

Appendix C – PGY2 Emergency Medicine Program

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ASHP Required Competency Areas

Postgraduate Year Two (PGY2) Emergency Medicine Residencies

R1: Patient Care

R2: Advancing Practice and Improving Patient Care

R3: Leadership and Management

R4: Teaching, Education, and Dissemination of Knowledge

R5: Management of Medical Emergencies

R6: Management of Toxicology Patients

Southwest General Hospital Requires No Elective Competencies

ASHP Required Competency Areas, Goals, and Objectives for PGY2 Pharmacy Residencies

Competency Area R1: Patient Care

Goal R1.1: Provide comprehensive medication management to patients following a consistent patient care process.

- R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.
- R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.
- R1.1.3: (Analyzing) Collect and analyze information to base safe and effective medication therapy.
- R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

- R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
- R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients by taking appropriate follow-up actions.
- R1.1.7: (Applying) Communicate and document direct patient care activities appropriately in the medical record, or where appropriate.
- R1.1.8: (Applying) Demonstrate responsibility for patient outcomes.

Goal R1.2: Ensure continuity of care during transitions between care settings.

- R1.2.1: (Applying) Manage transitions of care effectively.

Goal R1.3: Manage and facilitate delivery of medications.

- R1.3.1: (Applying) Facilitate delivery of medications following best practices and local organization policies and procedures.
- R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
- R1.3.3: (Applying) Facilitate aspects of the medication-use process.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

- R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol.
- R2.1.2: (Analyzing) Identify opportunities for improvement of the medication-use system.

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project to improve patient care or for advancing the pharmacy profession.

- R2.2.1: (Analyzing) Identify and/or demonstrate understanding of specific project topic.
- R2.2.2: (Creating) Develop a plan or protocol for the project.
- R2.2.3: (Evaluating) Collect and evaluate data for the project.
- R2.2.4: (Applying): Implement an improvement project or conduct research activities.
- R2.2.5: (Evaluating) Assess changes or need to make changes related to the project.
- R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of patient care.

- R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of patient care.
- R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of patient care.

Goal R3.2: Demonstrate management skills in the provision of patient care.

- R3.2.1: (Applying) Contribute to departmental management.
- R3.2.2: (Applying) When presented with a drug shortage, identify appropriate alternative medications.
- R3.2.3: (Analyzing) Participate in the organization’s system for reporting medication errors and adverse drug events (ADEs).
- R3.2.4: (Applying) Manage one’s own emergency medicine practice effectively.

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

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.

- R4.1.1: (Applying) Design effective educational activities.
- R4.1.2: (Applying) Use effective presentation and teaching skills.
- R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
- R4.1.4: (Applying) Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

- R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs.
- R4.2.2: (Applying) Effectively employ preceptor roles (instructing, modeling, coaching, or facilitating).

Competency Area R5: Management of Medical Emergencies

Goal R5: Participate in and exercise leadership in the management of medical emergencies.

- R5.1.1: (Applying) Demonstrate the essential role of the emergency pharmacist in the management of medical emergencies.
- R5.1.2: (Applying) Exercise leadership as a team member in the management of medical emergencies.
- R5.1.3: (Complex Overt Response) When allowed by the organization, exercise skill in the administration of emergency medications.

Competency Area R6: Management of Toxicology Patients

Goal R6.1: Describe the role of the poison center or medical toxicologist in the care of the toxicology patient.

- R6.1.1: (Understanding) Explain the collaboration between the medical toxicologist, poison center and emergency department.

Goal R6.2: Demonstrate the ability to provide appropriate evidenced-based recommendations for the patient in need of toxicologic intervention.

- R6.2.1: (Evaluating) Assess patients in need of toxicologic intervention.
- R6.2.2: (Applying) Participate in the management of a patient in need of toxicologic intervention.
- R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patients in need of toxicologic intervention.

Qualification of the Resident

Qualifications for participation in the SW General PGY2 Emergency Medicine Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacist (ASHP).

- Resident must be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)
- Resident must be a graduate (or candidate for graduation) of an American Society of Health System Pharmacists (ASHP) accredited PGY1 pharmacy residency program (or one in the process of pursuing accreditation)
- Resident must submit a copy of PGY1 residency certificate within 14 days of starting the PGY2 residency program
- Resident must be licensed in Ohio by October 1st
- Resident must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for the position is unavailable
- Resident shall participate in and obey the rules of the Residency Matching Program
- Pass Southwest General Human Resources requirements for employment

Application to the PGY2 Residency Program

Applicants to the PGY2 Emergency Medicine Residency Program will complete an electronic application through PhORCAS and submit by the application deadline of January 3rd.

Required Materials include:

- PharmD from an ACPE Accredited school or college
- Completion of an ASHP accredited PGY-1 Residency or an ASHP approved equivalence
- On-site interview
- Letter of Intent, including statement of professional goals and rationale for pursuing a PGY2 residency in emergency medicine
- Residency Application Form
- Curriculum Vitae
- Official transcript from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a FPGEC certificate from the NABP.
- Three letters of recommendation with at least one letter from a preceptor in Emergency Medicine or Critical Care

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In order to determine candidates for an onsite interview, completed applications will be reviewed by members of the RAC based on an objective scoring rubric. RAC committee members will agree upon the invitees based on both application scoring and personal interactions with the candidates. Candidates will be pre-ranked based on the objective scoring rubric, and adjustments to this ranking will be based on candidate specific observations or concerns. Southwest will interview up to 10 prospective PGY2 residents, though the RAC reserves the right to change this number for any reason. Candidates offered an onsite interview will be provided a copy of the SWG Combined Pharmacy Residency Manual.

Upon the completion of the on-site interviews, the RAC will agree upon a rank list based upon an objective scoring rubric and personal interactions with each of the candidates. Candidates will be pre-ranked based on their objective scoring, and adjustments to this list will be based on candidate specific observations or concerns. The final rank list will be submitted to the Resident Matching Program.

Governance and Administration

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Program Structure

Required Longitudinal Rotations	Preceptor
Emergency Medicine I, II, III, IV	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP Hannah Robison, PharmD, MBA
Emergency Department Antimicrobial Stewardship	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Research	Ashley Brown, PharmD, BCPS, BCPP Victoria Cho, PharmD, BCPS, BCACP, BCPP
Administration/Management	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Preceptorship	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Resuscitation	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Staffing	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Required Core Rotations	Preceptor
Orientation	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Critical Care 1	Kyle Gustafson, PharmD, BCPS, BCCCP
Antimicrobial Stewardship	Rebecca Margevicius, PharmD, BCPS, BCIDP
Elective Rotations	Preceptor
Trauma	TBD
Toxicology	Adam Overberg, PharmD, BCPS, DABAT
Addiction Medicine	Joe Guidos, PharmD, BCPS, BCCCP, BCEMP
Pediatrics	TBD
Critical Care 2	Kyle Gustafson, PharmD, BCPS, BCCCP
Transitions of Care	Jordan Cesta, PharmD
<p>Note: The residency can be completed successfully without the inclusion of any elective rotations. The resident may elect to repeat a required rotation, focus more in a longitudinal subject for a quarter, or assist and develop a new rotation providing appropriate pharmacy resources are available.</p>	

Resident Information Sheet:

Requirements for the Start of Residency

- Official residency start date will be determined on a case by case scenario, but will be no later than 3rd Monday of July
- One required Orientation prior to start date. Offered once a month in May or June.
- Must have a copy of PGY1 certificate within 14 days of the start of the PGY2 residency

Salary/Residency Time Off

- The 2024-2025 residents will receive a stipend of approximately \$52,000, with accrued time off
- Scheduled time off for vacation and personal days will be used from the resident's time off bank in accordance with Southwest General Policy number 812; with a total not to exceed 80 hours during the residency year.
- An additional 40 hours will be provided for professional days associated with professional involvement, interviews, or similar

Benefits

- Health Insurance: comprehensive medical, dental and eye coverage starting 90 days after orientation
- Free onsite parking
- Reimbursement for one major national meeting and for one regional residency conference
- Additional benefits are detailed in Southwest General Employee Handbook, provided by Human Resources and [online](#)
- Additional benefits and discounts based on hospital affiliations (e.g. Lifeworks, Verizon Wireless, etc)

Vacation, Sick, and Personal Days

- Residents earn approximately 30 days of paid time off during the 12-month program. These days will be used for holidays, sick time, interviews, and personal days. Unused days will be paid out at the end of residency or roll over to employment
- Vacation and personal days must be planned and scheduled in advance, with consideration of rotation obligations, staffing, and other residency responsibilities. Vacation hours will be tracked in the system used to monitor duty hours
- Time-off request must be entered in staff ready and received in writing at least two weeks prior to the scheduled time off
- ALL requests for time-off, vacation and schedule changes should be directed to and approved by the pharmacy supervisor in charge of scheduling, the preceptor of the rotation during which the time off will fall, and the residency program director
- Approval for vacation and time off will follow departmental policy and procedure "703_Vacation requests_01152020"
- Attendance at one national meeting & one regional meeting are considered professional absences and do not affect time off.

Holidays

- Residents are required to work 2 holidays a year, one major and one minor
- Holiday time off will occur per hospital policy "#812 – Paid Absence Management (PAM) and Holiday Pay"

Sick Days, Extended Medical Leave, Personal Leave

- Sick days must be reported to the RPD, Preceptor, and Inpatient pharmacy prior to the start of the shift, in accordance with the Pharmacy Department's Time and Attendance Policy.
- It is the responsibility of the resident to coordinate any missed work with the preceptor
- Illness longer than 3 days will follow Southwest General Hospital Policy 808 "Family and Medical Leave Act- Leave of Absence" and 821 "Personal leave of Absence", which may include reporting to Employee Health for clearance before returning to work
- In the event of a serious medical or personal condition requiring a leave, communication with the RPD, Director of Pharmacy, and Human Resources should occur as soon as possible to ensure the resident is aware of all benefits and options available to them. Residents will be held to hospital policy 808 and 821 regarding personal or family leave of absences.
- An extended leave may impact the resident's ability to successfully complete the requirements of the program within the allotted 12 months. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not always be possible. If this is not feasible, the resident may petition the RPD, Director of Pharmacy (DOP), and RAC for an extension of their residency end date. All decisions related to extensions will be made on a case by case basis and cannot be guaranteed
- If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion

Descriptions of required activities

Orientation (when necessary for non-early commit residents)

Orientation is a required experience during the first few weeks of the residency year (longer or shorter depending on past experience and present abilities). The purpose is to provide the PGY2 resident with a foundational rotation at Southwest General where he or she will be oriented to the Pharmacy and Emergency Departments, learn the computer systems and be able to perform the daily duties of a practicing pharmacist. During this time, the resident will be coached by the preceptor and have guidance from various pharmacists to ensure they are competent in performing the necessary pharmacist tasks. The RPD will serve as the administrator and provide orientation information on a Pharmacy Department, Emergency Department and hospital level. The preceptor will offer feedback and help the resident adjust to the daily routine and duties.

Antimicrobial Stewardship

This 2 to 4 week learning experience focuses on empiric antibiotic selection, culture reports, and antibiotic utilization for Southwest General patients. Collaboration between antimicrobial stewardship pharmacists, physicians, and other clinical providers will allow the resident to become independent in making therapy recommendations based on Southwest General antimicrobial formulary.

Critical Care 1

This 4-week learning direct patient care learning experience integrating the resident into the critical care team including physicians, nurses, case management and dietitians. The resident will use evidence based therapy to care for an array of medically complex patients. The resident will take the primary pharmacy role in all intubations, code blue and stroke responses. Precepting PGY1 residents and APPE students will also be available.

Critical Care 2

This 4-week elective, direct patient care learning experience focusing on management of post-PCI, open heart surgery, and other cardiovascular conditions. Collaboration with providers and nursing staff focusing on adherence to guideline recommended therapy for congestive heart failure patients. Provide patients with the necessary tools to help manage their disease state with appropriate medication counseling. Training with our ACLS SIMM Man will also be provided.

Trauma

This 4-week elective, direct patient care learning experience conducted at University Hospital Cleveland Medical Center Trauma/Surgical Intensive Care Unit. Collaboration with a multidisciplinary team including an Attending Surgeon/Anesthesiologist, Fellow, physician residents from various disciplines (Surgery, Anesthesia, and Emergency Medicine), and bedside nursing staff.

Resuscitation

This longitudinal experience focuses on training the resident to become an integral member of the resuscitation team in emergency response within both the Emergency Department and the hospital. This includes respiratory/full arrests (Code Blue), trauma, rapid sequence intubation, stroke, sepsis, STEMI alerts, procedural sedation, cardioversion and rapid responses within the hospital. The resident will also participate in Code Blue, Trauma, Stroke, ED Operations and EMS Protocol Development Committees throughout the year.

Administration and Management

This longitudinal experience will expose the resident to administrative responsibilities within the Emergency and Pharmacy Departments. Residents will focus on emergency/disaster preparedness, medication safety, core measure/quality initiatives, and CPOE/smart pump utilization.

Emergency Medicine I, II, III, IV

This longitudinal direct patient care experience will prepare the resident to be proficient in common disease states seen within the Emergency Department. Residents will receive advanced training in Emergency Medicine including: trauma, toxicology, code response (code blue adult and pediatric, stroke, STEMI, and rapid response), and Emergency Medicine Services (EMS). Bedside medication preparation, clinical consultation, prospective order verification, discharge counseling, committee participation, and medication histories will be areas of focus during these experiences. Precepting of IPPEs, APPEs, and PGY1 residents will be available.

Emergency Department Antimicrobial Stewardship

This longitudinal experience will allow the resident to become proficient in empiric antibiotic selection for a variety of infectious sources as well as definitive antibiotic selection for our ED culture review program. Emergency Department pharmacists provide culture review services for both the SWG and Brunswick Emergency Departments through both our Collaborative Practice Agreement as well as provider discussion.

Research

This longitudinal learning experience will allow the resident to further their knowledge base on the research process, refine pharmacotherapeutic skills required to conduct a research project, and present and publish results. Every resident will conduct research in the field of Emergency Medicine pharmacy to improve patient care and further the practice of pharmacy. Formal presentations will include a fall, winter, and spring state, regional, or national poster or podium presentation with the end goal being to publish the research project in a national journal.

Preceptorship

This longitudinal experience will allow the resident to serve as a co-preceptor for IPPE and APPE students as well as PGY1 Pharmacy Residents. The resident will provide lecture driven topic discussions to APPE students and PGY1 residents throughout the residency year. Opportunities for presentations to SWG Medical and Nursing staff as well as EMS departments will also be available.

Transitions of Care

This is an elective learning experience designed to give the resident understanding of all phases of patient care before, during and after a patient is admitted to the hospital. This experience will build experience on the role of a pharmacist during multiple transition periods, including hospital admission, hospital discharge, and post-discharge care. Post discharge responsibilities involve assisting patients in getting their medications and/or supplies at home, coordinating with home health care, and coordinating with extended care facilities (ECF) to ensure a smooth transition for patients between these locations.

Staffing

This longitudinal learning experience will focus on training the resident to develop and enrich independent clinical skills that can be gained by staffing the Emergency Department. It is important that the resident practices with a staffing perspective to gain realistic practice experience. The goal of this longitudinal rotation is to give the resident practical experience as a clinical pharmacist in the Emergency Department. This component of the resident's learning experience will make the resident a more rounded and marketable pharmacist.