

# **Henry Ford Hospital - Requirements for Completion of PGY2 Emergency Medicine**

## **Completion of the Residency Orientation Program**

A formal orientation program for residents is scheduled at the beginning of the program. The resident is expected to complete all orientation activities. This orientation period is used to introduce the incoming residents to the Department of Pharmacy, Clinical Pharmacy Services, PGY2 Emergency Medicine Residency Program, and to outline the expectations for the residency year.

## **Completion of a Residency Project**

The resident is required to participate in a longitudinal project. The resident will collaborate with pharmacy preceptors and any collaborators to identify, design, execute and report the results of an emergency medicine pharmacy practice research project. In addition, the resident is required to attend all applicable subsections of PRIME (Pharmacy Research Institute for Medication Use and Effectiveness) meetings as determined by the residency program director. Satisfactory performance as determined by the Residency Program Director and/or project preceptors is required for successful completion of the program.

## **Preparation of a Manuscript Acceptable for Publication**

The resident is required to write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. This manuscript may include a review article, case report/series, findings from their research project, etc. The topic of this written work will be determined by the resident and residency program director based on the resident's background, experience and goals. Editorial assistance by a preceptor is required. The resident must be first author and responsible for submission and revisions to a journal. The resident must submit a manuscript for publication within 6 months of graduation or risks losing primary authorship.

## **Completion of a Medication Use Evaluation**

The resident is required to participate in a Medication Use Evaluation (MUE). MUEs will be performed in conjunction with the Residency Program Director and/or the Drug Information Center Preceptor. Satisfactory performance as determined by the Residency Program Director and/or Drug Information Center Preceptor is required for successful completion of the program. The findings of the MUE will be presented as a poster at the ASHP Midyear Clinical Meeting.

## **Completion of a Continuing Education Program and Other Required Presentations**

The resident will present one continuing education program during the residency program. The goal of the presentation is to improve the resident's communication skills and techniques, literature evaluation, and understanding of the continuing education process. The seminar topic will be selected by the resident with guidance from at least one preceptor, and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. The resident is required to present at two journal clubs, two case-conference presentations, and the pharmacy morbidity and mortality.

## **Completion of a Medication Monograph and/or Development/Revising of a Medication Policy/Guideline**

The resident is responsible for developing a medication monograph evaluating a medication that has been requested to be added to the system's medication formulary and/or revising/developing a policy/guideline for a medication. The medications selected for these experiences will be one relevant to the emergency department. This experience will be performed in conjunction with an emergency medicine preceptor and/or the Drug Information Center Preceptor. Satisfactory performance as determined by the Residency Program Director and/or Drug Information Center Preceptor is required for successful completion of the program. The resident will be responsible for presenting the work to the respective committee if scheduling within the residency year allows. If a medication monograph is not available, the resident will work on two different Policy/Guideline throughout the year.

## **Completion of All Required Weekend and Holiday Staffing**

The resident will be scheduled to cover the emergency department throughout the year (240 hours total, 6, 16-hour weekend and 6, 24-hour weekend staffing), one major and one minor holiday (12-hour coverage).

### **Attendance at Required Professional Meetings**

The resident is required to attend the ASHP Annual Midyear Meeting to assist with recruitment of future residents. The resident is required to attend one additional professional meeting for emergency medicine healthcare professionals.

### **Participation in Henry Ford Hospital Multi-Disciplinary Committee Meetings**

The resident will join the emergency management multidisciplinary committee as a non-voting member. This committee meets monthly. The resident must attend 75% (at least 9 of the 12) of the committee meetings over the course of the residency year. The resident will report on progress to the residency program director

### **Involvement in a Community Event**

The resident must be involved in the planning and conducting a community event for the department of pharmacy. This may be a fundraising event or participation in a multidisciplinary event to promote education about specific disease state.

### **Completion of Code Blue/White Experience and Completion of Pharmacy Department Competencies**

The resident will obtain BLS, ACLS, and PALS certification and maintain these certifications throughout residency. They will also complete all Department of Pharmacy Competencies. Satisfactory completion of departmental competencies will be determined by the Operational Pharmacy Manager.

### **Completion of the PGY2 Emergency Medicine Disease State Checklist**

The resident is responsible for completing the PGY2 Emergency Medicine Residency Diseases and Conditions Checklist (i.e. Appendix 1 from the PGY2 Emergency Medicine Program Residency Competency Areas, Goals, and Objectives).

### **Completion of an Exit Interview and Residency Portfolio**

The resident will complete a formal exit interview with the RPD during the last rotation of the residency year. The resident is required to develop an electronic file that contains final items for the Research Project, MUE, Final CE Presentation, In-services, GLPRC Evaluations, Manuscript, Final Policy/Guideline, Final Monograph, Committee Work, PGY2 Emergency Medicine Disease State Checklist, Miscellaneous Items (i.e. Journal Club, Professional Development Presentations, fliers/plans for Community Fair, etc).

### **Achievement of PGY2 Emergency Medicine Residency Learning Objectives**

For successful completion of the residency, the resident MUST have "Achieved for Residency (ACHR)" for at least 80% of the Required Emergency Medicine PGY2 Residency Objectives, including 100% of the objectives from R1: Patient Care and no "Needs Improvement", as assessed by the PGY-2 residency advisory committee. Verbal comments from preceptors and evaluations of the resident learning experiences will be used by the PGY-2 residency advisory committee to determine whether or not the resident has earned a "Satisfactory Progress" or "Achieved" on an objective. This assessment will occur on a monthly basis. Should the PGY-2 residency advisory committee determine that the resident has "ACHR" a learning objective, the objective will continue to be evaluated as needed, so that the resident can benefit from additional preceptor comments.

### **For the PGY2 Emergency Medicine Residency, the following definitions will be used in evaluating resident progress:**

**Needs Improvement (NI)** – Resident's current performance will not result in achievement of learning experience description objectives based on defined activities. Resident requires significant preceptor supervision to complete the objective or assigned task/activities or has failed to complete standard departmental services despite preceptor feedback outlining a plan for improvement.

**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.