional opportunity for didactic lecturing (outside of requirements of Teaching Certificate Program) exists in two different Pediatric Pharmacotherapy Elective courses provided by the clinical staff at two different schools of pharmacy, as well as potential laboratory teaching experiences. Approval for these elective experiences must be obtained from RPD.

PGY2 Pediatric Pharmacy residents are required to utilize the training from a Teaching Certificate Program to co-coordinate a Pediatric Pharmacotherapy elective course at a nearby school of pharmacy (with support from a Preceptor), assist in precepting IPPE students during the year, precept an APPE student and deliver at least two (2) hours of didactic lectures and/or facilitate a small group laboratory session.

Learning Experiences

Upon completion of Orientation, the residents will complete six (6) required learning experiences. The remaining time of the residency year will be determined by resident interest and preceptor availability as elective time. The required learning experiences are 4-6 weeks in duration, and the elective learning experiences may vary from 2-8 weeks in duration. Specific information about individual learning experiences is available in PharmAcademic.

Evaluations

During each learning experience, the resident will receive a midpoint and a final summative evaluation by their preceptor. The same evaluation form will be used for each. The final summative evaluation will occur at the end of the learning experience and will assess the resident's progress in meeting the residency goals and objectives. Longitudinal experiences will also have periodic (typically quarterly) and final summative evaluations.

To complete a learning experience the resident must successfully complete all assignments associated with the specific learning experience as defined in the learning experience description in PharmAcademic and/or provided by preceptor, meet the minimum number of days required by the experience as noted in the learning experience description, and have no more than one-third of evaluable objectives marked as needs improvement (NI) at the time of the final summative evaluation.

Should the resident not complete the learning experience, it must be repeated. This repeat experience will be identical in terms of objectives, associated activities and requirements, but may be with a different preceptor. Inability to successfully complete the learning experience a second time will result in dismissal from the Program. Should a resident not complete their final learning experience or a longitudinal experience ending in June of their residency year, the requirement to repeat the experience to re-attempt completion will result in an extension of the residency year sufficient to re-assess resident skill and growth. Resident will continue to be paid the same resident salary / stipend during this time.

The resident will also complete three additional evaluations at the end of each learning experience: a self-evaluation, an evaluation of the preceptor, and an evaluation of the learning experience. Evaluations **MUST** be completed by the assigned due date.

To meet certificate requirements for the residency, a resident must “achieve for residency (ACHR)” an indicated amount of core Program objectives. These, by Program are:

PGY1: 6 of the 8 program core objectives (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.2.1, R1.2.3, R3.2.1, R3.2.2) and **MUST** include objectives R1.1.1, R1.1.2, R1.1.3, R1.1.4

PGY2 Pediatric: 6 of the 9 program core objectives (R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.2.3, R4.1.7) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, R1.1.6, and R3.2.3

Any objective that has been evaluated as “Achieved” twice, may be considered for ACHR; any subsequent occurrence of “Needs improvement” for an objective negates existing ACHR status. Remaining objectives require, if evaluated more than 2 times, that the majority of these objectives be evaluated “Satisfactory Progress”. If evaluated 2 or less times, objectives must not exceed one occurrence of “Needs Improvement”. If the resident has 30% of their objectives that remain assessed as a “Needs improvement” throughout the year, a decision can be made by the Residency Director in conjunction with the preceptors to not award a residency certificate.

The Residency Director will also construct and maintain, upon a formal meeting with each resident, a quarterly developmental plan (to be completed in October, January, and April). The purpose of this quarterly developmental plan is to review overall resident progress, keep the resident on track with their residency goals and objectives and assigned/required projects. The discussion of the quarterly developmental plan will also consist of a review of progress of all the residency goals and objectives to date and required deliverables for certificate. The residency training plan may be adjusted at each quarterly evaluation as needed.

Residents and Preceptors must jointly complete the First Day and Last Day of learning experience checklists and submit them to the Residency Director. Failure to complete the Last Day of learning experience checklist WILL delay the start of the next learning experience! All PharmAcademic evaluations MUST be completed on the last day of the learning experience!!!

Residency Meetings

Residents are required to attend scheduled residency presentations (including but not limited to case presentations, journal clubs, research presentations), and any scheduled Pharmacy Department Staff Meetings. It is expected that the resident will arrange coverage for any immediate needs (direct or indirect patient care) to have dedicated time to these learning opportunities. Dedicated weekly meetings (typically every Wednesday and Friday and the first and third Tuesday of each month between noon and 1PM) will be reserved for RxUpdates. RxUpdate time slots will be used to facilitate residency presentation and provide dedicated time to complete the ASHP required appendix topics for the PGY2 Pediatric Pharmacy program. PGY1 and PGY1/PGY2 CPAL residents **MAY**

attend RxUpdate topic discussion sessions pursuant to the PGY2 Pediatric Pharmacy appendix list of topics as interest and availability allows, but are not required.

Additional periodic residency meetings will be scheduled with the Residency Program Director to ensure the residents are on track with their required projects and timelines, allow for open discussion of issues / concerns / suggestions, and to complete required evaluations. The residents will be required to attend all established meetings – absence from a required meeting MUST be approved by the Residency Program Director BEFORE the occurrence

Resident's Work Storage

Each resident is expected to maintain a repository of their work. The storage platform may be electronic or hard copy and shall contain copies of all completed projects and presentations, as well as any other information the resident or preceptor deems relevant. It is STRONGLY encouraged that these materials be stored in / uploaded regularly into PharmAcademic by the resident.

Residency Certificate Requirements

PGY1 Pharmacy Residency

The PGY1 resident will be awarded a Residency Certificate upon successful completion of the following requirements of the residency (**all must be completed by June 30th of the residency year**):

- Follows the hospital and departmental policies and procedures
- Successfully completes all required and elective learning experiences and all learning experience associated expectations / requirements
- Achieve for residency (ACHR) 6 of the 8 program core objectives (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.2.1, R1.2.3, R3.2.1, R3.2.2) and **MUST** include objectives R1.1.1, R1.1.2, R1.1.3, and R1.1.4.
 - 75% of remaining objectives must be marked ACHR
- Completes a minimum of one (1) formulary monograph and one (1) formulary category review
- Completes one (1) drug use evaluation and presents findings via a poster at the ASHP Midyear Clinical Meeting and the appropriate CHOP committee
- Obtains an ASHP accredited Teaching Certificate
- Acquire Pediatric Advanced Life Support (PALS) certification
- Completes assigned ADR reports and Medication Safety Project
- Fulfills service commitment to Department of Pharmacy
- Delivers a minimum of four (4) presentations on required learning experiences and three (3) journal clubs
- Completes a Residency Practice Advancement Project including preparation of a manuscript in publishable form and presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

PGY2 Pediatric Pharmacy Residency

The PGY2 resident will be awarded a Residency Certificate upon successful completion of the following requirements of the residency (**all must be completed by June 30th of the residency year**):

- Follows the hospital and departmental policies and procedures;
- Successfully completes all required and elective learning experiences and all learning experience associated expectations / requirements
- Achieve for residency (ACHR) 6 of the 9 program core objectives (R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.2.3, R4.1.7) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, R1.1.6, and R3.2.3
 - 75% of remaining objectives must be marked ACHR
- Completes assigned ADR reports and Medication Safety Project
- Completes a minimum of two (2) formulary monographs, one (1) formulary class review, and one (1) drug use evaluation; with findings presented to the appropriate committee and disseminated via ISBARQ or Department Newsletter
- Fulfills service commitment to Department of Pharmacy
- Delivers a minimum of four (4) presentations on required learning experiences and three (3) journal clubs

- Completes an educational module for the Pharmacy Staff and associated didactic lecture for Pediatric Pharmacotherapy elective
- Documented completion of provision of direct patient care and/or case-based or topic discussions pursuant to listed requirements from ASHP mandated PGY2 Pediatric appendix topic areas
- Completes a Residency Research Project including preparation of a manuscript in publishable form and presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

PGY1/PGY2 Combined Pharmacy Administration and Leadership Pharmacy Residency

The PGY1/PGY2 CPAL resident will be awarded a PGY1 Residency Certificate upon successful completion of the following requirements of the residency (**all must be completed by June 30th of the residency year**):

- Follows the hospital and departmental policies and procedures
- Successfully completes all required and elective learning experiences and all learning experience associated expectations / requirements
- Achieve for residency (ACHR) 6 of the 8 program core objectives (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.2.1, R1.2.3, R3.2.1, R3.2.2) and **MUST** include objectives R1.1.1, R1.1.2, R1.1.3, and R1.1.4.
 - 75% of remaining objectives must be marked ACHR
- In good standing and up-to-date with all assignments and obligations of Masters program as reported by Department of Pharmaceutical Sciences, Health System Pharmacy Administration at The University of North Carolina at Chapel Hill
- Completes a minimum of one (1) formulary monograph and one (1) formulary category review
- Completes one (1) drug use evaluation and presents findings via a poster at the ASHP Midyear Clinical Meeting and the appropriate CHOP committee
- Obtains an ASHP accredited Teaching Certificate
- Acquire Pediatric Advanced Life Support (PALS) certification
- Completes assigned ADR reports and Medication Safety Project
- Fulfills service commitment to Department of Pharmacy
- Delivers a minimum of four (4) presentations on required learning experiences and three (3) journal clubs
- Completes a Residency Project including preparation of a manuscript in publishable form and presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

The PGY1/PGY2 CPAL resident will be awarded at PGY2 Residency Certificate by Cencora after successful completion of Program requirements in the PGY2 year as detailed in Cencora's Residency Handbook.

Good Luck in your Residency Year!

Appendix



Pharmacy Residency Programs

Policy: Duty Hours and Moonlighting

Purpose: To provide guidance to ensure that residents of the Program are fit to provide services that promote patient safety.

Policy:

Duty Hours: As per CHOP's Graduate Medical Education (GME) office and American Society of Health-System Pharmacists (ASHP) policies ["Duty-Hour Requirements for Pharmacy Residencies", available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635>] the following shall be followed:

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all scheduled in-house work activities *and* all moonlighting. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call and call-related activities outside the hospital; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health or recruitment fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
- B. Continuous duty periods of residents should not exceed 16 hours in-house.
- C. A minimum of one day in seven, duty free (averaged over a 4 week period), must be provided.
- D. A minimum of 8 hours in between scheduled duty periods, including any moonlighting activities (see below), must be maintained.
- E. Home On-Call (Administrator and/or Clinical)
 1. On-call activities facilitated from home must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 2. On-call hours completed at home are not included in the 80 hours a week duty-hour calculation, unless the resident is facilitating patient care or administrative work from home or called into the hospital. If a resident facilitates patient care or administrative activities from home or is called into the hospital, then that time spent will count towards the 80-hour maximum weekly hour limit.

Moonlighting: Resident moonlighting activities must not interfere with the ability of the resident to achieve the educational goals and objectives of the program. In order to ensure this, the following shall be followed:

- A. Moonlighting hours may only be accepted from CHOP.
- B. All moonlighting hours accepted must be counted towards the 80-hour maximum weekly hour limit (as outlined above per CHOP and ASHP policy).
- C. Should a resident of the Program choose to partake of any moonlighting activities, he/she must do the following:
 1. Accept no more than 10 hours of moonlighting activities in a 2 week period. Moonlighting hours MUST not interfere or overlap with hours required of the primary learning experience.
 2. Alert RPD of intent via email no less than 24 hours in advance of moonlighting activities.
 3. Document moonlighting hours accepted in online scheduling platform.
 4. Ensure that he/she will maintain and be able to adhere to the CHOP GME and ASHP duty hour standards:
 - a. Minimum of one day in seven, duty free (averaged over a 4 week period)
 - b. Maintain a minimum of 8 hours in between scheduled duty periods, following any moonlighting activities
- D. CHOP Pharmacy Residency Program preceptors, RPD, and other administrative staff will monitor the activity of any moonlighting residents to ensure that he/she is not experiencing any untoward effects of their well-being or education by participating in any moonlighting activities. Any noted concerns will be shared directly with the RPD, Clinical Manager, Pharmacy Supervisor for MORP and the resident. Based on the nature of the reported concerns it will be decided, on a case by case basis, if the resident will be permitted to continue to participate in any moonlighting activities.

The resident will be required to complete a PharmAcademic based questionnaire reporting their compliance with duty hour and moonlighting policies and impact of workload. The RPD of the Program will evaluate this PharmAcademic questionnaire to assess the resident's compliance with duty hour and moonlighting policies and impact of workload as a means to ensure that there is not a negative effect on patient care or resident learning secondary to fatigue. Concerns identified from this process will be actively discussed with the resident to obtain additional information and the issue escalated to appropriate parties for intervention depending on the nature of the concern (e.g. Pharmacy Administration for service commitment issues, the RAC and/or resident mentor for behavior or performance improvement changes, EAP for mental health concerns / follow-up).

Procedure: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Type:	Pharmacy Standard Operating Procedure	
Applicable to:	<input checked="" type="checkbox"/> Main Campus <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Specialty Care Network- Onco Clinic <input type="checkbox"/> Care Network	<input type="checkbox"/> NJ Ambulatory Surgery Center <input type="checkbox"/> NJ Specialty Care Network- Onco Clinic <input type="checkbox"/> NJ Care Network
Department/Unit:	CHOP Pharmacy Department	
Process owner:	Pharmacy Manager- Clinical Services	
Effective Date:	10/1/2017	
Supersedes:	none	
Approved by:	Joyce Lee, PharmD, BCPS, Pharmacy Manager – Clinical Services	
Accountable for:	Joyce Lee, PharmD, BCPS, Pharmacy Manager – Clinical Services	

1 Frame

Frame- SIPOC/MOTIV	
Supplier	PGY1 Resident
Input	PGY1 Resident
Process	PGY1 resident wants to early commit for PGY2 → Notification of desire to early commit → Discussion with RPDs and RAC → Decision
Output	Decision to or not to early commit a current PGY1 pharmacy resident
Customer	Internal: PGY1 Pharmacy Resident, Pharmacy Residency Program Directors, Pharmacy Residency Advisory Committee
Metric	Time from notification to decision
Time & Trigger	Remittance of CV and Letter of Intent to PGY2 RPD

2 Sub-Process Index

Sub-Process

Procedure: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

3 Definitions

Term	Definitions
American Society of Health System Pharmacists (ASHP)	Professional organization representing the interests of pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care with the aim to advance and support the professional practice of pharmacists in these settings and serve as their voice on issues related to medication use and public health.
Midyear Clinical Meeting (MCM)	Meeting sponsored by ASHP and attended by pharmacy professionals from all over the globe. The meeting is designed to provide valuable opportunities for professional development, networking, enhancing practice skills, and staying current with the latest products and innovations in hospital pharmacy.
Personnel Placement Services (PPS)	Service provided by ASHP at MCM that hosts pharmacy candidates and employers (including residencies, fellowships and career opportunities) to make employment connections.
PGY1 Resident	Pharmacy resident in his or her first year of postgraduate training.
PGY1 RPD	Pharmacist responsible for the execution and maintenance of a postgraduate year 1 (PGY1) pharmacy residency program.
PGY2 RPD	Board certified pharmacist responsible for the execution and maintenance of a postgraduate year 2 (PGY2) pharmacy residency program.
Residency Advisory Committee (RAC)	Group of pharmacy residency preceptors convened to provide the RPD with input in the execution, maintenance, and future direction of a Pharmacy Residency Program.
Curriculum Vitae (CV)	Written overview of a person's experience and other qualifications for a job opportunity.
Letter of Intent	A written document that officially declares that two parties are currently conveying a plan to enter into a partnership or relationship (in this case a residency program).
National Matching Service (NMS)	Company that places applicants into positions based on lists of preferred choices submitted by applicants and pharmacy residency programs
PhORCAS	Pharmacy Online Residency Centralized Application Service – a single application that is filled out by a residency applicant that can be remitted to multiple residency programs for consideration of candidacy

4 Procedure

Process: How To Early Commit a PGY1 Resident to PGY2 Specialty Program		
Required Action Steps	Performed by	Supplemental Guidance
1. PGY1 resident discusses intentions of future and planning steps for professional growth and development, in addition to	PGY1 Resident PGY1 RPD	Discussions may occur as a portion of quarterly developmental plan discussion through PharmAcademic assessment and on demand.

Procedure: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Process: How To Early Commit a PGY1 Resident to PGY2 Specialty Program		
Required Action Steps	Performed by	Supplemental Guidance
ongoing performance as a PGY1 with mentor and PGY1 RPD		
2. PGY1 pharmacy residents interested in requesting consideration of early commitment to the PGY2 program must submit an updated curriculum vitae and letter of interest to the Residency Program Director (RPD) of the PGY2 residency by the end of the business day (5PM) the second Friday of November	PGY1 Resident	<p>Eligibility requirements: Good standing in the PGY1 program with respect to performance on learning experiences and longitudinal requirements.</p> <p>Expressing interest in early committing to the PGY2 program, at this stage, is not binding to either the PGY1 resident or Program.</p>
3. Notification to the RAC of interest of a current PGY1 for consideration of early commitment to PGY2 program	PGY2 RPD	PGY2 RPD to supply RAC with PGY1 resident's CV and letter of interest via email the next business day.
4. PGY2 Program RPD to facilitate an in-person interview of the PGY1 resident(s) requesting consideration for early commitment prior to the ASHP Midyear Clinical Meeting	PGY2 RPD	<p>Interview participants to include representatives from Clinical Pharmacy Specialists preceptor group, Administrative preceptor group, and RPD. Depending on interest in participation, RPD may consider splitting into smaller interview groups to facilitate conversations.</p> <p>Interview group(s) to utilize CHOP Residency Programs' behavior based interview questions as a guide to facilitate session, but participants encouraged to ask pertinent questions of PGY1 resident requesting consideration of early commitment to better understand and assess their candidacy.</p>
5. Attend and participate in interviews (internal and external to CHOP) at the ASHP Midyear Clinical Meeting Pharmacy Placement Service (PPS)	PGY1 Resident PGY2 RPD	It is strongly encouraged and important to a PGY1 resident to interact and consider other residency programs to ensure that a selected program meets their professional goals and needs.
6. PGY1 pharmacy residents previously requesting consideration of early commitment to the PGY2 program must confirm original request for consideration of	PGY1 Resident	

Procedure: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Process: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Required Action Steps	Performed by	Supplemental Guidance
early commitment to PGY2 program OR rescind request for consideration to the Residency Program Director (RPD) of the PGY2 residency by the end of the business day (5PM) of the Monday following the ASHP Midyear Clinical Meeting		
7. Notification to the RAC of status of current PGY1 expressing interest in consideration of early commitment to PGY2 program	PGY2 RPD	RPD to follow up if original request from PGY1 persists or has been rescinded.
8. The PGY1 and PGY2 RPDs will accept feedback and recommendations from the CHOP Pharmacy Residency Advisory Committee (RAC) and those Preceptors involved in the interview session held prior to Midyear to be used to determine candidate acceptance for early commitment.	PGY1 RPD PGY2 RPD RAC	Feedback / recommendations may be via email or in person, but comments must be conveyed within 24 hours of notification or a formal meeting may be convened, at the discretion of the PGY2 RPD.
9. The outcome of the RPD's decision will be expressed in a letter and will be delivered to the resident at least 48 hours prior to the ASHP early commitment deadline	PGY2 RPD	Refer to ASHP and National Matching Services for early commitment deadline www.natmatch.com/ashprmp/ecp.html
10. If the decision is to accept the resident's early commitment, the resident must sign the offer letter and return it to the PGY2 RPD no later than 24 hours following receipt of the letter.	PGY1 Resident	
11. The resident and the PGY2 RPD will complete an online form that will be submitted to the National Matching Service (NMS). This will remove the	PGY1 Resident PGY2 RPD	Form available at: www.natmatch.com/ashprmp/documents/ecpagreement.pdf

Procedure: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Process: How To Early Commit a PGY1 Resident to PGY2 Specialty Program

Required Action Steps	Performed by	Supplemental Guidance
position from the formal ASHP matching process.		
12. Close positions to other outside potential applicants in the PhORCAS system	PGY2 RPD	
13. Communicate to CHOP Human Resources regarding documentation of approved offers of Early Commitment	PGY2 RPD	

5 Related Documents

Document Type	Document Name
Procedures	
Job Aids	
Resources	www.natmatch.com/ashprmp/ecp.html www.natmatch.com/ashprmp/documents/ecpagreemnt.pdf

CHOP Pharmacy Residency Programs

PharmAcademic Definitions

- **Achieved for Residency (ACHR)** (awarded only by Residency Program Director)
 - For objectives taught and evaluated ≥ 2 times: Two (2) “Achieved” final summative evaluation scores from at least 2 different preceptors may be marked as ACHR. Any subsequent “Needs Improvement” on a final summative evaluation negates an existing ACHR score.
 - For objectives taught and evaluated < 2 times: A single “Achieved” final summative score may be marked as ACHR. Any subsequent identification of needed improvement in skill or task may result in ACHR being negated.
 - RPD may mark objectives ACHR at the time of identification when cosigning summative evaluations at the end of experience AND/OR on a quarterly basis following feedback received from preceptors related to evaluated objectives.
 - RPD may mark, at the close of the residency year, objectives not yet achieved as ACHR if the predominance of summative evaluations have assessed the objective as SP AND there are no NIs reported in the last 3 summative assessments.

- **Achieved (ACH)**
 - Resident has repeatedly demonstrated independent (without assistance or further instruction) mastery of all facets of the learning activity to obtain “Achieved” for indicated objective.
 - Resident has repeatedly demonstrated independent (without assistance or further instruction) mastery of all evaluable objectives to obtain “Achieved” for indicated goal.
 - Achieved objective(s) on a PharmAcademic evaluation does/do NOT required comments on a FINAL Summative Evaluation.

- **Satisfactory Progress (SP)**
 - Resident has demonstrated the ability to fully perform the learning activity for the associated goal/objective **with** assistance but has continued to show improvement in independence over evaluation period.
 - Satisfactory progress ratings also need to be considered in the context of the year; for example, independence on 25% of issues in the first quarter, 50% in the second, 75% in the third and $>75\%$, but not complete independence in the fourth.
 - Satisfactory Progress assessment on a mid-point evaluation does NOT require comments, but comments are encouraged to document how a resident may continue to improve for the remainder of the experience.
 - Satisfactory Progress assessment on a FINAL Summative PharmAcademic evaluation requires objective level comments with specific guidance / recommendations on how resident may improve on future experiences where the indicated objective is encountered.

▪ **Needs Improvement (NI)**

- Resident is unable to fully perform the learning activity associated with each goal/objective without significant assistance from the preceptor and/or has not shown improvement over the evaluation period.
 - Needs Improvement assessment on a mid-point PharmAcademic evaluation requires objective level comments with specific guidance / recommendations on how resident may improve on a FINAL Summative Evaluation.
 - Needs Improvement assessment on a FINAL Summative PharmAcademic evaluation requires objective comments with specific guidance / recommendations on how resident may improve on future experiences where the indicated objective is encountered.



Pharmacy Residency Programs

Policy: Leave

Purpose: To review the available leave to a resident and associated consideration for impact to successful completion of the Program. This policy covers personal leave (which contains sick leave), conference leave, extended disability leave, holiday and bereavement leave.

Policy:

Maximum Leave Allowed: Time away from the Program shall not exceed a total of 37 days in the 52-weeks training period. Any time beyond the maximum 37 days will require Program extension to make up the missed days. This extension will be equivalent in competencies and time missed and shall not be longer than 16 days (in excess of the 37 days of paid time allowed by ASHP standards. Residents requiring Program extension will be paid at their same resident salary for missed days, retain benefits, but will have their conferment of a residency certificate delayed until all time is made up.

The following contribute to total time away from the Program: PPL/UPPL (vacation, sick, interview, personal time); holidays; religious time; jury duty; bereavement leave; military leave; parental leave; any leaves of absence; conference days; education days out of the institution.

Paid Personal Leave (PPL): Pharmacy residents will accrue PPL at a rate of 7.69 hours bi-weekly that can be used per CHOP Human Resources (HR) Policy 3-3 following their initial 90 day probationary period – including, but not limited to: vacation, personal business, family emergencies and illness of less than 7 days. CHOP designated holidays, jury duty, bereavement, military leave and illnesses greater than 7 days are not included in this policy as these are covered by separate CHOP HR policies. Refer to CHOP Human Resources (HR) Policy 3-3 for additional details of the policy. Pharmacy resident PPL is subject to approval by the Residency Program Director (RPD) and shall be communicated to the RPD in writing and appropriately requested / documented in the online scheduling platform. Use of PPL time does not require make-up time to meet Program requirements to be awarded a certificate.

Conference Time: Pharmacy residents are granted 7 days of paid and supported conference leave to facilitate attendance and active participation at the ASHP Midyear Clinical Meeting and another pharmacy meeting [Eastern States Residency Conference (ESRC) for PGY1 residents and ESRC or Specialty Meeting (e.g. PPAG) for PGY2 residents]. Use of conference time does not require make-up time to meet Program requirements to be awarded a certificate.

Extended Periods of Leave: Pharmacy residents are able to participate in CHOP's Short-Term Disability program for any prolonged illness not related to work. The purpose of the short-term disability plan is to provide eligible participants with income if they are not able to work due to a non-work-related illness or injury. If the individual is medically certified as disabled, benefits may begin after seven consecutive days of illness (for which PPL must be used). Benefits can continue for as long as he/she is totally or residually disabled, up to a maximum of 26 weeks from the date of disability. Refer to CHOP Benefits website for more information. If the requested leave is NOT medical in nature or covered by PPL, this time off requires approval by the RPD and Clinical Manager and would be administered as non-paid leave. This leave may not extend beyond 8 weeks. Given the nature of these leaves, additional time will be added to the end of the residency year to make-up any missed time to be eligible for a certificate.

Holiday Leave: Pharmacy residents are expected to work one of CHOP's 8 recognized holidays (New Year's Day, Martin Luther King Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Christmas Day). Residents will receive pay for the other holidays per CHOP HR Policy 3-2. Refer to CHOP HR Policy 3-2 for additional details of the policy, including banked holiday time off and unscheduled absence before and after a holiday. Use of paid holiday time does not require make-up time to meet Program requirements to be awarded a certificate.

Bereavement Leave: Pharmacy residents are eligible to receive up to 24 hours of bereavement leave for certain family members per CHOP HR Policy 3-4. This leave may be utilized within a two week consecutive time period to attend funeral services and to take care of related matters. The resident may elect to take PPL in addition to Bereavement leave. Bereavement leave may be taken as consecutive or non-consecutive days immediately following the death of a family member or funeral service. Pharmacy resident bereavement leave shall be communicated to the RPD and Clinical Manager in writing and appropriately requested / documented in the online scheduling platform and any CHOP required satisfactory evidence of death and relationship to the deceased provided. Use of bereavement leave does not require make-up time to meet Program requirements to be awarded a certificate.



Pharmacy Residency Programs

Policy: Licensure

Purpose: The purpose of this policy is to establish requirements for licensure of the pharmacy resident to perform indicated functions pursuant to successful completion of the Residency Program.

Policy: All residents shall be in possession of a valid Pennsylvania Pharmacists' license prior to August 1st but no later than October 1st of the residency year. **Failure to obtain licensure by October 1st will result in dismissal from the program,** unless unforeseen extenuating circumstances apply. Residents may NOT perform any of the functions of a licensed pharmacist until valid licensure is obtained. The Director of Pharmacy and the Residency Program Director will make a decision regarding extenuating circumstances if they apply. Residents must be licensed for a minimum of 2/3 of the residency year (35 weeks). Should a licensure extension due to extenuating circumstances be granted, this time frame will only be extended 30 days. In these cases, the residency year may be extended up to 1 (one) month to allow for the resident to meet the minimum licensure requirement set forth by the Residency Program.



Pharmacy Residency Programs

Policy: Problem Identification, Resolution and Disciplinary Action

Purpose: To establish policy and procedures for identifying problems with / of residents and strategies for resolution.

Policy: A pharmacy resident may be subject to disciplinary action based upon identification of problems utilizing an organized process of examination of the identified problems and proposed solutions. Examples of problems which may require disciplinary action are, but are not limited to:

1. Infractions of the Children's Hospital of Philadelphia's Rules of Conduct (Human Resources Policy 5-2)
2. Infractions of the Children's Hospital of Philadelphia Drug Free Workplace Policy (Human Resources Policy 5-10)
3. Academic dishonesty
4. Inadequate performance on an individual learning experience or over time despite development of a corrective action plan

Resident identified issues or problems: The program believes that most problems are best resolved through face-to-face interaction between the resident and preceptor (or other party), as part of an on-going working relationship. Residents are encouraged to first discuss any identified problems or concerns with his/her preceptor. In turn, preceptors are expected to be receptive to identified issues or complaints, attempt to develop a reasonable solution with the resident, and seek appropriate consultation or escalate the issue or problem as needed. If face-to-face resident and preceptor discussions do not result in a satisfactory resolution of the identified issue or problem additional steps are available to the resident and/or preceptor.

1. **Informal mediation** – The resident or preceptor may request the Residency Programs Director (RPD) to act as a mediator, or to help in selecting another mediator who is agreeable to both the resident and the preceptor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that some other alteration in the resident's learning goals and objectives be made in order to maximize his/her learning experience. Occurrences of and outcomes from mediation should be documented in PharmAcademic as feedback and discussed with the RPD prior to implementation.
2. **Formal grievances** - In the event that informal avenues of resolution are not successful or possible for a specific incident, the resident may submit a formal grievance by sending a written request for action to the RPD within 30 days of the occurrence. A grievance regarding the RPD may be submitted directly to the Clinical Manager of Pharmacy Services for review and resolution.

- a. A written formal grievance shall include the following information for consideration of the RPD:
 - Brief statement of the identified issue or concern
 - List of individuals involved
 - Objective evidence describing the identified issue or concern
 - Corrective action steps attempted, if any
 - Recommendations for resolution
- b. The RPD will notify the Clinical Manager of Pharmacy Services of the grievance, and, if needed, arrange a “review panel” of representatives of the Residency Advisory Committee (RAC), the RPD and Clinical Manager to review the formal complaint. The resident and preceptor in question will be notified of the date of the “review panel” meeting and allowed the opportunity to provide any additional information they deem pertinent regarding the grievance.
- c. Based upon review of the grievance and any other additional relevant information provided or discovered, the “review panel” members will determine the course of action that will best promote or correct the trajectory of the resident's learning experience. This action may include recommended or required changes within the learning experience itself, a change in preceptor assignment, or a change in assigned learning experience.
- d. The resident will be informed in writing of the “review panel's” decision, and asked to indicate whether he/she accepts the decision. If the resident accepts the decision, the recommendations for resolution will be implemented. If the resident disagrees with the decision, the resident may appeal to the Clinical Manager of Pharmacy Services, who has overall responsibility for the conduct and performance of the Pharmacy Residency Programs, and shall be familiar with the facts of the filed grievance. The Clinical Manager of Pharmacy Services will render the appeal decision, which will be communicated to all involved parties.
- e. Should any unethical, inappropriate, or unlawful staff behavior be identified in the course of the review of a formal grievance, this will be immediately escalated to the Clinical Manager of Pharmacy services for appropriate personnel action, following CHOP's progressive disciplinary structure outlined in the Rules of Conduct, HR Policy 5-2.

Pharmacy Resident Disciplinary Actions:

1. **CHOP Rules of Conduct Infractions** – Any breaches of the CHOP Rules of Conduct by a resident shall be brought to the immediate attention (no later than 5 days following the incident) of the RPD and Clinical Manager of Pharmacy Services. Any person who observes such behavior has the responsibility to report the incident. Infractions will be assessed and dealt with according to the progressive discipline and corrective actions outlines in CHOP HR Policy 5-2, ranging from general counseling to termination.
2. **Resident Performance Issues** - The CHOP Residency Programs aim to cultivate future leaders in [pediatric] pharmacy practice and develop advanced

professional competence. To wit, a resident lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact his/her professional functioning may require intervention. In such cases, the RPD, learning experience preceptor, and/or RAC will help residents identify these areas and provide remedial experiences, plans, or actions and/or recommend resources for resident self-evaluation and correction in an effort to improve the resident's performance. These recommendations may be informal or formal and documented accordingly as a resident performance improvement plan (may be a separate document or included as part of a midpoint learning experience evaluation). Should any problem identified be of significant concern that the resident would not be able to complete the Program unless that problem was remedied, the identified problem must be brought to the attention of the RPD at the earliest opportunity in order to allow the maximum time for remedial efforts. The RPD will inform the resident of the reported concern, and depending on the issue reported, may convene the RAC for consultation. The resident and all involved preceptors or staff are encouraged to attend to provide any information relevant to the concern and to help provide corrective actions. As the Program's structure is to require successful completion of all learning experience, the inability to complete a learning experience at the discretion of the preceptor will automatically place the resident on probationary status and require that the learning experience be repeated – the steps outlined below will also be followed. Failure to successfully complete the same learning experience a second time will result in dismissal from the program. Failure to successfully completed two separate learning experiences will also result in dismissal from the program. Additionally, continual or repeated scores of "Needs Improvement" will be considered a potential grounds for not successfully completing a learning experience.

- a. A resident identified as having a deficit or problem serious enough that it could prevent the resident from fulfilling the Program's certificate requirements OR upon failing an individual learning experience shall be placed on probationary status.
- b. Probationary status may require the resident to participate in particular learning experiences or render guidelines for the type of experiences the resident should undertake in order to remedy the identified deficit.
- c. The RPD, with input from the resident's mentor and recent preceptor(s) or administrators reporting concern(s), will produce an improvement plan specifying the identified needs in knowledge, skills and/or behaviors (objective based) that are necessary for the resident to improve upon in order to correct the identified problem, complete with a timeframe for reassessment. This performance improvement plan will be reviewed with the Department of Pharmacy Clinical Manager and also be uploaded into PharmAcademic. The Program RPD will meet with the resident and their mentor to deliver and discuss the improvement plan.
- d. The resident and their preceptor(s) will report to the RAC on a regular basis, as specified in the improvement plan (but not less than every month) regarding the resident's progress on the performance improvement

- plan.
- e. The resident may be removed from probationary status by a majority vote of the RAC when the resident's progress in resolving the problem(s) or deficit(s) specified in the performance improvement plan is sufficient. Removal from probationary status indicates that the resident's performance is at the appropriate level to be able to meet the Program's certificate requirements.
 - f. If the resident is not making progress according to the performance improvement plan OR if it becomes apparent that it will not be possible for the resident to meet the Program's certificate requirements OR the resident fails a repeat learning experience or a second learning experience the resident will be dismissed from the program.
 - g. A resident may appeal this decision to the Clinical Manager of Pharmacy Services. The Clinical Manager will render the appeal decision, which will be communicated to all involved parties.
 - h. The procedures outlined here are not intended to prevent a resident from pursuing an appeal of the decision under any other applicable mechanisms available to CHOP's employees or under the mechanisms of any relevant professional organization, including ASHP.

Any significant infraction, repeated minor infractions, or breach of CHOP Rules of Conduct must be documented in writing and submitted to the RPD, who will notify the resident of the complaint or reported issue. Per the procedures described above, the RPD will consult the Clinical Manager of Pharmacy Services for escalation if a breach in CHOP Rules of Conduct occurred. For infractions outside of the CHOP Rules of Conduct, the RPD will arrange a "review panel" of representatives of the RAC, the RPD and Clinical Manager to review reported infractions. All involved parties will be encouraged to submit any additional relevant information that is objective and pertinent to the issue for consideration at the "review panel" meeting.

Following a careful review of the infraction, the "review panel" may recommend no action, probation or dismissal of the resident from the program. Recommendation of a probationary period or termination shall include the decision and plan (if indicated), hearing and appeal procedures described in the above sections. Ultimately the Director of Pharmacy Services has the ultimate say in any disciplinary action as recommended by the "review panel" with the exception of offenses that require involvement of the law enforcement. A violation of any probationary plans or agreements would necessitate the termination of the resident's employment at Children's Hospital of Philadelphia.