

PGY1 Community-Based Pharmacy Residency Program

Program Overview

Henry Ford Health offers a one-year Community-Based pharmacy residency program designed to provide balanced experiences in a variety of community, ambulatory, specialty, and mail-order pharmacy services. Our mission is to develop highly skilled pharmacy practitioners empowered to optimize patient care, grown in clinical skills, and advance pharmacy practice in the community setting.

Pharmacists completing this residency program will be prepared to provide patient care at a level beyond that of a practitioner without postgraduate training. They will be skilled in educating other health care professionals, students, and patients, and will exemplify professionalism both in philosophy and by example.

PGY1 Purpose Statement (ASHP)

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Additional Program Information

- [HFH PGY1 Community-Based Pharmacy Residency Website](#)
- [ASHP Residency Directory - Program Code 43967](#)

See below/attached for the following

- Practice Site Information
- Program Structure
- Program Participants and Roles
- Requirements for Successful Completion
- Evaluation Strategy
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- Duty Hour and Moonlighting
- Licensure Policy
- Remediation/Disciplinary Policy
- Professional Meetings and Travel
- Stipend and Benefits
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- Code of Conduct

Practice Site Information

The Henry Ford Health Community Pharmacy Services division is comprised of community pharmacies, a specialty/mail-order pharmacy location, and embedded clinical pharmacists each providing patients with comprehensive clinical care across Michigan. These pharmacies employ over 500 team members within the high-value pharmacy enterprise.

<p>Community Pharmacies</p>	<p>Over 40 HFH community pharmacies are located across Michigan within medical centers, hospitals, and strategic partners and are open to the public, providing services including benefits coordination, financial assistance, medication adherence services, script-talk technology, meds-to-beds programs, one-on-one consultations, and more. These pharmacies provide direct access to pharmacists, medication, and wide-ranging services to patients across the community. Each site includes 300+ pharmacists, pharmacy technicians, and support staff to navigate clinical and operational responsibilities.</p>
<p>Specialty + Mail-Order</p>	<p>Pharmacy Advantage is a closed-door, specialty and mail order pharmacy, licensed in 48 states, servicing patients across the country and located in Rochester Hills, Michigan. This pharmacy is both URAC and ACHC accredited in Mail Order and Specialty services, along with distinctions in Rare Disease and Oncology. Patient services include benefits investigations, prior authorizations, financial assistance, patient management clinical assessment program, free home delivery, and refill adherence programs. This location has a call center, mail order and specialty clinical services, production operations, inventory, informatics, accreditation, marketing, regulatory, and support staff - employing over 175 team members.</p>
<p>Ambulatory Care</p>	<p>Advanced Pharmacy Practice Providers are embedded within primary care and specialty clinics providing chronic disease state management, supporting value-based care initiatives, and educating patients while working directly with providers with collaborative practice agreements. These 30+ pharmacists are integrated within the health-care teams of primary care, pulmonary, cardiology, dialysis, anti-coag, pharmacogenomics, and more.</p>

Program Structure

	Learning Experiences	Duration (53 weeks)	Location*
Required	Orientation to PGY1 Community-Based	6 weeks	Rochester Hills
	Mail Order Clinical Services	8 weeks	Rochester Hills
	Community Pharmacy	4 weeks	West Bloomfield
	Primary Care Clinic	4 weeks	Sterling Heights
	Discharge Pharmacy	8 weeks	Detroit
	Specialty Pharmacy – Core Patient Management	4 weeks	Rochester Hills
	Specialty Pharmacy – Advanced Patient Management	4 weeks	Rochester Hills
	Specialty Pharmacy – Clinical Programs	4 weeks	Rochester Hills
	Pharmacy Administration	4 weeks	Rochester Hills
Elective (Select 2)	Pharmacogenomics	3-4 weeks	Rochester Hills
	Pulmonary Clinic	3-4 weeks	Detroit
	Primary Care Clinic II	3-4 weeks	Multiple Options
Longitudinal	Staffing - 2 Saturday shifts per month - Minimum of 18 shifts total as a licensed pharmacist	Longitudinal (40 weeks)	Detroit West Bloomfield
	Professional Development - Professional Meeting Attendance - Educational Sessions and Presentations - Quality Improvement Initiatives - Business Plan Development - Wayne State University, Teaching and Learning Curriculum (highly recommended)	Longitudinal (53 weeks)	Rochester Hills
	Research -Major Research Project (Presentation and Manuscript)	Longitudinal (53 weeks)	Rochester Hills
	Project Development - Secondary Project (Medication Use Evaluation)	Longitudinal (34 weeks)	Rochester Hills

**Primary Practice Site is in Rochester Hills, Michigan. Participating sites are part of Henry Ford Health*

Program Participants and Roles

Sharon Boji, PharmD, BCPS

Clinical Pharmacy Specialist, Primary Care
Rotation Offered: Primary Care Clinic II

Dawn Hall, RPh

Manager of Clinical Services, Mail Order
Rotation Offered: Mail Order Clinical Services

Lopa Joshi, PharmD

Pharmacy Coordinator, Immunology
Rotation Offered: Specialty Pharmacy – Clinical Programs

Nikki Karana, RPh

Supervisor, Ambulatory Pharmacy
Rotation Offered: Community Pharmacy, Staffing

Lauren Krumm, PharmD

Clinical Pharmacy Specialist, Specialty
Rotation Offered: Specialty Pharmacy – Core Patient Management

Patricia Lee, PharmD, BCACP

Clinical Pharmacy Specialist, Primary Care
Rotation Offered: Primary Care Clinic

Amber Lanae Martirosov, PharmD, BCPS, BCACP

Clinical Pharmacy Specialist, Pulmonary
RPD, HFH Ambulatory Care PGY2
Clinical Associate Professor, Wayne State University
Rotation Offered: Pulmonary Clinic

Mateen Moghaddam, PharmD

Supervisor, Ambulatory Pharmacy
Rotation Offered: Discharge Pharmacy, Staffing

Sweta Patel, PharmD, CSP

Director, Specialty Pharmacy Services
Rotation Offered: Pharmacy Administration

Leanne Sanders, PharmD

Clinical Pharmacy Specialist
Rotation Offered: Specialty Pharmacy – Advanced Patient Management

Marcy Snell, PharmD, CSP

Pharmacy Coordinator, Oncology
Rotation Offered: Specialty Pharmacy – Clinical Programs

Amanda Soyad, PharmD

Manager of Clinical Services, Specialty
RPD, HFH PGY1 Community-Based
Rotation Offered: Orientation, Professional Development

Long To, PharmD, BCPS

Pharmacogenomics Specialist
Rotation Offered: Pharmacogenomics

Lalitha Veerappan, PharmD, BCACP

Clinical Pharmacy Specialist, Primary Care
Rotation Offered: Primary Care Clinic II

Requirements for Successful Completion

To receive a certificate of completion, the resident must achieve the following requirements by the end of residency. Assessments toward completion will occur monthly and documented in RAC meeting minutes and to the resident's development plan as needed.

- Complete all required learning experiences
- Achieve for the residency (ACH-R) the required minimum percentage (80%) of all the ASHP required educational outcomes and goals for the residency.
- Complete all goals and objectives with a Satisfactory Progress (SP) evaluation by the end of the residency (any Needs Improvement (NI) must be followed by SP)
- Create or revise one of the following: a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set
- Develop a business plan for implementation of a new service or enhancement of an existing service
- Develop two project plans (see 2 projects below)
- Complete and present* a major, longitudinal project of quality suitable for publication, intended to advance pharmacy practice (including both a written report and a presentation* to an external audience).
 - Submitted to preceptor at least 2 weeks prior to end of residency
 - *Presentation likely at Great Lakes Pharmacy Residency Conference
- Complete and present* a Medication Use Evaluation
 - *Presentation likely at ASHP Midyear Clinical Meeting
- Provide a written communication to an appropriately determined audience (formal education to patient, HCP or pharmacist)
- Provide a verbal presentation to an appropriately determined audience (audio-visual/slide presentation)
- Complete all staffing requirements (two shifts per month during longitudinal experience; a minimum of 18 staffing shifts as a licensed pharmacist)
- Create or revise a policy, procedure, or protocol

In addition, residents shall:

- Abide by all applicable policies of the PGY1 Community-Based residency program, pharmacy department, and Henry Ford Health
- Demonstrate professional commitment to the program and pharmacy practice throughout the residency with appropriate conduct, appearance, and engagement
- Prepare for rotation assignments, meetings, projects, and meet set deadlines without excessive prompting
- Participate in recruitment of residents for next program year, including attendance and participation in local, state and/or national conferences and/or showcases.
- Complete all PharmAcademic evaluations and Duty Hours by required deadlines
- Self-evaluate own performance
- Provide an electronic residency portfolio of completed residency materials to RPD at end of residency
- Plan at least 1 event to be held during Pharmacy Week

Evaluation Strategy

Required Learning Experience Evaluations and Schedule

Evaluation	Type	Evaluator	Evaluated	Due
Learning Experience Evaluation	Learning Experience	Residents	Learning Experience	End of Learning Experience (and Midpoint if >12 weeks)
Preceptor Evaluation	Preceptor	Residents	All Preceptors of this Learning Experience	End of Learning Experience
Summative Evaluation	Resident	All Preceptors	Each Resident taking this Learning Experience	End of Learning Experience (and Evenly Spaced if >12 weeks)

Evaluation Strategy and Definitions

- **Needs Improvement (NI)**
 - Resident skills and knowledge have no growth demonstrated and/or could potentially result in patient harm or an unfavorable impression of the profession of pharmacy within the institution.
- **Satisfactory Progress (SP)**
 - Resident performance is demonstrating progression and at an appropriate level for career stage; however, the resident is not yet ready to perform the objective consistently and independently.
- **Achieved (ACH)**
 - Resident demonstrates ability to perform activities corresponding to the objective consistently and independently in the learning experience, requires minimal or no assistance, and can self-monitor quality.
- **Achieved for Residency (ACHR)**
 - Resident demonstrates the ability to perform the objective consistently and independently at the achieved level (defined above) across diverse settings/populations/acuity.
 - ACHR will be determined by consensus at monthly RAC meetings when:
 - R1 Objectives have been marked ACH in at least 2 different LEs or at least twice within one longitudinal learning experience
 - R2/R3/R4 Objectives have been marked ACH at least once on that objective, and by consensus of the RAC.

Leave Policy

Residents are allowed up to 15 days of paid time off (PTO) from the residency program to be used for approved time off, unexpected illness, personal reasons, interviews, etc. At the end of the residency year, any unused amount of the 15 days will not be paid out to the resident.

- All planned leave must be approved. Approval confirmation must be obtained by sending an email requesting the day(s) off to both the affected rotation preceptor and the Residency Program Director (RPD). Requests should be made at least 2 weeks prior to the dates requested. Failure to follow this process for requesting time off may result in denial of your request.
- For unplanned leave (due to illness, etc.), the resident must call prior to shift and inform the pharmacist at applicable pharmacy/location for that day, **in addition to his/her preceptor and RPD via email.**

PTO	15 days
Holidays	No more than 6 days
ASHP Midyear Meeting	No more than 4 days
Great Lakes Pharmacy	No more than 3 days
Meetings and Discretionary Leave*	Determined by RPD
Total	A resident's time away from the residency cannot exceed a total of 37 days

**If a resident has used all 15 days of PTO, any additional leave may not exceed 22 days. This leave MUST be approved by the RPD and the resident's current preceptor at least 2 weeks prior to the dates requested. Discretionary leave may include additional time allotted for bereavement and jury duty based on HFH Policy.*

Leave of Absence: In extraordinary circumstances, residents may request a leave of absence for illness or personal reasons. For leave of 3 months or less, the resident will be permitted to "make up" both time and competencies missed in a paid residency extension with benefits, initiated after the original program end date. If a leave of absence of greater than 3 months is necessary, the RPD and Resident will work the Director of Pharmacy and Human Resources to determine a plan for the leave and may consider dismissal (See Remediation/Disciplinary Policy below). A leave of absence of greater than 12 months will not be permitted.

Duty Hour Policy

Duty Hours: Duty hours are defined as all hours spent on scheduled clinical and academic activities related to the pharmacy residency program.

Duty hours include patient care responsibilities, administrative duties, staffing, scheduled and assigned meetings or activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

Duty hours exclude reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from work or conferences; and hours that are not scheduled by the residency program director or preceptor.

- Maximum Hours: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all scheduled activities and all moonlighting.
- Mandatory Duty-Free Times: Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks), and a minimum of 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.
- Duty hours are documented monthly by the resident using the PharmAcademic attestation statement.
- The RPD or designee will monitor duty hour and moonlighting compliance in PharmAcademic monthly
 - In any instance of non-compliance, the Resident will meet with the RPD to determine action plan to prevent exceeding duty hours.

Work Outside of the Residency Program

Moonlighting: Voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Internal Moonlighting is the only type of Moonlighting that is permitted. No more than one 8-hour internal moonlighting shift will be permitted per week. Moonlighting must be APPROVED by the RPD prior to being scheduled and must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Any moonlighting must be counted towards total duty hours (see above).

Reporting Hours: Internal moonlighting hours worked by a resident will be monitored during the biweekly payroll software approval process and in the PharmAcademic attestation. The RPD will be notified if the resident is moonlighting greater than one shift per week.

External Moonlighting within pharmacy is NOT permitted

The RPD will ensure that discussion of the potential impact of moonlighting on resident performance is part of the monthly review of each resident at the PGY1 Community-Based Residency Advisory Committee (RAC) meetings. If any moonlighting impacts performance, the RAC will determine whether moonlighting hours should be limited or eliminated for the resident.

Reference: *Duty Hour Requirements for Pharmacy Residencies (ASHP; 4 March 2023):*
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Licensure Policy

Pharmacy residents are strongly encouraged to be licensed pharmacists in the state of Michigan no later than 90 days from the residency start date. Failure to obtain licensure within 120 days of the residency start date will result in dismissal from the program.

Remediation/Disciplinary Policy

Pharmacy residents are employees of Henry Ford Health (HFH) who are expected to perform and behave in a manner consistent with expectations of all HFH employees. The resident may be subject to corrective action and/or termination based on violation of the Standards of Conduct, which would be addressed according to the HFH Human Resources (HR) policy.

Examples of violations include but are not limited to:

- Dishonesty
- Extreme negligence of duty
- Willful disobedience
- Engaging in illegal activities
- Willful acts of disrespect to patients, visitors, or employees

General concerns related to the resident work performance, professionalism, behavior, or knowledge will be first addressed by counseling to correct the problem. If the performance concerns are not resolved, the residency program director will determine next steps in consultation with the RAC when needed.

Resident Performance Improvement Plan (PIP)

A PIP is a remediation plan mutually agreed upon by the resident, RPD and advisor that will be documented and tracked in PharmAcademic to correct or address issues related to poor work performance. The PIP will be managed over a 30 day timeline with weekly check-ins.

Examples of unsatisfactory performance where a PIP will be initiated include but are not limited to the following:

- Ongoing unprofessionalism (ie. tardiness, poor behavior, plagiarism, lack of communication, etc.)
- Failure to meet multiple agreed upon deadlines
- Receiving an evaluation of "Needs Improvement" on one or more learning objectives
- Failure to "Achieve" one of the R1 patient care objectives after the final scheduled experience where that objective is taught and evaluated

These remediation measures are typically successful in helping the resident successfully complete the residency and allow certification. However, there may be instances where the resident has progressively failed to meet expectations outlined by the mutually agreed upon plan or has seriously violated the Henry Ford Health Standards of Conduct. In these cases, after further consultation with the Residency Advisory Committee, Director of Pharmacy Services and HR, the RPD and HR may dismiss the resident from the program and terminate employment with Henry Ford Health.

Professional Meetings and Travel

Residents will attend the ASHP Midyear Meeting and the Great Lakes Pharmacy Residency Conference (GLPRC). Departmental funding for these meetings will be as follows*:

ASHP Midyear

- Expenses for flight, registration (excluding late fees), lodging, meals up to a maximum of \$2,000 for ASHP Midyear Meeting.

GLPRC

- Expenses for registration (excluding late fees), lodging, meals and mileage for drivers (residents should drive and/or lodge together if suitable) up to a maximum of \$400 for GLPRC.

NOTE: "Meeting days" will be provided for each of the meetings above. Additional meetings (state, local) may be attended by the resident with appropriate approval of the RPD, preceptor, and pharmacy administration; however, days away from the required site will be deducted from the resident's discretionary leave bank and no additional funding will be available for these meetings.

Travel to Offsite Learning Experiences

Learning experiences that are not conducted at the primary practice site (for example, primary care clinics, ambulatory pharmacies, and/or HFH hospitals) are not eligible for travel reimbursement (e.g. mileage reimbursement).

**All travel and funding is subject to change due to appropriate funding and at the discretion of the Director of Pharmacy.*

Stipend/Benefits

The estimated annual stipend is \$53,040. Residents are eligible for applicable full-time employee benefits of Henry Ford Health (medical, dental, vision, and relevant fringe benefits).

Vaccine Requirements

Residents must comply with the Henry Ford Health Tier 1: Mandatory Vaccines Policy. Henry Ford Health requires proof of vaccination for Seasonal Influenza, Diphtheria, Pertussis, and Tetanus. In addition, proof of immunity and/or vaccination is required for Measles, Mumps, and Rubella

Resident Resources

Residents are provided with the following:

- Designated desk space
- Computer and phone equipment
- White Coat
- Access to the Henry Ford OneHenry Intranet databases and resources