



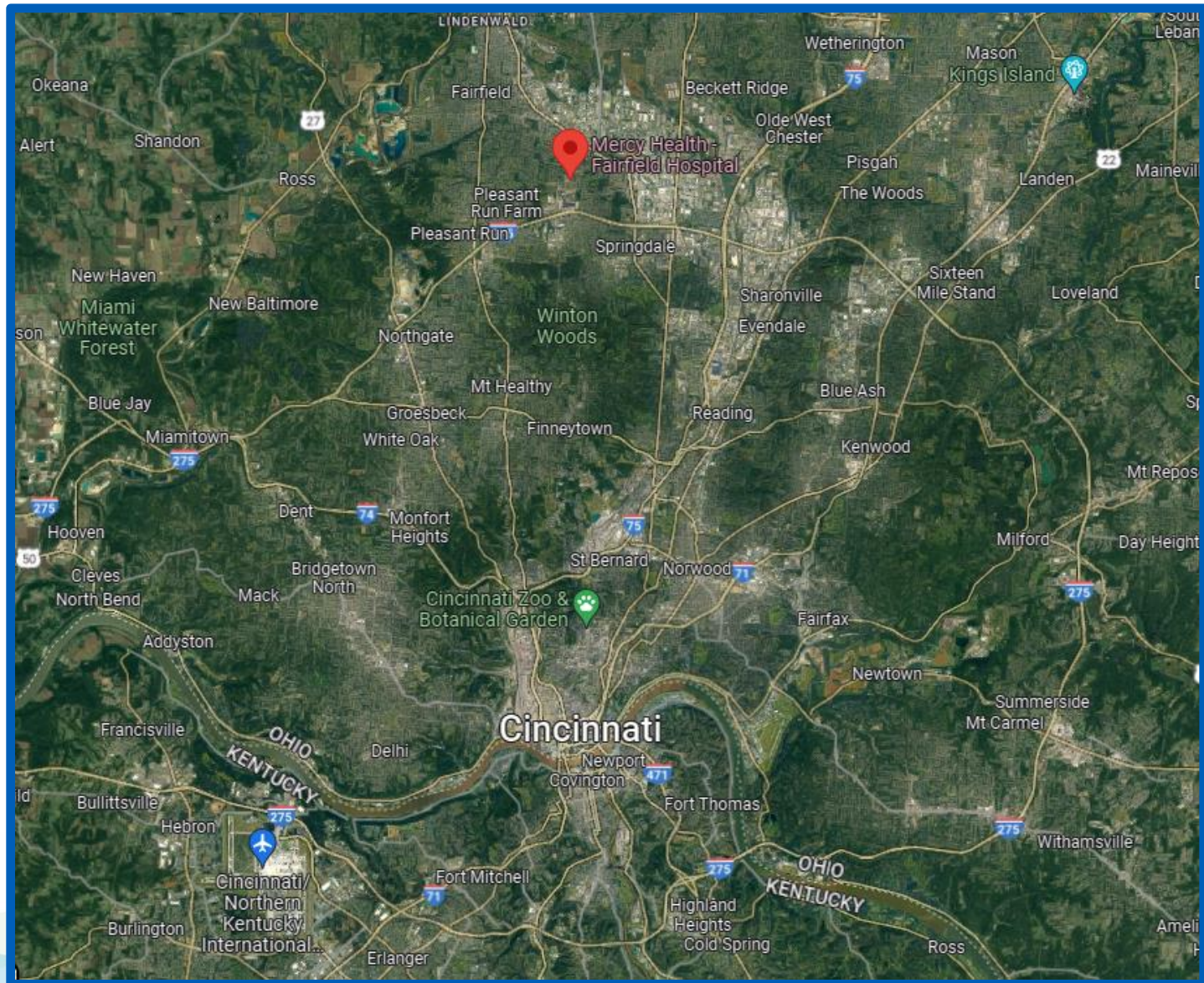
Accredited



Mercy Health – Fairfield Hospital PGY1 Pharmacy Residency Overview


Craig Ratermann, PharmD, BCPS
Residency Program Director, Clinical Coordinator

Location






Hospital Overview

- 230 bed community hospital
 - Average daily census 200
 - 200+ major cardiovascular procedures annually (CABG, AVR, TAVR)
 - 28 OR/Procedure Rooms including Endoscopy, General and Cardiothoracic Surgery and Interventional Radiology
 - 2 ICUs, 18 beds each including Cardiovascular, Med-Surg, and Pulmonary.
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PGY1 Residency Purpose

- Build upon Doctor of Pharmacy (PharmD) education and outcomes
 - 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 postgraduate year two (PGY2) pharmacy residency training
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Mercy Health- Fairfield Hospital

- Why do a residency at Fairfield?
 - Full 8-year accreditation upon 1st survey.
 - Family culture
 - Desire for growth
 - Trusted part of our team
 - Professional relationship building

Past 5 years Achievements:

- Upgraded IV room facilities/Brand New Pharmacy
- Expanded Ambulatory Care Clinic
- Five specialized pharmacists: Surgery, ER, Internal Medicine, ICU
- Five – BCPS certified pharmacists
- Expanded Pharmacy-Nursing in-services/teaching
- Increased APPE student acceptance (Findlay, UC, ONU, Butler, MUSC, Lipscomb, Creighton)
- Poster presentations with our interns, residents, pharmacists.
- Attendance at ASHP midyear, NPPC, OSHP, ACCP
- Publications in national journals
- Presented at International Bariatric Surgery Conference in Madrid, Spain

Long Term Goals: 5 years

- Complete decentralization
- Culture change from staffing being strictly dispensing vs. clinical impact perspective
- Residency Program Development
 - New rotations
 - Expansion of services i.e. new or increased pharmacy presence
 - Ambulatory
 - Infectious Disease
 - Oncology
 - Emergency Room

Long Term Goals: 5 years cont.

- Preceptor/Staff Development
 - Board certification
 - Current: 5 BCPS pharmacists
 - Goal: 8 BCPS pharmacists
 - Specialized board certifications (BCACP, BCOP, BCCP)
 - Research and Presentations
 - Published studies/research
 - Poster presentations
- Increased ER coverage i.e. 2 ER pharmacists
- Increased code coverage i.e. 2nd shift

Diverse Opportunities

•Fairfield Rotations

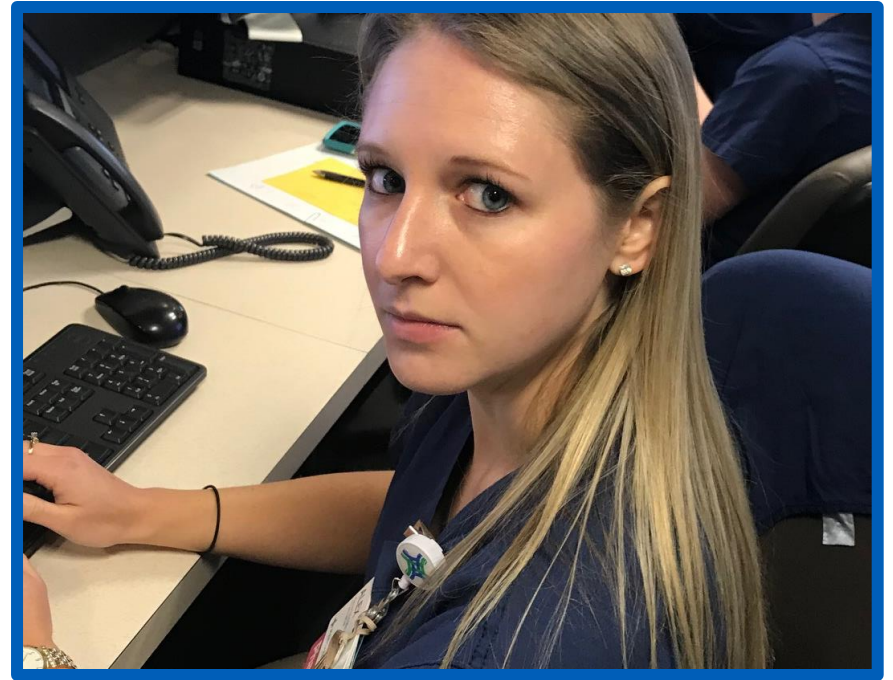
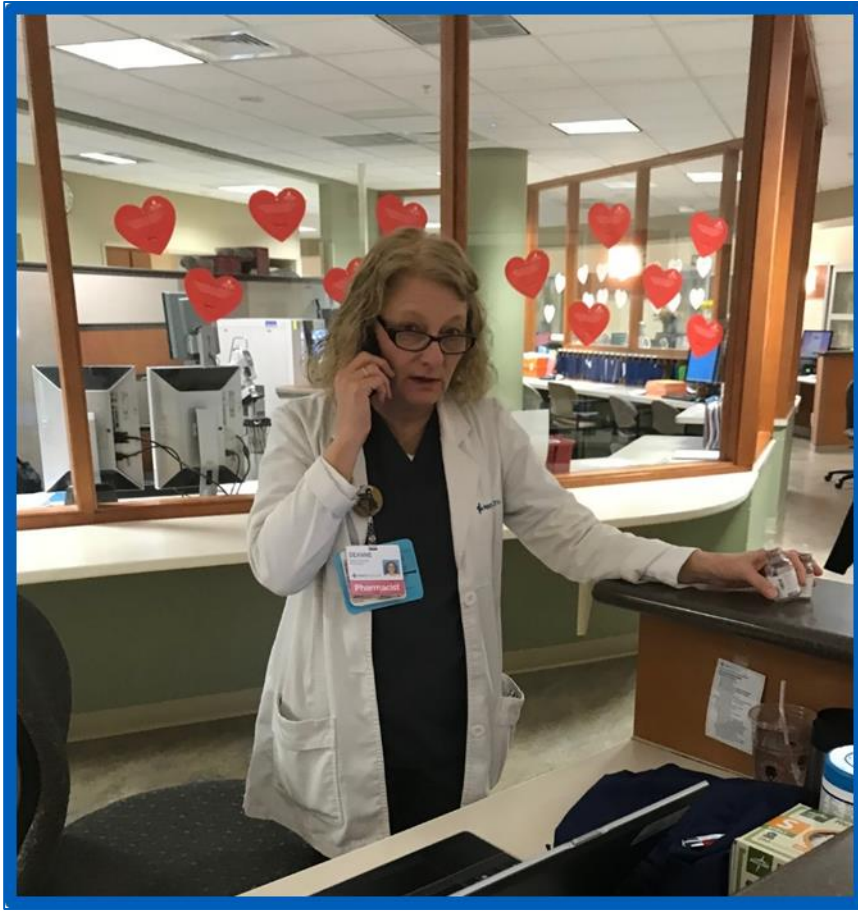
- Orientation
- Staffing
- Internal Medicine
- Cardiology
- Surgery
- Critical Care
- Emergency Medicine
- Oncology
- Ambulatory Care
- Infectious Disease
- Research
- Administration

•Elective Outside Rotations

- Population Health
- Bone Marrow Transplant
- Drug Policy and Development



Rules & Regulations



National Matching Service

- Participate in the ASHP Resident Matching Program
 - Abide by the Rules of the ASHP Pharmacy Resident Matching Program established by ASHP as shown on the Match website
 - Provide complete and accurate information to applicants concerning the positions available through the Match, including all organizational, residency and program policies related to eligibility requirements for appointment




Resident Licensure

- It is expected that the resident will obtain Ohio licensure within 30 days of their official start date
- Failure to obtain Ohio licensure within 90 days from their official start date will result in dismissal from the residency program



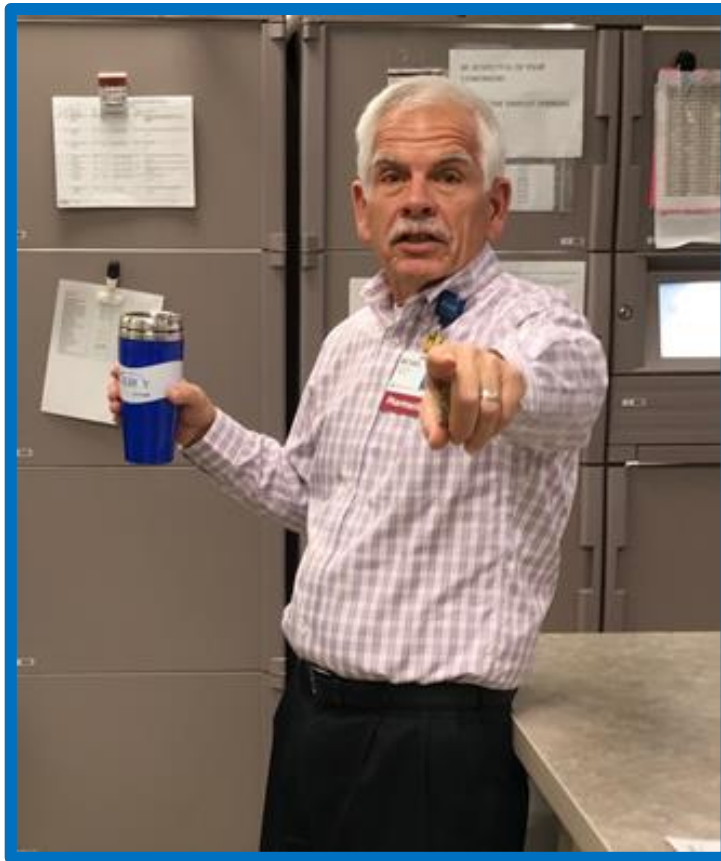
Duty Hours & Moonlighting

- Duty hours must be limited to 80 hours per week, inclusive of in house activities and moonlighting
 - Minimum of one day in seven days free of duty
 - Residents are off duty every other weekend
 - Should have 10 hours free of duty between scheduled duty, must have a minimum 8 hours
 - Max of 32 hours of moonlighting per month
 - As long as the resident does not exceed the 80-hour limit
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Duty Hours & Moonlighting

- If resident elects to moonlight:
 - Notify the RPD of the type and number of moonlighting hours by submitting a *Moonlighting Request Form* at least one week in advance.
 - Notify current rotation preceptor of the type and number of moonlighting hours
- Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program
- If preceptor(s) feels the resident's overall performance is adversely affected, the RPD will be notified and a meeting will be set up
 - The resident will no longer be allowed to moonlight during that rotation
 - This decision can be re-evaluated later in the year

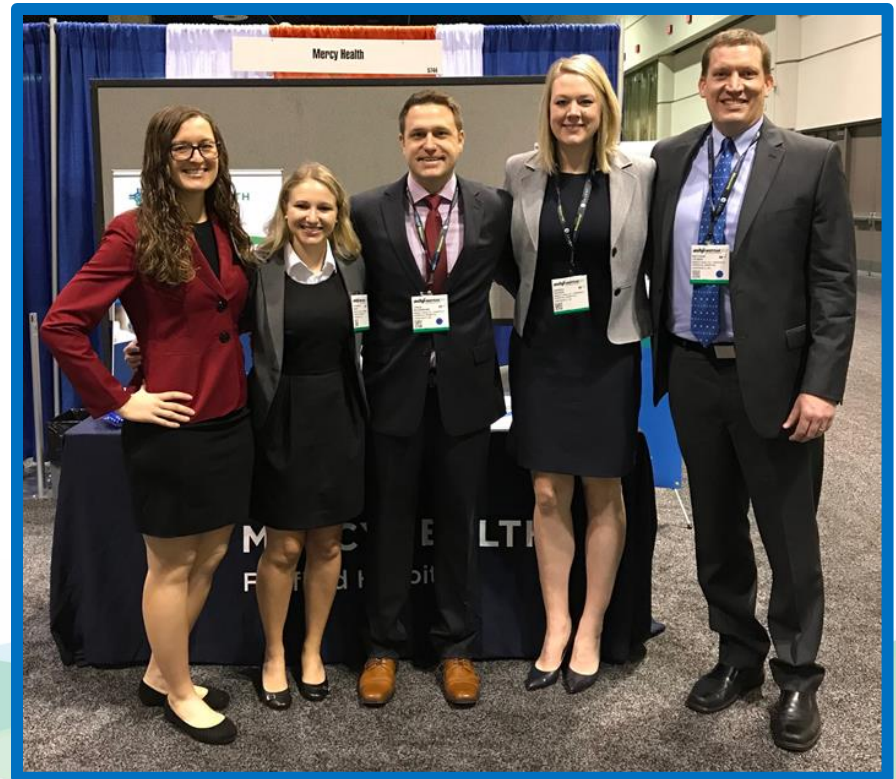
Applications & Interviews



“We want you!”

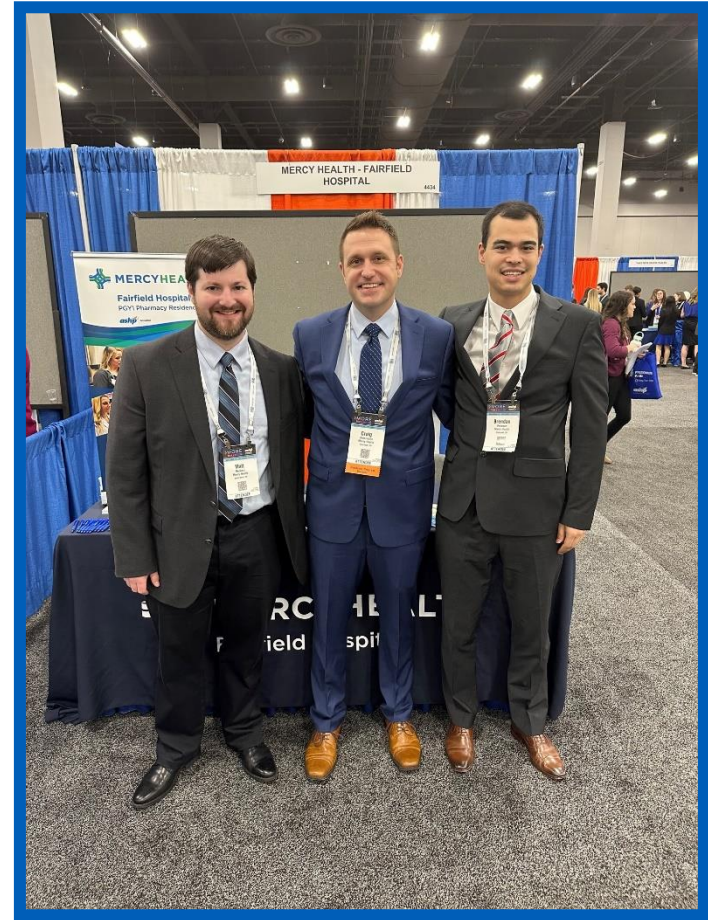
Recruitment

- Listing on ASHP Residency Directory
- Website
- Attendance of Residency Showcases
 - University of Findlay
 - Ohio Northern University
 - University of Cincinnati
 - ASHP Midyear
 - OSHP



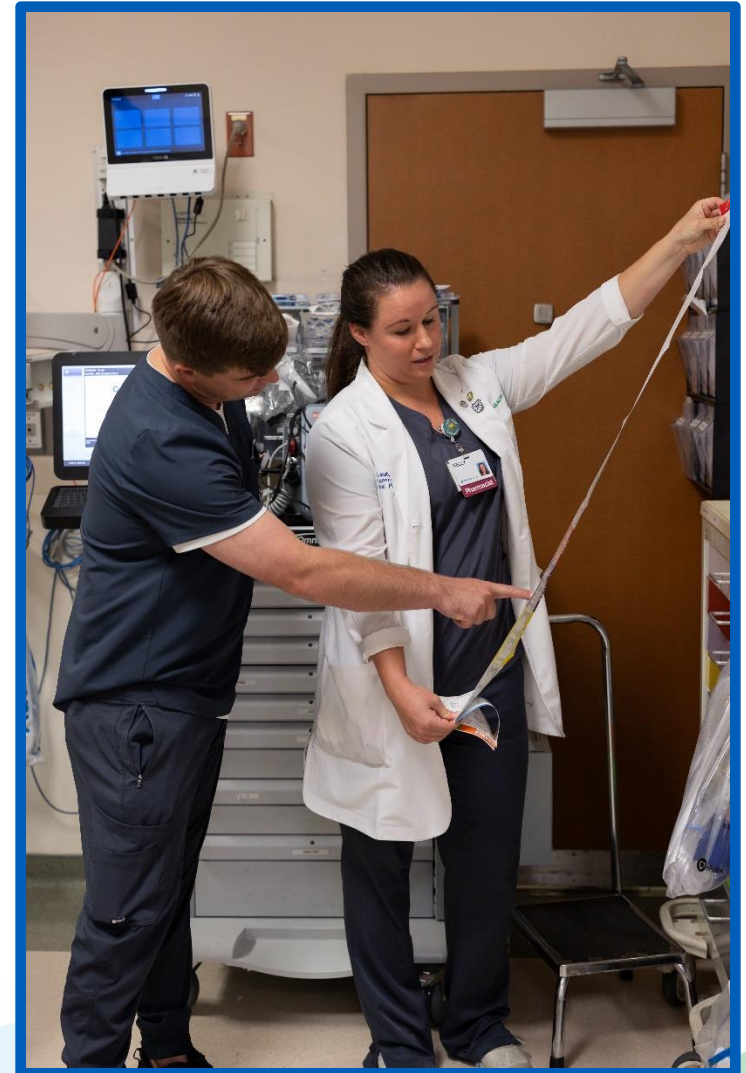
Residency Candidate Screening Evaluation Form

- Leadership
- Work Experience
- Clinical Experience
- Written Communication Skills
- References
- Correspondence
- Interest



Interviews


- 4 Interview Days in February
 - Program overview
 - Tour of the facility
 - Rotating Interview with Preceptors
 - Q&A with current residents
 - Lunch with RPD, a current resident



Leadership Roles



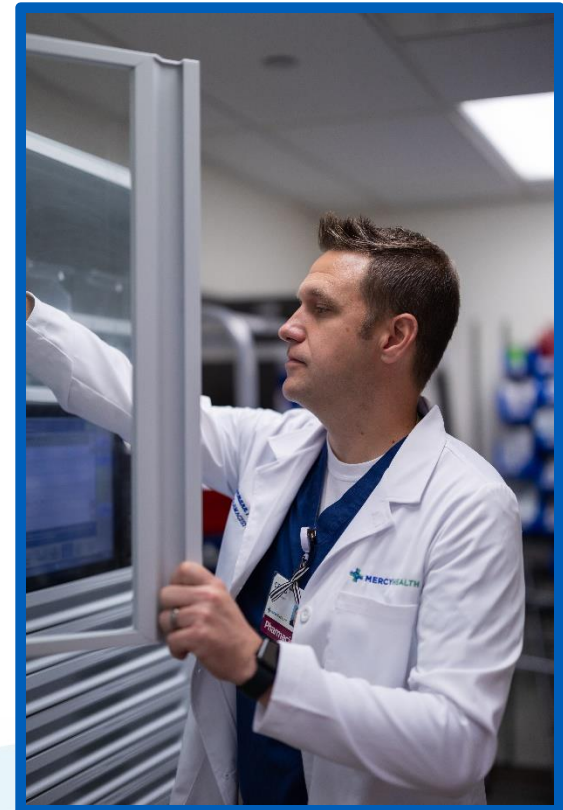
Residency Advisory Committee (RAC)

- Meets bi-monthly
 - Chaired by the Residency Program Director (RPD)
 - Specific functions include:
 - Coordinating system-wide activities regarding residency training
 - Engages in ongoing assessment of the residency program
 - Evaluation of residency applicants, interviews, and final rank selection
 - Ongoing monitoring of each residents progress throughout the residency year
 - Approval and evaluation of resident research projects
 - Approval of resident graduation and awarding of residency completion certificates
 - Approval of formal changes to the residency program
 - Appointment and evaluation of pharmacy preceptors
 - Annual program evaluation
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Residency Advisory Committee (RAC)

•Residency Advisory Committee Members for 2022-2023 include:

- Residency Program Director
 - Craig Ratermann, PharmD, BCPS
- Director of Pharmacy Services
 - Jeremy Wolfe, PharmD
- Preceptors/Liaisons
 - Piper Parker, PharmD, BCPS
 - Kelly Schaub, PharmD, BCCCP
 - Sarah Smith, PharmD, BCPS
 - Ellie Gillespie, PharmD, BCPS
 - Brockman Sanders, PharmD



Preceptors

- Members of the clinical and/or administrative staff who serve as preceptors for the various required, longitudinal, and elective rotations
 - Preceptors provide:
 - Assistance and guidance for achieving competency areas, goals and objectives
 - Evaluate the resident's progress during rotations
 - Serve as role models
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Preceptor Appointment

- Based on the Eligibility, Responsibility, and Qualifications criteria listed by ASHP
- Internal consideration of being key clinicians in that specialty
 - A pharmacist who practices in that specialty for approximately 25% of their scheduled shifts and has good rapport with the specialty's interdisciplinary team

MHF Preceptors

- Precepting makes us better practitioners and keeps us at the forefront of innovative healthcare.

- UF APPE Preceptor of the Year Award 2015 & 2019
- 2022 UC APPE Preceptor of the Year
- 12 Sunshine Awards
- 5 Partners in Nursing Awards



- APPE precepting: University of Findlay, Ohio Northern University, University of Cincinnati and Butler University

Liaison

- Each resident assigned a liaison by the RPD at the beginning of the year
 - Monitor the resident's progress throughout the residency year including:
 - MHF PGY1 Residency Program Orientation Checklist
 - Customized Development plan updated quarterly
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Learning Experiences



Required Rotations

- Orientation
- Internal Medicine
- Pharmacy Administration
- Emergency Medicine
- Surgery
- Critical Care
- Research Month

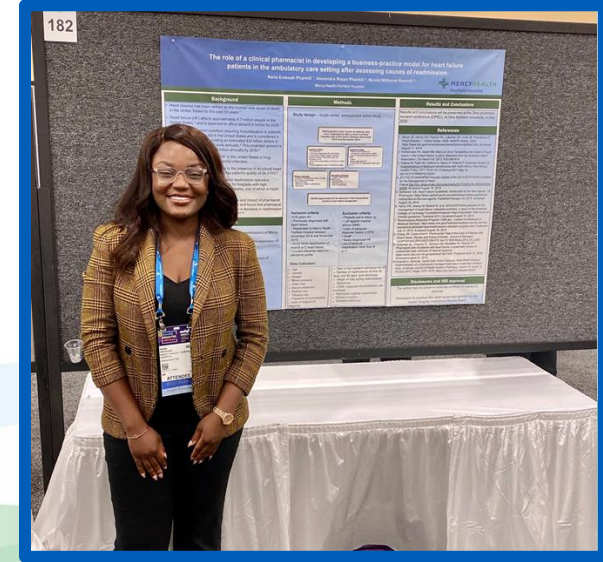
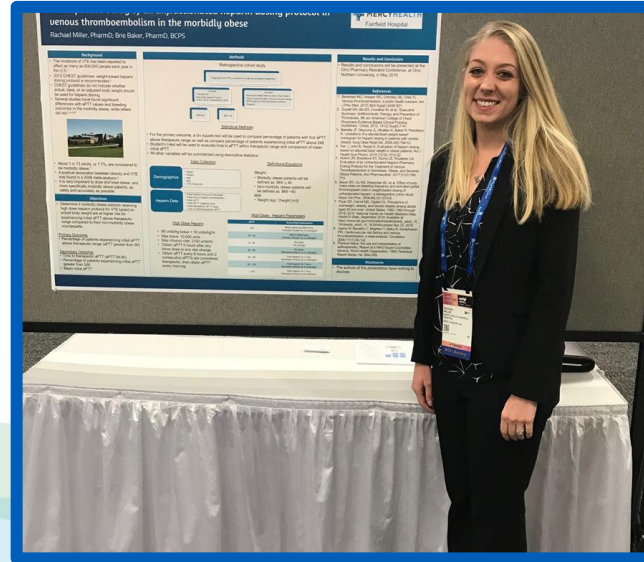
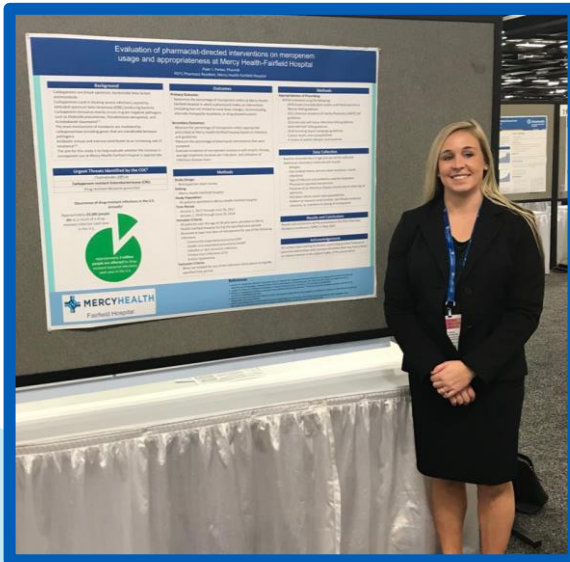
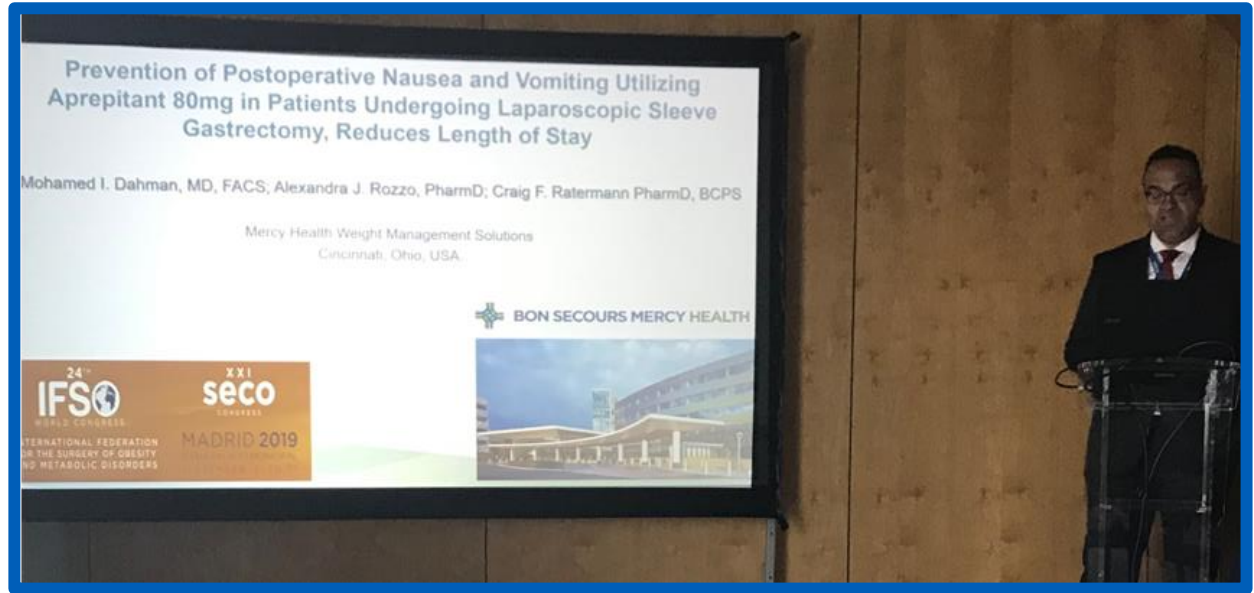
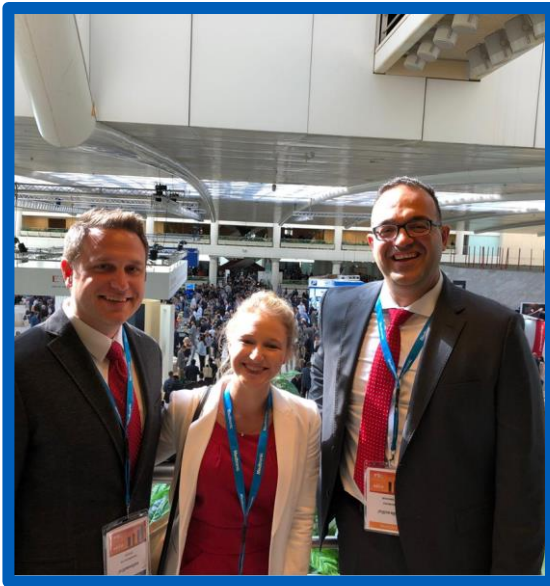


Longitudinal Rotations

- Pharmacy Research
- Pharmacy Staffing
- Grand Rounds
- Anticoagulation Clinic
- Teaching Certificate
- Pharmacy and Therapeutics Committee
- Patient Safety Committee

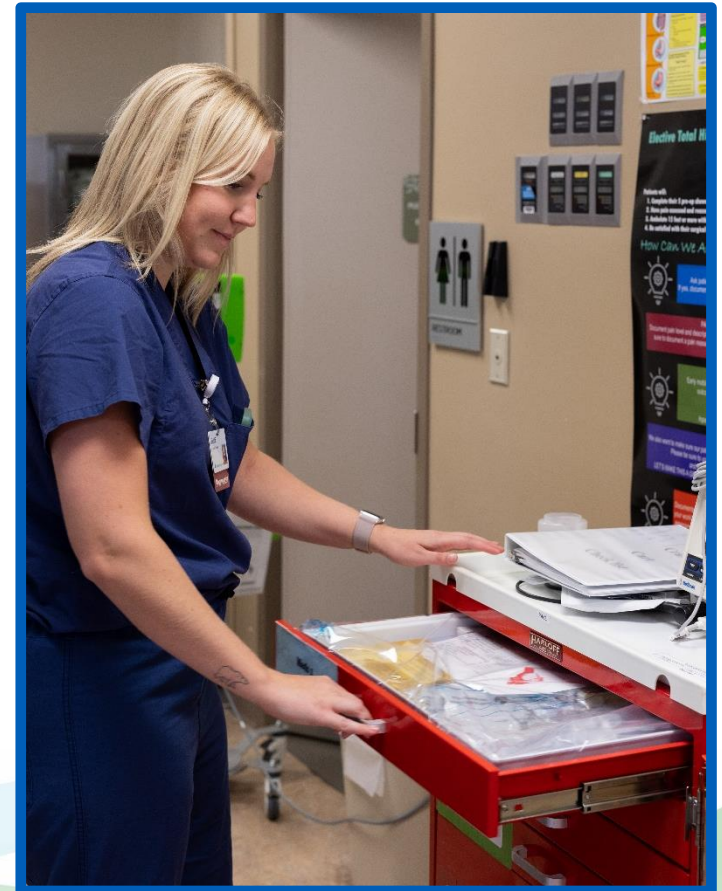


Research



Pharmacy Staffing

- Every other weekend, 2/3 Clinical Services, 1/3 Central Staffing
- Must receive authorization from the RPD before being permitted to staff independently
 - Central Pharmacy
 - Clinical
 - Ambulatory Care Clinic



Grand Rounds

- Four Presentations

- 1 = Research Project Background/Overview
- 2 = Resident Choice
- 3 = Regional Residency Conference Presentation
- 4 = Resident Choice



Elective Rotations


- Ambulatory Care
- Cardiology
- Infectious Disease
- Population Health
- Oncology
- Bone Marrow Transplant at The Jewish Hospital
- Advanced ICU, ER, or Internal Medicine



Evaluations



MHF Scale


- Needs Improvement (NI)** - The resident is not performing at a satisfactory level for the stage of education and training at which he or she currently resides. The resident frequently requires guidance and/or prompting to complete routine workflow for the rotation.
 - Satisfactory Progress (SP)** - The resident is performing at a satisfactory level based on current stage of education and training and is expected to achieve the outcome within the residency year.
 - Achieved (ACH)** - The resident is performing at a level that demonstrates achievement of the outcome to the degree that is possible within the residency year. It is preferable to not mark an outcome as “Achieved for Residency” on its initial evaluation unless the resident has demonstrated undeniable mastery of the outcome.
 - Not Applicable (NA)** - The specified outcome was neither taught nor evaluated within the learning experience. If outcomes for a specific experience are continually marked NA, the outcome will be re-evaluated for its appropriateness of teaching and evaluation within that learning experience.
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Achieved for Residency

- Evaluated at the end of each quarter
- The RPD will gather a subcommittee of appropriate preceptors
 - Discuss and evaluate resident performance
- Afterwards, the subcommittee will notify residents and preceptors:
 - Objectives achieved for residency
 - Areas in the objectives for continued growth



Formative Feedback


- Preceptors give ongoing verbal feedback to the resident
 - Frequent
 - Immediate
 - Specific
 - Constructive
 - “Stop, Start, Continue” Method once per rotation
 - Via Feedback Tab in PharmAcademic
 - Document feedback in the Preceptor Communication Folder on the share drive
- 

Midpoint Evaluation

- A formal opportunity for the preceptor and resident to come together to discuss the current progression of the rotation
- Any barriers to the rotation? Any issues that need to be addressed?



Summative Evaluation


- Conclusion of each learning experience
 - Residents must receive and discuss with preceptors, verbal and written assessment in reference to competency areas, goals and objectives in the rotation description
 - Verbal should be completed last day of rotation
 - Written documented in PharmAcademic within 7 days
- 

Resident Self-Assessment

- On-going self-evaluation and personal performance improvement throughout the residency year
- Comparison of Summative Evaluations
 - Internal Medicine
 - Grand Rounds
 - Pharmacy Staffing



Failure of a Rotation

- Preceptor evaluates the resident on all required competency areas, goals and objectives
 - A conference will be set up with the resident, the preceptor, the RPD, and site director of pharmacy if:
 - A resident receives greater than or equal to **two** “Needs Improvement” for Patient Care objectives
 - A resident receives greater than or equal to **three** “Needs Improvement” for any combination of 1) Patient Care, 2) Advancing Practice and Improving Patient Care, 3) Leadership and Management, 4) Teaching, Education, and Dissemination of Knowledge objectives
- 

Failure of a Rotation

- After the conference, the preceptor, the RPD, and site director of pharmacy will decide if the resident fails the rotation.
 - If the resident fails, the site director will document a Level I Counseling for the resident's file.
 - An action plan for improvement will be included in the counseling and a copy given to the resident.
 - The rotation will be repeated either in the following month, or as soon as it can be scheduled.
 - If the resident fails the remediation of that rotation or a second rotation, the resident will NOT receive their residency certificate and will be dismissed from the residency.
- The resident has the opportunity to appeal the process in writing and provide his/her point of view to the Residency Advisory Committee. The RAC will vote on the matter once the resident has had the opportunity to present their case. The decision of this committee is final.

Other Activities



Teaching & Education

- Opportunity to develop presentation and instructional skills through various education and training programs in the Department of Pharmacy and also Pharmacy Residency Networks

- Participation in these programs occurs within individual rotations and through additional activities

- Attendance of Greater Cincinnati Society of Health-System Pharmacists (GCSHP) events
 - Providing educational programs to multidisciplinary staff during rotations
 - Presenting research at the ASHP Midyear Clinical Meeting and a regional pharmacy conference
 - Grand Rounds
 - Precepting IPPE and APPE students
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Teaching Certificate

- Optional
- Affiliated with the James L. Winkle College of Pharmacy (University of Cincinnati)
 - Formal seminars on precepting philosophy
 - Skills Labs, Formal Lecture, Breakout Sessions
 - Development of teaching portfolio
- All former residents have completed certificate



Hospital Committee


- Residents are required to serve longitudinally on the:
 - Pharmacy & Therapeutics Committee
 - Patient Safety Committee
- Gain experience in the decision making process encountered with committee work as well as multi-disciplinary interactions in a setting outside of clinical practice



Pharmacy Fun Nights



Professional Development

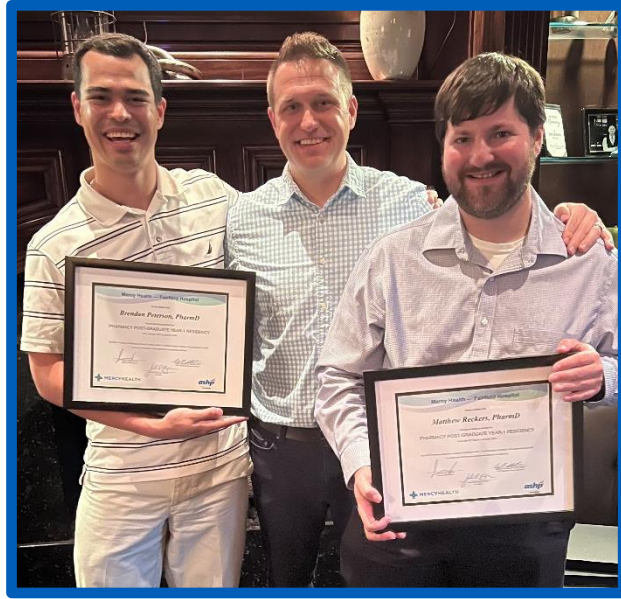
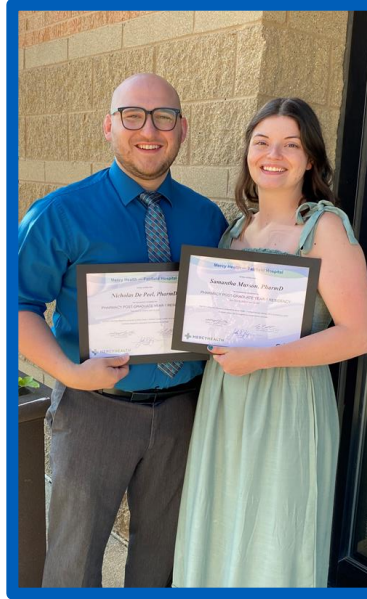
- Membership and participation in professional organizations is highly encouraged
 - Should be an active member of the ASHP
 - Encouraged to be in OSHP, OPA, ACCP
 - Utilize opportunities for publication of unique case reports and drug information questions
 - Spend informal time with various members of the staff at social occasions as well as professional meetings
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Community Outreach

- CHF Clinic
- Smoking Cessation
- Cardiopulmonary Rehab
- Total Joint Surgery Class
- Vaccinations



Successful Completion



Successful Completion

•With the completion of all established program requirements, the resident is awarded a graduation certificate. These requirements include:

- 93% achieved for residency of required rotation competency areas, goals and objectives as documented by completed and appropriately signed evaluations in PharmAcademic
- Up to date resident folder on the Pharmacy Share Drive including:
 - Final research project manuscript
 - Rotation pertinent assignments, projects, and presentations
 - Completion of *MHF PGY1 Residency Program Report Checklist*
- Attendance of ASHP Mid-year Clinical Meeting
- Attendance of a regional pharmacy conference and presentation of final research project results

•Voted on by the Residency Advisory Committee in the final month of the residency year



Residency Banquet

- Celebrate accomplishments and graduation of current residents



Dismissal

- Residents can be dismissed from the residency for the following reasons:
 - Failure to obtain Ohio license within 90 days
 - Failure of two rotations
 - Substance abuse in or outside of the institution
 - Endangering patient welfare
 - Unprofessional/unethical behavior, including modifying preceptor's evaluations of the resident's performance
 - Unprofessional/unethical conduct in settings outside the institution
- The resident will also adhere to the values and expectations and will be subject to the disciplinary guideline and process of Mercy Health – Fairfield Hospital.

ONE OF THE 5 LARGEST
Catholic health care systems in the nation



OVER **1,000** SITES OF CARE



ACROSS 7 STATES



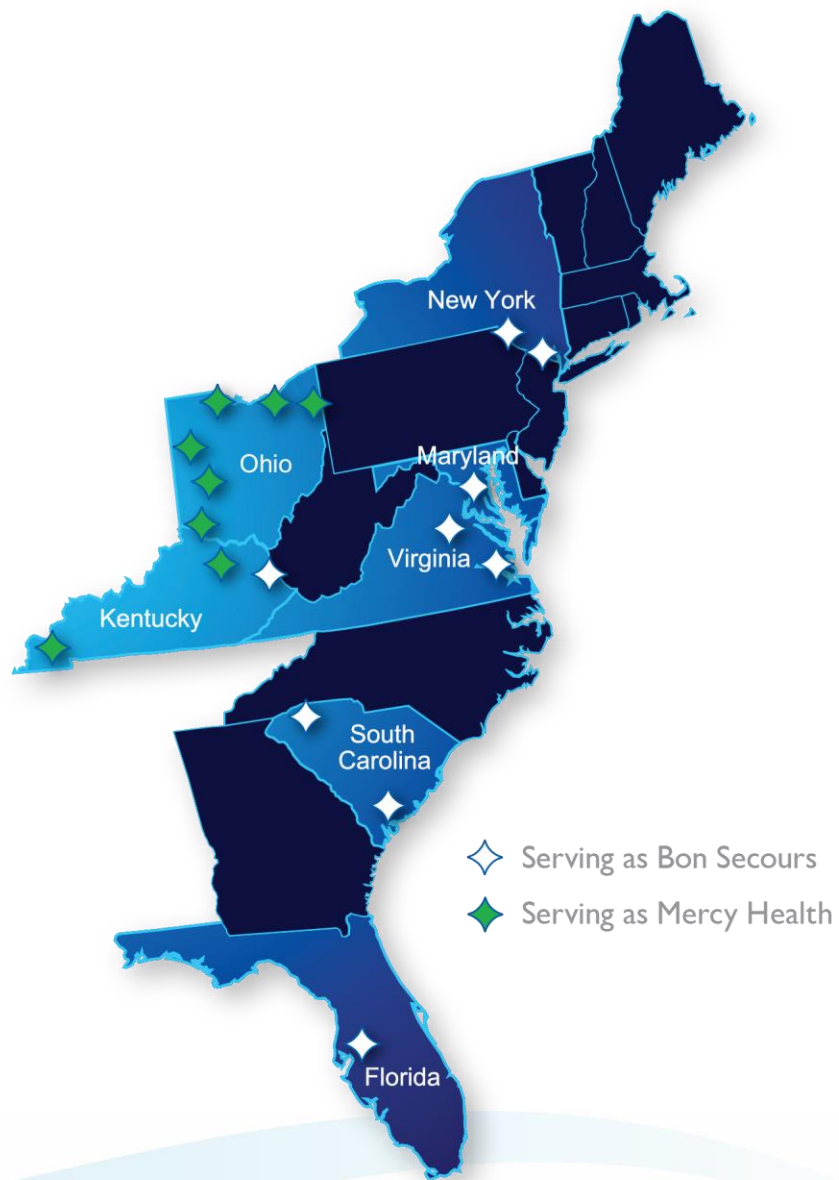
OVER **\$8 BILLION**
in net operating revenue

NEARLY **\$2 MILLION** A DAY
IN COMMUNITY BENEFITS



43 HOSPITALS

2,100 EMPLOYED PHYSICIANS &
57,000 TOTAL EMPLOYEES



Questions?

