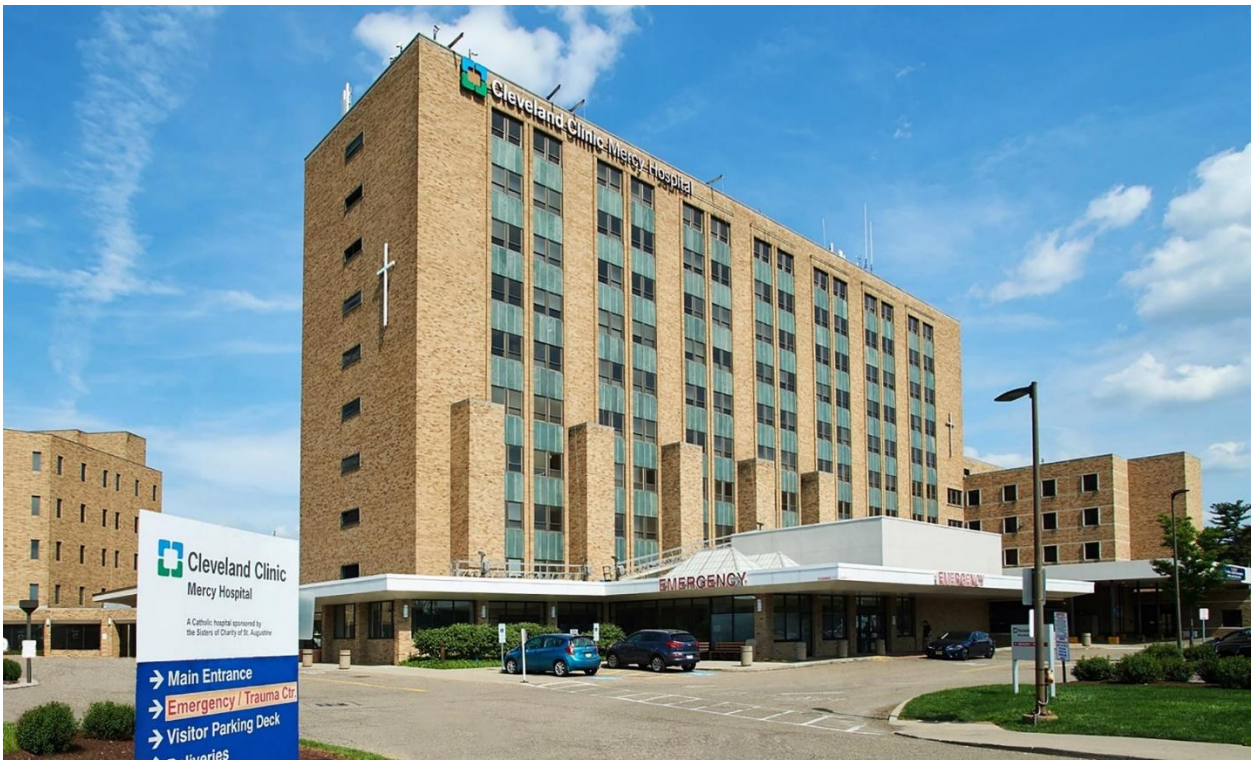


Cleveland Clinic Mercy Hospital PGY-1 Pharmacy Residency Program Manual 2027-2028

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Overview

Cleveland Clinic Mercy Hospital

Cleveland Clinic Mercy Hospital, a ministry of the Sisters of Charity Health System, operates a 476-bed hospital, Level II Trauma center, serving Stark, Carroll, Wayne, Holmes and Tuscarawas Counties and parts of Southeast Ohio. As a Catholic health care organization, the mission at Mercy Hospital is to continue Christ's healing ministry by providing quality, compassionate, accessible, and affordable care for the whole person. Cleveland Clinic Mercy Hospital offers the area's most experienced robotic surgery center; nationally recognized heart and cancer centers; family-focused intensive care unit, and more. The hospital is a model of community health care demonstrating service excellence and providing wellness, education, and outreach to the community.

The inpatient Pharmacy Department is a 24-hour operation responsible for dispensing medications daily for an average census of 250 patients. The outpatient pharmacy also offers bedside delivery of patient discharge medications.

Post-Graduate Year 1 (PGY1) Pharmacy Residency Program

PGY1 pharmacy residency program builds upon Doctor of Pharmacy (Pharm.D.) 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.

Mercy PGY1 Pharmacy Residency Summary

An in-depth, professional, patient-centered pharmacy training experience where you can develop your professional expertise as a clinical practitioner, as well as the skills required to deliver safe and effective pharmaceutical care.

As a resident at Cleveland Clinic Mercy Hospital in Canton, Ohio, you will be involved in direct patient care and daily rounds as applicable to your monthly rotation. You will be responsible for the safe, effective, and economical use of medications in individual patients through the application of specialized skills, knowledge, and functions, taking into account patient specific and age-related needs. You will also have the unique opportunity to further support our community outreach through providing care to underserved populations including (but not limited to) those with financial needs and large immigrant population (Hispanic/Latinx community).

In addition, you will be exposed to the management of a pharmacy department and gain insight into the responsibility of accepting leadership and making a contribution back to the profession of pharmacy.

While working under the supervision of a licensed pharmacist and/or other licensed preceptor, you will:

- Evaluate, recommend, and monitor medication related therapy.
- Recommend and evaluate criteria for and perform medication use evaluations.
- Communicate with prescribers regarding medication-related therapy.
- Provide the safe storage, preparation and dispensing of medication.

- Provide counseling to patients and drug information to health care providers.
- Act as a mentor to pharmacy students and pharmacists.

Other opportunities include:

- Drug information
- Precepting APPE pharmacy students
- Pharmacy & Therapeutics Committee
- Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) certification
- Cardiac rehabilitation course teaching
- Presentations
- Professional meetings

Research project: Residents will complete a self-directed project. The scope, magnitude and type of project may vary according to individual interests, but must be completed within the residency year and in a manner suitable for presentation and publication. To assist with building research skills, the residents will participate in research curriculum that takes place throughout the year.

Core required experiences:

- Administration (all year starting in August, longitudinal)
- Ambulatory Care (4 weeks)
- Cardiology Critical Care (4 weeks)
- Critical Care (4 weeks)
- Emergency Medicine (4 weeks)
- Infectious Disease/Stewardship (4 weeks)
- Internal Medicine (4 weeks)
- Medication Safety (all year starting in August, longitudinal)
- Orientation (6 weeks)
- Precepting (4 weeks)
- Research (all year, longitudinal)
- Staffing (all year starting ~September 15th, longitudinal: Every third Saturday [13 Saturdays], one four-hour weekday shift per week [40 weekdays], and two holidays)

Elective experiences: Elective experiences include: Oncology, Oncology II, Infectious Disease/Stewardship II, Internal Medicine II, Critical Care II, Emergency Medicine II, as well as other elective experiences may be developed based on resident interest and preceptor availability. Off-site electives may also be coordinated with another Cleveland Clinic Hospital (based on availability).

Stipend/benefits/vacation: $56,000 stipend. Health insurance (medical, vision, and dental) and life insurance are available. Residents are allotted 14 time off days plus 7 wellness days. Professional membership stipend of up to $250, in addition to reimbursement for any required conferences.

Optional certificate programs: Residents are highly encouraged to complete the teaching certificate program offered through Northeast Ohio Medical University (NEOMED) and/or a pharmacy leadership certificate program offered through ASHP.

Residency Accreditation
The PGY1 Residency program at Cleveland Clinic Mercy Hospital in Canton, Ohio, is accredited by the American Society of Health-System Pharmacists (ASHP) and complies with the officially published accreditation standards of ASHP.

Additional Program Details
Competency areas, goals, and objectives: As outlined by ASHP

Positions available: 2 positions

Program start and end date: June 21, 2027 – June 30, 2028

Application

Cleveland Clinic is committed to valuing all people through our organization, regardless of background or culture. A diverse and inclusive environment for students and staff and culturally appropriate care for our patients, are essential to fulfilling our vision to be the best place for care anywhere and the best place to work in healthcare. We welcome students from diverse backgrounds and cultures.
Cleveland Clinic Office of Diversity and Inclusion.
Cleveland Clinic Lesbian, Gay, Bisexual & Transgender Health

Interested applicants must be actively enrolled or PharmD graduates of accredited college of pharmacy, be eligible for licensure in the State of Ohio, and submit the standard application materials through PhORCAS (i.e., Letter of Intent, CV, the 3 standard reference forms in PhORCAS, official college transcripts), along with:

1. We request a minimum of one (two is preferred) of your three references should come from a preceptor who you have worked with in a clinical setting, related to an APPE in acute or ambulatory care. The clinical preceptor should be able to comment on your scope of responsibility, total patient load, level of autonomy, clinical abilities, and organizational and time management skills. All 3 reference writers should use the standard PhORCAS template to submit their candidate recommendations.

Please submit all application materials via Pharmacy Online Residency Centralized Application Service (PhORCAS). Deadline for receipt of these materials to be considered for an interview is January 2, 2027 by 11:59 PM. In-person interviews are preferred; however, a virtual option will also be offered to any applicant unable to participate in person.

Appointments of applicants to residency positions are contingent upon the applicants satisfying certain eligibility requirements [e.g., graduating from an accredited college of pharmacy, obtaining a pharmacist license in Ohio within 90 days of the start date, and successful completion of a pre-employment physical and drug screen, including testing for cotinine and attendance of an onboarding appointment on-site in Ohio, or as otherwise directed by Occupational health at least two weeks prior to the residents start date]. Residency applicants must be authorized for employment in the United States at the time they apply for the residency. Cleveland Clinic Pharmacy does not sponsor applicants for work visas.

Unfortunately, we cannot accommodate OPT (Optional Practical Training) visas for the Residency Program as the program extends beyond 12 months. TN (Trade NAFTA) visas are acceptable; however, the candidate is responsible for the application process and all necessary fees. Cleveland Clinic cannot extend the candidate an employment letter until the candidate has matched with the Cleveland Clinic program and signed an acceptance letter. Any employment letter will state the length of the program (12 months).

Graduates of international pharmacy schools will be considered if they meet the ASHP criteria for application to residency (“To be eligible for pharmacist licensure, candidates must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP”).

Appointments of applicants to residency positions are contingent upon the applicants satisfying certain eligibility requirements (e.g., graduating from accredited college of pharmacy, obtaining

pharmacist license in Ohio within 90 days of start date, and successful completion of a pre-employment physical and drug screen, including testing for nicotine, and attendance of an on boarding appointment on site in Ohio, or as otherwise directed by Occupational health at least 2 weeks prior to the start date).

Pharmacy Preceptors

Meet our pharmacy preceptor team. Together, they are dedicated to making your post-graduate year 1 pharmacy residency (PGY1) an exceptional learning experience and career development opportunity.



Sunita R. Patel, PharmD, BCPS, BCACP, BC-ADM, CDCES
PGY1 Pharmacy Residency Program Director, Clinical Pharmacy Specialist - Internal Medicine
patels47@ccf.org
Education & Training:

- Northeast Ohio Medical University
- PGY1 Pharmacy Practice Residency: Summa Akron City Hospital



Trevor Casey, PharmD, MHA, CPHQ
Administrative Director of Pharmacy Services
caseyt7@ccf.org
Education & Training:

- University of Wyoming



Jordan Wanner, PharmD, BCPS
Inpatient Pharmacy Manager
wannerj2@ccf.org
Education & Training:

- University of Findlay



Matthew Reale, PharmD, BCCCP
Clinical Pharmacy Specialist - Critical Care
realem3@ccf.org
Education & Training:

- Northeast Ohio Medical University
- PGY1 Pharmacy Practice Residency: Summa Akron City Hospital
- PGY2 Critical Care Residency: University of Toledo Medical Center



Jeremy Hall, PharmD, BCEMP, BCPS
Clinical Pharmacy Specialist - Emergency Medicine
hallj24@ccf.org
Education & Training:

- Northeast Ohio Medical University
- PGY1 Pharmacy Practice Residency: Southwest General Health Center



Mackenzie Tenkku, PharmD, BCEMP, BCPS
Clinical Pharmacy Specialist - Emergency Medicine
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Education & Training:

- Northeast Ohio Medical University
- PGY1 Pharmacy Practice Residency: Cleveland Clinic Akron General



Jennifer Winters, PharmD, BCACP
Clinical Pharmacy Specialist - Ambulatory Care
winterj2@ccf.org
Education & Training:

- The Ohio State University



Kathleen M. Robinson, RPh, BCOP
Clinical Pharmacy Specialist - Oncology
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Education & Training:

- University of Toledo



Akshith Dass, PharmD, BCIDP, BCPS
Clinical Pharmacy Specialist - Infectious Diseases/Antimicrobial Stewardship
dassa2@ccf.org
Education & Training:

- University of Toledo
- PGY1 Pharmacy Practice Residency: Cleveland Clinic Akron General
- PGY2 Infectious Diseases Residency: M Health Fairview, University of Minnesota Medical Center



Erik Wasowski, PharmD, BCPS, BCCCP
Clinical Pharmacy Specialist – Cardiac Critical Care
wasowse@ccf.org

Education & Training:

- University of Toledo
- PGY1 Pharmacy Practice Residency: University Hospitals Geauga Hospital



Emma K. Coleman PharmD, RPh
Clinical Pharmacist - Lead Pharmacist, IV Room Coordinator
colemae7@ccf.org

Education & Training:

- Northeast Ohio Medical University

Pharmacy Team

Pharmacists

Sarah Doyle
Emma Coleman
Jennifer Bailey
Jacob Garfield
Jordan Fahrni
Julie Ditch
Justin Steele
Lisa Hoffman
Mike Maas
Rick Unsworth
Lisa Ballard
Cameron Terzian
Ben Spoerke

Pharmacy Technician/Personnel

Kirstie Albright
Katie Baum
Angel Black
Michael Boydelatour
Cassie Corall
Celina Coy
Kara Deprill
Patricia Dryden
Bernadette Duke
Sheri Ferrell
Robin Hearrell
Brandy Hickman
Elizabeth Johnson
Taylor Johnson
George Kiriakou
Christina Lamp
Marina Long
Sydney Mayle
Kelly Meredith
Christina Minger
Sue Nero
Linette Pridgen
Stephanie Rhodes
Beth Smith
Samantha Stickel
Lia O'Malley
Joy DiLorenzo
Codie Fether
Jaida Evans
Alaynah Richards
Chrissy Brna
Michael Kreinbrink
Theresa Effa-Boateng
Addyson Stallman

PGY-1 Pharmacy Residents

2026-2027
Lisa Ballard, PharmD
School: Northeast Ohio Medical University

Cameron Terzian, PharmD
School: Northeast Ohio Medical University

2025-2026
Elias Coulas, PharmD
Manager – Meijer Pharmacy
Springfield, OH

Sarah Doyle, PharmD
Clinical Pharmacist — Cleveland Clinic Mercy Hospital
Canton, OH

2024-2025
Benjamin Spoerke, PharmD
Clinical Pharmacist — Cleveland Clinic Mercy Hospital
Canton, OH

Giancarlo Dino, PharmD
Health System Pharmacist – Jacobi Medical Center
Bronx, NY

2023-2024
Kayla Rektor, PharmD
Clinical Pharmacist — Cleveland Clinic Union Hospital
Dover, OH

2022-2023
Yahira L. Diaz Cardona, PharmD
Clinical Pharmacist — Cleveland Clinic Hillcrest Hospital
Hillcrest, OH

2021-2022
Peter Tran, PharmD
Specialty Practice Pharmacist — Ohio State Wexner Medical Center
Columbus, OH

Enri Ismaili, PharmD, BCPS
Clinical Pharmacist — Cleveland Clinic Hillcrest Hospital
Hillcrest, OH

2020-2021
Natalia Dziadosz, PharmD
Emergency Medicine Clinical Pharmacy Specialist — Rochester General Hospital
Rochester, NY

Sai Karwande, PharmD, BCCCP
Critical Care Pharmacist – Seattle Children's Hospital
Seattle, WA

2019-2020
Ritika Jain, PharmD
Clinical Pharmacist — Beaumont Hospital
Royal Oak, MI

Carrie Cicirale, PharmD, BCPS, BCCP
Cardiology/Transitions of Care Clinical Pharmacy Specialist — Barnes Jewish Hospital
St Louis, MO

2018-2019
Molly Triner, PharmD, BCPS
Clinical Pharmacist – Transitions of Care— Summa Rehab Hospital
Akron, OH

Lisanne McMullen, PharmD, BCCCP
Clinical Pharmacy Specialist - CICU/CTICU –
Rochester General Hospital
Rochester, NY

2017-2018
Briana Mlady, PharmD, BCOP
System Oncology Pharmacist — OhioHealth Mansfield Hospital
Mansfield, OH

Christopher Miller, PharmD, BCPS
Clinical Pharmacist, Critical Care/Operating Room — MedStar Washington Hospital Center
Washington, DC

2016-2017
Greg Hauler, PharmD, BCPS
Nuclear Pharmacist – RLS Radiopharmacies
Valley View, OH

Rachel Gresko, PharmD
Pharmacist — Wooster Community Hospital
Wooster, OH

2015-2016
Keith Posendek, PharmD, BCPS, BCGP, BCCP
Pharmacy Director — Firelands Regional Medical Center
Sandusky, OH

Administration of the Residency Program

Administrative Director of Pharmacy Services
The Director of Pharmacy Services provides oversight for the conduct of the pharmacy residency program.

Residency Program Director (RPD)
The Residency Program Director is responsible for overseeing all aspects of the residency program. The RPD works with preceptors to schedule learning experiences and staffing schedules, and to monitor the resident's progress and resolve any issues pertinent to the program. The RPD and preceptors [known as the Residency Advisory Committee (RAC)] meet regularly to discuss resident progress on learning experiences and longitudinal activities. The RAC helps the RPD determine plans and adjustments for the resident to customize the residency year.

Preceptors
Pharmacist preceptors serve as leaders for the residency program in their particular practice areas. Preceptors also serve as research project advisors and residency advisors to mentor and assist residents throughout the residency year.

Resident Advisor
Each PGY1 resident will have a preceptor that will serve as a resident spokesperson/mentor to help advise the resident and provide the RAC updates on the resident's progress throughout the year. The advisor is chosen by the resident by August. The advisor serves as a resource for the resident to help achieve professional goals, guides the resident in overcoming obstacles to meet deadlines or other requirements of the residency program and helps ensure resident well-being. The resident is expected to keep their advisor updated on progress made throughout the year.

Residency Advisory Committee (RAC)
The Residency Advisory Committee is comprised of residency preceptors and RPD. The RAC discuss the resident development plan, resident's progress on learning experiences, longitudinal projects, and any concerns regarding the resident or the residency program. The RAC discusses the overall performance of the resident and provides suggestions for areas identified as needing improvement. These suggestions are discussed with the resident by the RPD. The RAC serves as the core group of interviewers for residency recruitment and selection for the match process. Other activities of the RAC include (but are not limited to): program policy development and approval, program development, preceptor development, ongoing continuous quality improvement, and annual program evaluation. The RAC meets regularly throughout the year (at a minimum, quarterly meetings are conducted).

Residents
Residents serve as leaders in the program. Residents may also help to improve the residency experience and program by providing feedback through learning experience evaluations, quarterly meetings with RPD, and the end of the year residency program feedback. Residents may also approach anyone in residency leadership at any time with feedback and suggestions for the program.

Program Customization

The resident's development plan is initially customized based on their entering interests, skills, and experiences. The ASHP Entering Resident Self-Assessment Form is to be completed and uploaded in PharmAcademic within 14 days from the start of the residency. After this, the RPD will develop, discuss, and document resident's initial development plan, within 30 days from the start of the residency, uploading into PharmAcademic. Progress towards achieving program and self-identified requirements and outcomes will be evaluated quarterly (at a minimum) by the RPD, utilizing evaluations and RAC feedback. The resident's continued and changing interests, along with the program goals and objectives are taken into consideration for changes on the customized resident development plan. An update to the resident's self-assessment and an update to the development plan are to be documented and finalized in PharmAcademic every 90 days from the start of the residency.

ASHP Entering Resident Self-Assessment Form

The residency program utilizes the standard ASHP Entering Resident Self-Assessment Form to help prepare for the entering resident. The form addresses career goals, practice interests, strengths and opportunities based on the educational goals and objectives, and personal well-being/resilience. The resident is asked to provide a narrative on activities and experiences that may have contributed to their skillset in the various competency areas. They are also asked to identify areas of improvement desired. The resident is also asked to complete optional additional assessments such as Grit Test, Myers Briggs, and Strengthsfinder to allow preceptors to learn their learning style and personality. The RPD will utilize the self-assessment to create the customized development plan to address these areas to achieve professional and personal goals.

Development Plan

The development plan monitors the resident's progress and tracks adjustments made to the resident's learning experience. The initial development plan incorporates the information from the ASHP Entering Resident Self-Assessment Form and plans for the following:

- Preliminary scheduling of required learning experiences
- Preliminary scheduling of elective learning experiences (as applicable)
- Adjustments to residency program to meet resident's goals (as applicable)
- Additional education goals and objectives to be reviewed during learning experiences

Updates to the development plan occurs on a quarterly basis. The development plan will be completed with consideration of resident's self-assessment, and feedback from RPD, and RAC. The resident will provide updates to career goals, practice interests, strengths and opportunities based on the educational goals and objectives, and personal well-being/resilience. The RPD will review evaluations, successful completions checklist, RAC feedback and resident input to evaluate the resident's progression in achieving program goals and objectives. The RPD will be responsible for identifying goals and objectives that have been achieved, areas for improvement, and expected progress of each resident relative to time in residency. Changes to the development plan will occur should there be identification of new strengths or areas of improvement and/or changes in short or long-term resident goals. No changes will be documented accordingly.

Residency Evaluation Process

For each learning experience, the resident should contact the preceptor prior to the first day to establish start time and any pre-learning experience readings or assignments. On the first day (or prior to) of the learning experience, the resident can review their strengths, areas for improvement, preferred learning styles, and any anticipated absences (from the resident or preceptor). On the first day (or prior to), each preceptor should review with the resident: schedule for the month, learning experience description, goals/objectives/activities/expectations of the learning experience, and readings for assigned topic discussions (as applicable).

Throughout the learning experience, the preceptor is expected to provide routine verbal feedback and final evaluation, in addition to optional formative feedback in PharmAcademic via "provide feedback to the resident" electronic documentation (as applicable). The goal of preceptor feedback is to guide the resident's development as a confident and competent pharmacist, moving the resident toward independent practice on the learning experience. If feedback is not given routinely, the resident is encouraged to ask for feedback. All required resident evaluations should be completed in PharmAcademic no later than the end of the learning experience. This should be discussed concurrently with the preceptor's evaluation of the resident. Additionally, each resident should evaluate their preceptor with inclusion of constructive feedback to improve the learning experience and submit these evaluations after they are reviewed on or before the last day of learning experience. The RPD will review all evaluations submitted through PharmAcademic. The RPD may send an evaluation back to a preceptor or resident if further clarification or additional feedback is necessary.

Formative Feedback by Preceptor
Preceptors will provide ongoing timely feedback to residents throughout the learning experience. Informal constructive feedback should be provided immediately as residents complete tasks and the preceptor instructs, models, coaches, and facilitates the experience. Residents who are not progressing satisfactorily should have written formative feedback uploaded in to PharmAcademic during the learning experience. Written feedback must include suggestions for improvement.

Summative Resident Performance Evaluations by Preceptor
At the conclusion of each learning experience (quarterly for longitudinal experiences), the preceptor will provide verbal and written feedback on the resident's progress toward achieving assigned educational goals and objectives. Team-Based Summative Evaluations will be used for learning Experiences with more than one preceptor; there will be an assigned primary preceptor and secondary preceptor(s). All preceptors can add input in PharmAcademic to complete all formal evaluations. In the event the secondary preceptor(s) cannot complete the PharmAcademic evaluation, the primary preceptor will be responsible for collecting input from the other preceptor(s) and indicating "discussed with and input obtained from other assigned preceptor(s)" in the PharmAcademic evaluation. All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter where applicable. There may be a 7-day grace period for compelling reasons.

The written feedback provided should be associated with a specific educational objective to help track resident progress across multiple learning experiences. Criteria based feedback should be provided with constructive, qualitative comments. Feedback should not focus on just what the resident has completed, but rather describing how the resident performed (specific and actionable, criteria based, recognize skill development, and focus on how resident can improve

their performance to meet “achieved” rating). The Overall Comments box should not contain feedback that is not already discussed within one of the evaluated objectives. If feedback does not pertain to any of the evaluated objectives, this could be included in the Overall Comments box.

A standardized approach for determination of the resident’s performance and professional growth within each goal will be applied as outlined in the learning experience description. Guidance on evaluation scoring in PharmAcademic is outlined below:

- Needs Improvement (NI)
    - The resident is deficient in skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in more than 30% of instances.
    - Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.
    - The resident’s level of skill on the objective does not meet the preceptor’s standards of either “Achieved” or “Satisfactory Progress,” whichever applies.
- Satisfactory Progress (SP)
    - The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in 10-30% of instances. The resident performs associated tasks at an acceptable level, and in a consistent manner.
    - This applies to an objective whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full and independent ability to perform the objective by the end of the program.
    - Resident is able to ask questions to acknowledge limitations and/or judgment is not refined.
- Achieved (ACH)
    - The resident has the skill/abilities in this area and requires assistance to successfully complete the learning activities associated with the objective in less than 10% of the instances. The resident requires no further developmental work in this area and requires minimal supervision, or
    - The resident has fully accomplished the ability to independently perform the learning activities associated with the objective in a consistent manner.
- Achieved (ACHR) for Residency (determined by RPD and RAC)
    - An objective may be “Achieved for Residency” (ACHR) when the resident:
        - Has “Achieved” the objective twice during the residency (or at the discretion of the RPD and RAC).
        - For objectives that a resident has “Achieved” only once during the year, the RAC group may discuss resident progression and development, and if group agrees, mark as ACHR
    - A goal may be “Achieved for the Residency” (ACHR) when the resident:
        - Has “Achieved for Residency” all the objectives for the specific goal (done automatically by PharmAcademic when all the objectives have been achieved).

Summative Performance Self-Evaluation by Resident

Residents will be required to perform a self-evaluation in PharmAcademic on the required goals and objectives for the learning experience. Determination of the performance level by the resident within the self-evaluation should follow the program’s standardized guidance on

evaluation scoring as outlined above. Special attention should be given to consideration of what areas need to be developed as the resident moves forward through the program. Residents should complete the self-evaluation prior to the preceptor evaluation to demonstrate self-evaluation skills. All learning experience evaluations and co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter (as applicable). There may be a 7 day grace period for compelling reasons.

The written self-evaluation should be associated with a specific educational objective to help track overall progress across multiple learning experiences. Self-evaluation should include constructive, qualitative comments. Self-evaluation should not focus on just what has been completed, but rather describing how you performed (specific and actionable, criteria based, skill development, and focus on how ways to improve performance).

Preceptor Evaluations by Resident
Residents will be required to perform an evaluation of the learning experience preceptor in PharmAcademic for all learning experiences. Residents should provide constructive feedback to preceptors regarding their strengths related to teaching effectiveness, ability to provide effective instruction and feedback, timeliness, modeling of professional behaviors, availability, and enthusiasm for teaching. Residents are encouraged to discuss serious concerns with the RPD or director of pharmacy immediately. All learning experience evaluations and preceptor cosignatures are due by no later than the last day of the learning experience, midpoint, and/or quarter (as applicable). There may be a 7 day grace period for compelling reasons.

Learning Experience Evaluation by Resident
Residents will be required to perform an evaluation of the learning experience in PharmAcademic for all learning experiences. Elements of evaluation will include ability of the learning experience to meet the stated objectives and identification of key strengths and weaknesses of the learning experience. Residents are encouraged to provide areas for improvement to the learning experience supporting the preceptor and program's efforts at continuous quality improvement. All learning experience evaluations and preceptor cosignatures are due by no later than the last day of the learning experience, midpoint, and/or quarter (as applicable). There may be a 7 day grace period for compelling reasons

Presentation Evaluation Forms
Residents will be required to share the presentation evaluation link/QR code for any Mercy Pharmacy presentations during their residency year (form link/QR code located via shared OneDrive folder titled "Presentation Evaluation Forms").. Preceptors should review this feedback with the resident. Record of these evaluations will be maintained and added to the resident portfolio. For any non-Mercy Pharmacy presentations, residents may receive evaluations via a different method (ASHP Midyear, regional/local research conferences, etc.), resident should review this feedback and maintain record of this (as applicable), to submit to their resident portfolio.

Resident's Evaluation of the Residency Program
Residents will be asked to provide ongoing evaluation of the residency program (at a minimum, on a quarterly basis). The feedback will be used to make improvements in the program, as able, during the residency year. In addition, residents will be asked to provide a formal evaluation of the residency program based on their experiences on all aspects at the conclusion of the program year in June. The feedback will be used to make improvements in the program for subsequent years.

Annual Program Evaluation

Along with ongoing continuous quality improvement, an annual program evaluation is completed by the RAC. These assessment processes consider resident feedback, preceptor feedback, along with ASHP standards and best practices, and are completed to identify areas of improvements to be implemented to the residency program.

Education and Teaching Opportunities

Education and teaching are essential parts of Cleveland Clinic Mercy Hospital. The pharmacy department hosts students from multiple colleges of pharmacy. Although teaching opportunities will vary from resident to resident based on learning experience schedules and individual development plans, residents are expected to satisfy program minimum requirements for education and teaching, to successfully complete the residency program.

Learning Experiences

Cleveland Clinic Mercy Hospital offers learning experiences in many specialty areas within our hospital. In the event the resident is seeking a different experience from what is offered at Cleveland Clinic Mercy Hospital, they may have the opportunity to participate in an off-site learning experience within the enterprise (based on availability).

A maximum of two, off-site learning experiences are allowed per resident during the residency year. During this learning experience, the resident is expected to adhere to the same expectations as Mercy Hospital unless dictated otherwise by the preceptor. The resident is still expected to complete all required activities, projects, rotations, meetings at Mercy Hospital while at the off-site learning experience and should communicate these commitments before or on the first day of the learning experience with preceptor.

Preceptors

Preceptors will use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience. The preceptor role may vary based on residents' progression. Direct instruction at level appropriate for residents (as opposed to students), only when needed. Modeling of practice skills described in the educational objectives. Coaching skills described in the educational objectives, providing regular, on-going feedback. Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed. The ultimate goal is for the resident to function independently in each competency area by the conclusion of the residency program.

Preceptorship

The pharmacy department hosts students from multiple colleges of pharmacy. Residents will have many opportunities to interact with pharmacy students throughout their residency program. When residents are scheduled on a learning experience with students, as applicable, residents will help co-precept/guide the student through the layered learning model. During the second half of the year (based on availability), residents will also complete a Precepting learning experience where they will serve as the primary preceptor for an APPE student (using the appropriate preceptor role i.e., direct instruction, modeling, coaching, and facilitating).

Presentations

When required by the learning experience preceptor, the resident will present a formal presentation (case presentation, journal club, pharmacotherapy review, etc.) to pharmacy staff (or other healthcare staff). For all presentations, the resident presenting should ensure they have included the electronic presentation evaluation form at the start of their presentation and ensure access to any equipment needed for the presentation.

Formal presentations made at Mercy Hospital, as well as at local and national conferences should be presented using the standard Cleveland Clinic PowerPoint templates.

Posters for any required conferences will need to be submitted to RPD by determined date for RPD to submit printing order.

Additional presentation opportunities are available based on resident interest and availability (medical resident lecture, presentation to local pharmacy organization, nursing in-service, etc.).

Teaching Certificate Program

An optional Teaching and Learning Curriculum Program (TLC) is offered through Northeast Ohio Medical University College of Pharmacy for all residents. The program purpose is to provide pharmacy residents with opportunities to: increase knowledge about teaching and learning, assessment, and academia; exercise teaching skills in the classroom and experiential setting; develop a philosophy of teaching; and prepare a teaching portfolio. Residents will be able to select between two tracks of the TLC program, based on their level of teaching experience and their interest in pursuing a career in academia (Track 1: Introduction to Teaching and Learning or Track 2: Exploring a Career in Academic Pharmacy). Each resident who completes all required program activities will be awarded a certificate of completion from the Department of Pharmacy Practice at the Northeast Ohio Medical University College of Pharmacy, along with option to receive a voluntary faculty appointment of Clinical Assistant Professor of Pharmacy Practice.

Leadership Certificate Program

An optional Pharmacy Leadership Certificate is offered through ASHP. The ASHP Pharmacy Leadership Certificate is an online learning activity for pharmacists aspiring to or preparing for a leadership position. The curriculum covers the essentials of pharmacy management. Participants must complete each of the ASHP learning modules, attend quarterly sessions to discuss course content with other participants, and complete the ASHP comprehensive exam.

Staffing Learning Experience Requirements

Once licensed, resident will be given the staffing schedule for the year. Staffing experience takes place in the central pharmacy and begins ~September 15th (assuming licensure):

- Every third Saturday 1000-1800 (Required: 13 Saturdays = 104 hours)
- Every week either Tuesday or Wednesday 1600-2000 (Required: 40 Weekdays = 160 hours)
- Two of the four holidays (Thanksgiving, Christmas, New Year's Day, Memorial Day) 0700-1530 (Required: 16 hours)

If schedule conflicts occur, each resident is expected to manage these independently. Switching shifts with other resident is permitted but must be communicated to the RPD and involved preceptor(s).

Research

Each resident is required to complete a research project. For each project, the resident is considered the primary investigator with guidance available from project preceptors and other resources. As a primary investigator, the resident is responsible for all appropriate communication surrounding the project, deadlines, and goals of the project to be met on a timely basis, presentation of the projects in various stages at hospital, local and national meetings, and in general for the overall progress of projects.

Residents are encouraged to share their own research ideas or interest areas. In addition, a list of suggested topic areas will be presented to the residents during orientation. After initial introduction and discussion of potential topics, residents are to meet with potential project preceptors to further discuss the projects in which they are interested.

In July and August, during the initial project meetings, the preceptors and resident should meet and discuss the project timeline. Any barriers that impede the progress of the project should be communicated to the project preceptors as soon as possible. Any changes in the timeline needs to be approved by the project preceptors and RPD. Any information received regarding research abstract/presentation deadlines will be forwarded from the RPD to residents and project advisors. Drafts of protocols/abstracts/posters/presentations need to be submitted to and approved by the project preceptors ahead of the deadlines. By the end of the year, it is expected that each resident completes a final draft manuscript that is suitable to submit for publication to a peer-reviewed pharmacy/medical journal.

Throughout the residency year, the resident will also attend the residency research curriculum and residency skills workshop. These sessions are generally held once a month with the goal to assist the resident with the various stages of research as they are working on their project. Research resources can be found at https://ccf.jiveon.com/docs/DOC-55709.

General research timeline

- Month 1 (July): The resident will select a project from a list of suggested topics or propose their own project idea, and meet with the project team to begin planning the project, feasibility, etc. Narrow and finalize topic. Attend and participate in resident research curriculum. The resident will work with their preceptor to set a communication plan that includes frequency and format (eg, face-to-face vs email, and number/timing of meetings).
- Month 2 (August): The resident should pull and read available literature on the topic to ensure their project design and outcomes add to the literature, and measured outcomes will be relevant. Resident to develop procedure and write protocol. Attend all resident research skills workshops as outlined throughout the year. Finalize procedure and protocol. Finalize IRB checklist and protocol. Protocol defense session (if applicable).
- Month 3 (September): Research project to be entered into IRB website by designated date and through designated process. Create REDCAP account. Resident to schedule meeting with data analyst (as applicable) prior to data request. Resident to submit request for data pulls as soon as possible (if applicable). Resident to work closely with their research team for any protocol updates and edits.
- Month 4 (October): Resident to create and submit abstract for ASHP midyear submission (if applicable). Resident to start designing poster for ASHP midyear. Create REDCAP project.

- Month 5 (November): Present at OCCP if applicable (or other conference as identified by RAC). Resident to finalize and submit poster for printing by deadline provided. Create and finalize REDCAP project for data collection.
- Month 6 (December): Present poster at ASHP Midyear. Resident to collect data using REDCAP. Resident to research and identify a potential journal of interest for manuscript submission.
- Month 7 (January): Continue to gather and compile data.
- Month 8 (February): Finalize and submit data for statistical analysis through STATA or statistician (as applicable). Target for completion of data collection is mid- February so data can be analyzed in time for any upcoming abstract submissions.
- Month 9 (March): Analyze data and draw conclusions. Submit abstract for required conferences, as applicable. Prepare presentations. Schedule practice sessions for presentations.
- Month 10 (April): Write manuscript for identified journal. Practice presentation for conferences.
- Month 11 (May): Present data at OCCP (or other conference as identified by RAC). Finalize manuscript.
- Month 12 (June): Final project manuscript to be submitted to preceptors by June 1st for edits. Resident redcap close out procedure to be completed.

Past Resident Research Projects		
Year	**Resident Name**	**Project Name**
2015-2016	Keith Posendek	Pharmacists' Roles in an Acute Care Urban Hospital
2016-2017	Rachel Gresko	Pharmacist Management of Vancomycin Dosing in the Critical Care Unit of an Acute Care Urban Hospital
2016-2017	Greg Hauler	Implementation of Two Follow-up Interactions between a Pharmacist and Patient after Hospital Discharge to Reduce 30-day Readmission Rate
2017-2018	Briana Mlady	Retrospective Review of Anticoagulant Use in Cancer Patients: Direct Oral Anticoagulants Versus Vitamin K Antagonist
2017-2018	Christopher Miller	Glycemic Control in the Intensive Care Unit: A Pharmacist Driven Approach
2018-2019	Molly Triner	Impact of Procalcitonin-Guided Antibiotic Management in Chronic Obstructive Pulmonary Disease Exacerbation and Community-Acquired Pneumonia
2018-2019	Lisanne McMullen	Incidence of Acute Kidney Injury Associated with Duration of Vancomycin and Piperacillin/tazobactam Combination Therapy
2019-2020	Ritika Jain	Direct Oral Anticoagulation (DOAC) Use in the Obese Population
2019-2020	Carrie Cicirale	Safety of Inpatient Dofetilide Initiation per Cardiology Services: A Retrospective Review
2020-2021	Sai Karwande	Phenobarbital in the Setting of Acute Alcohol Withdrawal
2020-2021	Natalia Dziadosz	Impact of Antibiotic Time-Out in An Intensive Care Unit
2021-2022	Enri Ismaili	Antibiotic Selection in the Risk for Surgical Site Infections in Penicillin Allergic Patients
2021-2022	Peter Tran	Impact of Preadmission Therapeutic Anticoagulation on Outcomes of Coronavirus Disease 2019
2022-2023	Yahíra Díaz Cardona	Impact of Positive Real-Time Polymerase Chain Reaction Viral Panel on the Duration of Antimicrobials
2023-2024	Kayla Rektor	Impact of Nasal Staphylococcus aureus Decolonization with Intranasal Mupirocin on ICU-acquired Blood Stream Infections
2024-2025	Benjamin Spoerke	Impact of Piperacillin/Tazobactam Versus Ceftriaxone Plus Metronidazole Versus Cefoxitin on Surgical-site Infection in Patients with Cholecystitis undergoing a Cholecystectomy
2024-2025	Giancarlo Dino	Impact of Pharmacist Assistance with Blood Pressure Management in Patients with Acute Non-Traumatic Hemorrhage in the Emergency Department
2026-2027	Sarah Doyle	Impact of Emergency Department Pharmacist Presence on Door-to-Needle Time in Patients Receiving Tenecteplase for Acute Ischemic Stroke Symptoms
2026-2027	Ellias Coulas	Evaluation of Pharmacist Interventions in Response to Meningitis/Encephalitis PCR Panel Results in a Large, Multi-Hospital Healthcare System

Departmental and Professional Meetings

Residents are required to participate in various meetings over the course of their residency year. Hospital meetings may include Pharmacy and Therapeutics, departmental meeting, residency meetings, etc. Preceptors may ask the resident to attend a meeting as part of the learning experience. The below are more routine meetings in which the resident would attend.

Pharmacy and Therapeutics Committee Meetings
The resident will attend the Pharmacy and Therapeutics (P&T) committee meetings. The resident will also be involved in writing the meeting minutes for every other meeting throughout the residency year. If applicable, the resident may also have the opportunity to present at a P&T committee meeting.

Quarterly Resident Development Plan Meetings
The resident will attend Quarterly Resident Development Plan meetings with the RPD. The resident will provide an update on progress throughout the year on projects, learning experiences, and other responsibilities. At this time, the RPD will also review and update the quarterly development plan with the resident.

Departmental Staff Meetings
These staff meetings are frequently conducted in person and also provided via email to keep the staff updated on current issues and events. Although the resident is not expected to attend all of these meetings, each resident is expected to review pharmacy communications for updates.

Clinical Pharmacy Meetings
Residents are expected to attend the clinical meetings unless patient care activities or rotational activities conflict.

Professional Meetings
Residents will receive a professional membership stipend of up to $250. Residents will be informed of required conference attendance during the residency year. Required meetings are determined by the residency committee and may be dependent on current enterprise-wide travel restrictions. All meetings including required must be approved prior to plans being made. Non-required meetings will be discussed with the RPD, preceptors, and director of pharmacy.

The resident is responsible for making all necessary arrangements (per pharmacy department policy) for any required conferences. Dates and times for travel should be discussed with the RPD before finalizing travel arrangements. Meeting expenses including airfare, meals, hotel, conference registration, and transportation to and from airport will be reimbursed according to pharmacy department policy.

Financial support is provided to attend the ASHP Midyear Meeting, dependent on institutional travel limitations. At ASHP Midyear Metting, residents will provide a poster presentation, along with supporting recruitment activities at the Midyear Residency Showcase, participate in professional development and network with others. The resident is encouraged to participate in as many conference activities as possible. ASHP Midyear conference is also an opportunity for residents to pursue PGY2 residencies or post-residency career opportunities.

Residents are required to attend Cleveland Clinic Internal Research Symposium to present their research project (if applicable). Residents are required to attend and present their research at the spring Ohio College of Clinical Pharmacy meeting (if applicable).

Residents are encouraged to become a member of Ohio Society of Health-System Pharmacy (OSHP), joining the local Akron Area Society Chapter (AASHP). AASHP Meetings are generally held every other month in the Akron/Canton area, on the second Tuesday of the month at 1800. Meetings involve discussion of business agenda/local and state pharmacy updates, philanthropy, continuing education, leadership, and networking opportunities.

Miscellaneous

Clinical Intervention Documentation
Residents are expected to document all clinical interventions in EPIC. Residents are expected to enter safety events into SERS (Safety Event Reporting System), as appropriate, and work with the medication safety team to identify process improvements.

Competency Areas
A list of required competency areas, goals, and objectives required for the residency year is located in PharmAcademic and in the "Required Competency Areas, Goals, And Objectives for PGY1 Pharmacy Residency" located on the ASHP website. In addition, competencies for the respective learning experience are documented in the learning experience descriptions. All residents will receive a "Taught and Evaluated in Learning Experiences" grid during orientation.

Resident Workspace
Each resident will be provided a dedicated workspace and equipment which includes an office key, desk, chair, desktop phone, laptop computer with docking station, and a shared printer.

Cleveland Clinic Mobile Phone
Each resident will be provided a Cleveland Clinic Mobile Phone for the residency year. Resident must adhere to the Cleveland Clinic Mobile Device User Guidelines.

Vocera device
Each resident will be given a Vocera device to be carried at all times while on-site. The resident should log in at the beginning of the work day, and log out at the end of the work day. These devices only work on the campus. The devices should not be taken off campus by the residents and must be secured at the end of each day.

Lab Coat
Each resident will be provided personalized lab coats.

Remote Access
Remote access will be given to all the residents to access EPIC and work-related documents at home on their Cleveland Clinic laptop computer.

SharePoint and OneDrive
Pharmacy policies and guidelines can be found on the Cleveland Clinic intranet. SharePoint is available to be used by all pharmacy department personnel. Information specific to the pharmacy residency is on OneDrive under the Mercy Pharmacy Residency folder. Each resident will also be given a personal folder (shared with RPD) on OneDrive to be used to maintain an electronic record of their residency portfolio (deliverables including all electronic/paper evaluations, presentations and assignments, drafts with hand-written and electronic feedback, PowerPoint presentations, research (i.e., copies of abstracts submitted, protocol, manuscript of publishable quality), meeting minutes, etc. Any hardcopies should be scanned in. These files need to be maintained and organized throughout the year for ease of use by the RPD and for possible use for accreditation surveys or other purposes. Resident Connect Today page also houses other resources https://ccf.jiveon.com/community/pharmacy-residency/pages/residents.

Program Policies and Procedures

Hospital Policies
All hospital policies apply to pharmacy personnel including pharmacy residents. In the event a pharmacy department policy is stricter than the hospital policy, the resident shall abide by the pharmacy department policy. Hospital and pharmacy policies can be found on the Cleveland Clinic Portal (Policy & Procedure Manager). Pharmacy Residency Policies can be found on the shared OneDrive folder (Mercy Pharmacy Residency) and are included at the end of this manual.

Pharmacy Licensure (see policy)
Pharmacy residents must be licensed within the first 90 days of start date.

Preceptor Qualifications (see policy)
All pharmacy residency preceptors will meet eligibility and qualification criteria as determined by ASHP.

Requirements for Successful Completion of Residency (see policy)
Each resident is expected to complete the requirements for successful completion of the program in order to graduate from the program.

Resident Remediation and Dismissal (see policy)
Residents are required to comply with all policies and procedures of the hospital and department of pharmacy. The pharmacy resident remediation and dismissal policy includes actions taken for residents who fail to progress.

Resident Duty Hours (see policy)
Residents are expected to follow the established duty hours policy. Residents are responsible for keeping track of their hours in PharmAcademic to ensure that they are not exceeding.

Time Off (see policy)
Residents are allotted 14 time off days to be used throughout the residency year.

Well-being (see policy)
Residents are allotted 7 wellness days to be used throughout the residency year. Residents are provided resources and opportunities to assess and support well-being and resiliency throughout the residency year. Pharmacy residency wellbeing and resiliency resources can be found on the shared OneDrive folder (Mercy Pharmacy Residency). Cleveland Clinic enterprise resources can be found on the Cleveland Clinic Portal (Caregiver Well-Being). In addition, the pharmacy team organizes quarterly wellness events.

Leave of Absence (see policy)
If the resident is requiring a leave of absence from the residency, plans should be discussed with the RPD and director of pharmacy.

All policies will be reviewed with residents within 14 days of the start of the program.

All residency program policies to follow.

Title/Description: **PGY1 Pharmacy Residency Program Purpose Statement**	Policy Manual **#R1.01** Revised Date: 1/16; 1/21, 7/22, 7/23 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy to align with American Society of Health-System Pharmacists (ASHP) Post-graduate Year 1 (PGY1) Pharmacy Residency Program purpose statement.

Policy Statement:

PGY1 pharmacy residency program builds 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.

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Selection Policy**	Policy Manual **#R1.02** Revised Date: 12/15; 1/21, 12/21, 7/22, 12/22, 7/23, 7/24 Effective Date: 7/15

Policy:

This policy will be followed when evaluating recruitment, residency candidates' application materials, determining which applicants to invite for interviews, and determining overall scores used to develop the final rank order list.

Procedures:

1. Recruitment:
    a. Recruitment is done by participating in virtual or on-site local, state, and national residency showcases and open houses. Along with offering multiple modalities of recruitment to all candidates, as able, program will also attend diverse career fairs/residency showcases to maximize reach to all candidates. Program will utilize accessible platforms, as able, (e.g. social media, SNPhA, Howard University showcases) to promote recruitment efforts.
    b. All recruitment efforts will be communicated on an ongoing basis to contacts for schools of pharmacies throughout the country, along with candidate interest list.
    c. Cleveland Clinic Health-System Residency Program Materials (including brochure) are sent to all Colleges of Pharmacy which the Cleveland Clinic currently has an affiliation agreement to take IPPE and/or APPE students.
    d. Each affiliated College of Pharmacy is sent an annual survey to assess progress on diversity, equity, and inclusion in their strategic plan. Colleges of Pharmacy with robust strategic plans will be offered additional and intentional recruitment such as offerings for direct communication with program directors and college-specific open houses.
    e. Cleveland Clinic Health-System Residency Programs are listed in the ASHP and ACCP Residency Directories.
    f. Cleveland Clinic Health-System Residency Programs (including brochure) is sent to Black, Indigenous and People of Color (BIPOC) where there are Colleges of Pharmacy (for purposeful and intentional recruitment).
    g. Cleveland Clinic Residency Programs (including Residency Program Directors and preceptors) attend diversity and inclusion training provided by Cleveland Clinic (available in MyLearning) and are often done as preceptor development sessions.
    h. All residency program directors will take implicit bias testing annually prior to interviews to assess and bring awareness to personally held implicit bias.
    i. All promotional materials/brochures will reflect diversity of the residency program(s) within the enterprise.
    j. Diversity statement will be communicated in the residency program brochure and on the residency website.
    k. Description of diverse patient populations will be included in promotional materials/website, including underserved populations (those with financial need, immigrant population, etc.).

2. Applicants must submit materials for application through PhORCAS, according to the Cleveland Clinic Residency Brochure, by the submission deadline (January 2 at 11:59 PM annually)
3. Application Requirements:
    a. Interested applicants must be PharmD graduates of accredited college of pharmacy, be eligible for licensure in the State of Ohio and submit the standard application materials through PhORCAS (i.e. Letter of Intent, CV, the 3 standard reference forms in PhORCAS, official pharmacy college transcript), along with: Cleveland Clinic requests a minimum of one (two is preferred) of the candidate's three references should come from a preceptor who worked with them in a clinical setting, related to an APPE in acute or ambulatory care. The clinical preceptor should be able to comment on the candidate's scope of responsibility, total patient load, level of autonomy, clinical abilities, and organizational and time management skills. All 3 reference writers should use the standard PhORCAS template to submit their candidate recommendation. PGY-1 candidates must have graduated or be actively enrolled in an ACPE Accredited School of Pharmacy or foreign equivalent (see criteria #8 below)
4. Cleveland Clinic Health-System Residency sites agree that no person at these sites will solicit, accept, or use any ranking-related information from any residency applicant.
5. Residency applicants must be authorized to work in the United States at the time they apply for the residency. Cleveland Clinic Pharmacy does not sponsor applicants for work Visas.
6. Appointments of applicants to residency positions may be contingent upon the applicants satisfying certain eligibility requirements [e.g., graduating from accredited college of pharmacy, obtaining pharmacist license in Ohio within 90 days of start date, and successful completion of a pre-employment physical and drug screen, including testing for nicotine, and attendance of an onboarding appointment on site at Mercy, or as otherwise directed by Occupational health].
7. Unfortunately, we cannot accommodate Optional Practical Training visas for the Cleveland Clinic Pharmacy Residency program as the program extends beyond 12 months. Trade NAFTA visas are acceptable; however, the candidate is responsible for the application process and all necessary fees. Cleveland Clinic cannot extent the candidate an employment letter until the candidate has matched with the Cleveland Clinic program and signed an acceptance letter. Any employment letter will state the length of the program (12 months).
8. Graduates of international pharmacy schools will be considered if they meet the ASHP criteria for application to residency. To be eligible for pharmacist licensure, candidates must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP.
9. Each application is reviewed within 2 weeks after the application deadline.
    a. Each application is evaluated with a standardized form (see PGY1 Residency Candidate Pre-Interview Screening Evaluation Form). This form is based on pre-determined, objective criteria that provide a holistic review process.
    b. Each application is evaluated by the residency program director (RPD) or designee(s) using the standardized form. All qualifying candidates will be screened by at least two preceptors. Scores will be averaged.
10. The candidates who will be invited for virtual or on-site interviews are reviewed through discussion with the Residency Advisory Committee (RAC).

    a. The number of candidates invited for an interview will be determined based on number of available residency positions (typically seven candidates are invited per residency position)
    b. If there are more candidates than interview dates and times available, the candidates that will be offered an interview will be determined based on the screening scores as well as preceptor interactions with the candidates.
11. Candidates invited for virtual or on-site interviews will be provided applicable residency materials including:
    a. Requirements for Successful Completion of PGY1 Pharmacy Residency Policy and PGY1 Pharmacy Residency Successful Completion Requirements Checklist
    b. PGY1 Pharmacy Residency Licensure Policy
    c. PGY1 Pharmacy Residency Leave of Absence Policy
    d. PGY1 Pharmacy Residency Duty Hours Policy
    e. PGY1 Pharmacy Residency "Moonlighting" Policy
    f. PGY1 Pharmacy Residency Remediation and Dismissal Policy
    g. PGY1 Pharmacy Residency Program Structure Policy
    h. Program start date and term of appointment
        i. If exact date is not finalized before the time the applicant is invited to interview, an approximate start date will be provided.
    i. Stipend and benefit information
        i. Benefit information includes vacation, holiday, professional, and sick leave allotment and whether health insurance is available.
    j. Financial support for professional society dues, and required professional meeting attendance (ex: required meetings include pharmacy association meetings and regional residency conferences)
        i. If exact amount of financial support is not known at the time the applicant is invited to interview, that information will be communicated to the applicant.
    k. Enterprise Residency Early Commitment Procedures
        i. CCHS Regional Hospital PGY2 RPDs and associated Residency Advisory Committees (RAC) will determine on an annual basis if they will early commit PGY1 Pharmacy residents from other CCHS Regional Hospitals in to their PGY2 residency programs and inform respective programs no later than October 1 or the preceding Friday if October 1 falls on a weekend.
12. All candidates participating in Phase I of the Match must complete a virtual or on-site interview. Accepting candidates will be provided an option of interview format (virtual vs. on-site), along with an itinerary of the interview, as applicable.
    a. In person interview day includes hospital tour, meeting with preceptor team, meeting with current residents, and independent case workup and presentation to preceptor team.
    b. Virtual interview day includes meeting the preceptor team, meeting with current residents, and independent case workup and presentation to preceptor team. Given the nature of the virtual interview, hospital tour will be omitted.
    c. Prior to the interview, application materials for each candidate will be made available to each preceptor for review.
    d. Preceptors will utilize pre-determined interview questions and defined criteria for rating applicant's interview performance.
13. Scoring

a. Each preceptor that interviews the candidate completes an evaluation using a standardized form (PGY1 Residency Candidate Post-Interview Evaluation)
    i. Pre-determined, objective criteria will be utilized for evaluating each applicant's interview performance. The candidates will also be given an overall rating by each preceptor either to recommend, recommend with reservations, or to not recommend for the position. Ratings of recommend with reservations or not recommend require comments as to why the preceptor feels this way.
b. Total score includes application evaluation and interview evaluation.

14. Rank
    a. The preceptors will submit individual rank order lists.
    b. Residency Advisory Committee will formally meet to review individual rank lists, total scores, the individual evaluations and other supporting documents, and rank candidates in order of preference based on above pre-determined criteria.
    c. The order of selection will be determined by the consensus of the preceptors with final approval by the RPD. The RPD is responsible for submitting approved rank list to Match.
    d. No person will solicit, accept, or use any ranking-related information from any residency applicant.
15. Phase two process
    a. In the event the program does not match during phase one, the program will participate in phase two. Phase two applications will be reviewed and screened similarly to phase one (as outlined above). A minimum of one preceptor will screen applications.
    b. The number of offers will depend upon the number of open resident positions.
    c. Given the shorter timeline, alternatives to an on-site interview may be permitted, along with abbreviated interview format based on preceptor availability. Case workup will be completed independently and electronically submitted to team for review.
    d. Phase two candidates will follow the same scoring (with an abbreviated case workup evaluation) and ranking process as phase one.
16. Scramble
    a. In the event the program does not match one or more residency positions in phase one or phase two of the match, the program will pursue residency candidates through the scramble.
    b. Candidates will undergo the same selection and evaluation process as in phase two. Given the shorter timeline, alternatives to an on-site interview may be permitted, along with abbreviated interview format based on preceptor availability.
17. Match
    a. Within 30 days, matched residents are sent Acceptance Letters by the RPD. Once signed letters are received back from matched resident, then the RPD/Pharmacy Director contacts Cleveland Clinic Human Resources to begin official hiring and on-boarding process.
        i. Documented communication will be in writing in the form of an email. At that time, the program will also provide residency manual, general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment.

References and Related Topics:
PGY1 Residency Candidate Pre-Interview Screening Evaluation
PGY1 Residency Candidate Post-Interview Evaluation
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed June 5, 2026)

Oversight and Responsibility
The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency "Moonlighting" Policy**	Policy Manual **#R1.03** Revised Date: 1/16; 5/21, 7/22, 7/23, 6/26, 9/26 Effective Date: 7/15

Policy:

After becoming licensed in the state of Ohio, the PGY1 resident may have the ability to staff extra shifts at Cleveland Clinic Mercy, not related to the residency (based on rotation schedule, generally after 4 PM on weekdays, or other shifts that are not part of staffing component). In those circumstances, the resident will be paid as a pharmacist. The resident will not be used as extra staffing help in case of call-offs during the day. In the case that the resident has an interest in working extra internal staffing shifts, the resident must obtain permission from the Residency Program Director (RPD) and any involved preceptor(s).

It is the policy of Cleveland Clinic Mercy Pharmacy to comply with ASHP policy for moonlighting (also refer to PGY1 Pharmacy Residency Duty Hours Policy). Highlights of the ASHP moonlighting policy include the following:

- Moonlighting is defined as any 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.
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.
- All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- Programs that allow moonlighting must have a documented structured process that includes at a minimum:
    - The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
    - Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
    - A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

Procedures:

1. All internal moonlighting must first be approved by the RPD.
2. Internal moonlighting will be capped at 16 hours per week.
3. The RPD will monitor duty hours to comply with the "80 hour rule" established standards above.
4. External moonlighting (pharmacy or non-pharmacy related) is not allowed while completing the PGY1 residency at Cleveland Clinic Mercy Hospital due to the amount of staffing shifts available for moonlighting and the inability to track external moonlighting adequately.

5. The program director will only approve the moonlighting activity if the resident is satisfactorily meeting all residency program goals and objectives, and if the activity is not in violation of the Duty Hours standard.

Regulatory Requirement/References
American Society of Health-System Pharmacists (ASHP)
Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies. Available from:
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf
[Accessed June 5, 2026]

Oversight and Responsibility
The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Evaluation Policy**	Policy Manual **#R1.04** Revised Date: 12/16; 1/21, 12/23, 6/26 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy residents receive formal evaluation of their progress throughout the residency year. Each resident will be evaluated on the last day of the learning experience, midpoint, and/or quarter (as applicable).

Performance Indicator Definitions:

Needs Improvement (NI)

- The resident is deficient in skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in more than 30% of instances.
- Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.
- The resident's level of skill on the objective does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress," whichever applies.

Satisfactory Progress (SP)

- The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in 10-30% of instances. The resident performs associated tasks at an acceptable level, and in a consistent manner.
- This applies to an objective whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full and independent ability to perform the objective by the end of the program.
- Resident is able to ask questions to acknowledge limitations and/or judgment is not refined.

Achieved (ACH)

- The resident has the skill/abilities in this area and requires assistance to successfully complete the learning activities associated with the objective in less than 10% of the instances. The resident requires no further developmental work in this area and requires minimal supervision, or
- The resident has fully accomplished the ability to independently perform the learning activities associated with the objective in a consistent manner.

Achieved for Residency (ACHR)

- An objective may be "Achieved for Residency" (ACHR) when the resident:
    - Has "Achieved" the objective twice during the residency (or at the discretion of the RPD and Residency Advisory Committee).
    - For objectives that a resident has "Achieved" only once during the year, the RAC group may discuss resident progression and development, and if group agrees, mark as ACHR

- A goal may be “Achieved for the Residency” (ACHR) when the resident:
    - Has “Achieved for Residency” all the objectives for the specific goal (done automatically by PharmAcademic when all the objectives have been achieved).

Procedure:

1. Prior to the start of each residency year, the goals and objectives for resident evaluations will be reviewed, evaluated, and chosen from PharmAcademic by the RPD and each preceptor.
2. The goals and objectives will be available in PharmAcademic for the resident to review prior to the start of each rotation.
3. Throughout the learning experience, the preceptor is expected to provide routine verbal feedback and final summative evaluation, in addition to optional formative feedback in PharmAcademic via “provide feedback to the resident” electronic documentation (as applicable).
4. Preceptors will evaluate each resident at the end of each experience in a summative manner. If the experience is longitudinal, the evaluation must be done quarterly. Both the resident and preceptor will fill out the evaluation forms independently in PharmAcademic. Additionally, the resident will fill out an evaluation of the rotation and preceptor.
5. The preceptor and resident should meet to review the evaluations and discuss the progress of the resident. All learning experience evaluations and co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter (as applicable). There may be a 7 day grace period for compelling reasons. All evaluations are reviewed and approved by the RPD.
6. At a minimum, all preceptors and RPD (Residency Advisory Committee) will meet on a quarterly basis (or more frequently) to discuss the progress of each resident. The individual evaluations from each rotation will be reviewed along with the evaluation of longitudinal rotations.
7. At a minimum, the RPD will meet with resident on a quarterly basis to discuss each resident’s quarterly development plan. The RPD will discuss strengths and opportunities identified during the evaluation process with the resident. If additional needs or issues are identified by the RAC, more frequent meetings with RPD will be conducted.

References

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

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Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Remediation & Dismissal Policy**	Policy Manual **#R1.05** Revised Date: 1/16; 1/21, 12/21, 7/23, 5/24, 6/24, 5/25, 8/26 Effective Date: 7/15

Purpose:

To define the remediation and dismissal procedure for pharmacy residents who fail to meet the required standards for completion set forth by the American Society of Health-System Pharmacists (ASHP).

Policy Statement:

To graduate and receive a pharmacy residency certificate, pharmacy residents must meet all the requirements set forth by the Pharmacy Residency Program. Additionally, ASHP Residency Accreditation Standards state: A residency-specific remediation/disciplinary policy is documented and includes actions taken for residents who fail to progress and any resident-specific behaviors that trigger the organization's disciplinary process.

Policy Implementation:

1. Failure to pass Ohio State Board of Pharmacy Licensure requirements within the first 90 days of start date will result in termination from the residency program. Exceptions (e.g., medical leave of absence in accordance with PGY1 Pharmacy Residency Leave of Absence Policy) will be considered on an individual basis. If exception approved, the residency will be extended by the amount of time as the extension (e.g., up to 12 weeks based on PGY1 Pharmacy Residency Leave of Absence Policy) to ensure that the resident completes 52 weeks of training and completes two-thirds of the residency as a licensed pharmacist.
2. If a resident is not licensed as a pharmacist in Ohio and does not obtain an Ohio intern license by the start date, it will result in dismissal from the residency program.
3. Performance deficiencies can be identified by personal interactions with the resident, by formative and summative evaluations (located in PharmAcademic), and quarterly development plans (located in PharmAcademic). Examples include consistent failure to meet deadlines for resident projects and assignments (e.g., research, presentations), or 2 or more Needs Improvement (NI) on same objective on different learning experiences with qualitative supporting evidence documented (e.g., PharmAcademic).
4. To address the performance deficiencies, the Residency Program Director (RPD) will conduct a performance management discussion, review the resident's current performance and work with the resident to create a plan to achieve the program's successful completion requirements.
5. If the resident continues to not progress towards meeting the program's successful completion requirements, the RPD will notify the hospital specific Director of Pharmacy, System Director of Residency Programs, System Residency Coordinator, Pharmacy Enterprise HR business partner and local hospitals' HR department.
6. If it is determined the resident may not be able to meet the requirements to successfully complete the residency (See Requirements for Successful Completion of PGY1 Pharmacy Residency Policy), a Resident Improvement Plan will be created by the RPD and Director of Pharmacy and will include input from preceptors. A standardized template will be used for the Resident Improvement Plan.

7. The Resident Improvement Plan will identify measurable metrics, the current performance, desired performance, methods and timeframe for improvement and the consequences of successful and unsuccessful completion of the plan.
    a. Examples of metrics include but are not limited to: a) select objectives from the residency specific ASHP competency areas, goals, and objectives and rating of specific objective (e.g., satisfactory progress or achieved); 2) presentation and/or project milestones and completion; 3) time management of work with specific dates for completion; and 4) professionalism (e.g., arriving and leaving rotation on time, and interaction with other health care professionals and patients).
    b. The timeframe of the Resident Improvement Plan is typically four (4) weeks.
    c. The resident and RPD will sign and date the Resident Improvement Plan.
    d. The original or a copy of the signed plan should be stored in the resident's physical employee file.
8. If the resident meets the expectations of the improvement plan, the resident must maintain consistency of the expected improvements for the remainder of the residency program without any deviation or regression from the plan. Failure to achieve expected improvements of the plan or maintaining consistency of the expected improvements for the remainder of the residency program may result in unsuccessful completion of the residency program and termination of employment (resident will not receive a residency completion certificate).
9. If the resident does not successfully meet all the metrics of the Resident Improvement plan, but demonstrates progress, the plan may be extended with updated metrics and timeframes.
    a. The timeframe of a Resident Improvement plan extension is typically four (4) weeks.
10. During the Resident Improvement plan period, the resident will meet with the RPD or designee once a week (or more frequently as needed), to review progress of the plan.
11. If the resident is not successful in meeting the requirements outlined in the Resident Improvement plan, the resident will be terminated from the residency program (resident will not receive a residency completion certificate).
12. The residency program will not be extended as a result of an improvement plan or failure to achieve the necessary objectives within the 12-month duration of the program.
13. The resident will be dismissed from the residency program if the resident cannot make up time missed from a leave of absence within 6 months of the end date of the residency as outlined in the Acceptance Letter (see PGY1 Pharmacy Residency Leave of Absence Policy)
14. Other behavior and/or actions triggering dismissal from the program are, but not limited to:
    a. Non-compliance with Cleveland Clinic policies
        i. Social Media Use
        ii. Professional Conduct – including disruptive and unprofessional behavior.
        iii. Code of Conduct
        iv. HIPAA
        v. Corrective Action
    b. Plagiarism
    c. Unapproved use of Artificial Intelligence (AI)
        i. Use of AI for any aspect of a successful completion checklist deliverable
        ii. Use of company or patient data
        iii. Lack of disclosure regarding the use of AI
        iv. AI platform other than Cleveland Clinic approved (Internal chatGPT)

Workplace Conduct and Performance

Cleveland Clinic has established standards of behavior and expectations governing performance and conduct as identified in the Cleveland Clinic Professional Conduct policy, Corrective Action policy, and other applicable policies. The purpose of this criteria is to assist with managing employee performance and conduct issues that interfere with safe, orderly, effective, and efficient operation of the organization.

Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace such as during business trips or business meetings. Those individuals who engage in acts prohibited by Cleveland Clinic policies, regardless of status, position, or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

Regulatory Requirement/References

American Society of Health System Pharmacists (ASHP)
Corrective Action Policy
https://ccf.policytech.com/dotNet/documents/?docid=104060&app=pt&source=browse
Professional Conduct Policy https://ccf.policytech.com/dotNet/documents/?docid=88319

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed June 5, 2026)

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Licensure Policy**	Policy Manual **#R1.06** Revised Date: 1/16; 1/21, 12/21, 7/22, 6/23, 7/23, 11/23, 6/24, 12/24, 7/26 Effective Date: 7/15

Purpose:

To support the Licensure/Certification/Clinical Competency Policy (https://ccf.policytech.com/dotNet/documents/?docid=91119&app=pt&source=browse), this document outlines the Ohio Pharmacy Licensure expectations for all pharmacy residents during post-graduate 1(PGY1).

Definitions:

ACPE - Accreditation Council for Pharmacy Education
NAPLEX - North American Pharmacy Licensure Examination
UMPJE – Uniform Multistate Pharmacy Jurisprudence Examination

Procedure:

All pharmacy residents must successfully be licensed as a pharmacist by the State of Ohio Board of Pharmacy in a timely manner, including reciprocation.

1. All pharmacy residents must have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited School of Pharmacy and be licensed in the State of Ohio; or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. Note: An FPGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure.
2. Residents should contact the State of Ohio Board of Pharmacy as soon as possible after the match to determine pharmacist licensure requirements. Residents are responsible for determining and completing Ohio intern hour requirements necessary to be eligible to sit for Pharmacist Licensure Examinations.
3. All pharmacy residents should obtain their Ohio Pharmacist License prior to orientation or as soon as possible after starting orientation.
4. PGY1 Residents must obtain an Ohio Pharmacist License within the first 90 days of the start date.
    a. Residents should be scheduled to take their initial pharmacist licensure examinations by July 1st to allow adequate time for re-testing in the event the resident does not pass the initial examinations. The Residency Program Director needs to be contacted as soon as possible if there are issues scheduling exams prior to the July 1st deadline.
    b. If re-testing is required, the exam(s) must be scheduled for at least 7 business days prior to the 90-day mark to account for turnaround time needed to obtain results and licensure issuance.
    c. For NAPLEX, after a failed attempt, there is a 45-day waiting period for the next attempt at the NAPLEX (starting from the date of the failed attempt).
    d. For UMPJE, after a failed attempt, there is a 30-day waiting period for the next attempt at the UMPJE (starting from the date of the failed attempt).
    e. Failure to obtain a State of Ohio Pharmacist License by August 1 may impact resident's schedule.

5. If a pharmacy resident does not hold a Pharmacist License in Ohio or in another state, they must obtain an Ohio Pharmacy Intern License.
    a. Residents do not need an Ohio Intern License if they currently hold a current/active Pharmacist License in another state while waiting for reciprocity to be determined by the Ohio State Board of Pharmacy.
        i. Pharmacy licensure via reciprocity must be obtained within the timeframe specified point 4 above.
        ii. Candidates should check the Ohio Board of Pharmacy website for reciprocity requirements and complete them within the required time frame.
    b. If an Ohio Pharmacy Intern License is required but not obtained by the start date, the resident will be dismissed from the program. Residents must maintain an Ohio Pharmacy Intern License until a Pharmacist License in Ohio is obtained.
    c. Until the resident is licensed in Ohio, they must work under the direct supervision of a licensed pharmacist.
6. Residents hired after October 1st must hold an active pharmacist license prior to the start of residency.
7. Failure to pass State of Ohio Board of Pharmacy Pharmacist Licensure requirements and obtain licensure within the first 90 days of start date will result in termination from the residency program. Exceptions (e.g., medical leave of absence in accordance with PGY1 Pharmacy Residency Leave of Absence Policy) will be considered on an individual basis. If an exception is approved, the residency will be extended by the amount of time as the extension (e.g., up to 12 weeks based on PGY1 Pharmacy Residency Leave of Absence Policy) to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist.
        a. If a resident should require a leave of absence prior to successful completion of licensure exams, initial or repeat licensure exams may not be taken during the time of leave.
            i. Time remaining between the date of leave until the 90-day mark would be extended from the time of return to residency.
8. Managers or designee are responsible for performing primary source verification of a resident's license within the first 90 days of start date.
        a. The manager or designee is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
        b. The manager or designee will retain a copy of the website screen print (dated no later than the expiration date in the resident's departmental file) and submit it to Human Resources.
9. Residents are responsible for maintaining current pharmacist licensure, certification, and/or clinical competencies as required by their position as outlined in the Licensure/Certification/Clinical Competency Policy. Continued employment is contingent upon maintaining current credentials.

Regulatory Requirement/References

State of Ohio Board of Pharmacy Licensure as a Pharmacist by Examination. Available from https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx (Accessed June 5, 2026)
NAPLEX- http://www.nabp.pharmacy/programs/examination/naplex/ (Accessed June 5, 2026)

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Time Off Policy**	Policy Manual **#R1.07** Revised Date: 12/14; 1/21, 12/21, 3/22, 12/22, 5/24, 7/24, 9/26 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that pharmacy residents will be allotted 14 time off days.

Procedure:

1. The resident will have 14 "time off" days.
    a. These time off days may be used for illness or personal time, licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio] or interviewing for PGY2 residencies or jobs.
        i. Residents will not be charged "time off" days for required off-site activities (ASHP Midyear, Residency Conference attendance).
        ii. "Time off" days are not classified as paid time off (or PTO); therefore, any remaining "time off" days are not paid out at the end of the residency.
    b. Request for time off days must be submitted to and approved by all involved preceptor(s), the RPD and Director of Pharmacy.
    c. Request for "time off" days must not interfere with the ability to complete a rotation, project, or meet staffing requirements.
        i. Staffing rotation:
            1. Resident will be provided a schedule with the assigned shifts during orientation. Resident is expected to work their assigned shifts. A resident may not request time off for a scheduled staffing shift.
            2. A resident may switch scheduled staffing shift(s) with their co-resident but must get approval from the preceptor, pharmacy manager, and RPD.
                a. If there are situations where a resident cannot switch their shift(s), the resident will be expected to make up the staffing requirement.
        ii. Resident should discuss time off days with all involved preceptor(s) first and is responsible for first obtaining approval from all involved preceptor(s).
        iii. Once approval is obtained from involved preceptor(s), resident is responsible for e-mailing the RPD and Director of Pharmacy to obtain final approval.
        iv. In the event of an unanticipated time off day, resident should notify all involved preceptor(s), RPD, and Director of Pharmacy as soon as possible (or no later than expected start time of rotation).
            1. Staffing rotation:
                a. Resident call off of a scheduled staffing shift:
                    i. A resident who needs to call off for a scheduled staffing shift due to illness or emergency should

follow the call off procedure (see manager or staffing operations preceptor for policy)

ii. Resident should first try to switch with their co-resident for the shift that cannot be worked in order to avoid a call off. If unable to switch, the resident should notify the preceptor, pharmacy manager, and RPD.

iii. A resident who calls off on a scheduled staffing shift must make up the missed hours. The scheduling of the make up hours will occur at the discretion of the preceptor, pharmacy manager, and RPD to ensure the resident meets the minimum required staffing hours for successful completion of the program.

b. Procedures for making up a staffing hours:

i. The rescheduled hours will equal the number of hours that were missed.

ii. Residents may be required to take a day off and charged a time off day in order to make up the missed hours and remain within duty-hours restrictions.

d. Resident cannot take more than a total of 5 days off during a monthly rotation (or 25% of rotation).

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Non-Pharmacist as Pharmacy Preceptor Policy**	Policy Manual **#R1.08** Revised Date: 12/15; 1/21, 3/22, 7/23 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that residency rotations with non-pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be permitted as electives during the second half of the residency year (as availability exists).

Procedure:

1. If resident demonstrates interest in a rotation area not offered at Cleveland Clinic Mercy, opportunity for an offsite elective option within the Cleveland Clinic System may pursued.
    a. If unable to identify an offsite elective option, Cleveland Clinic Mercy Pharmacy may permit an elective with a non-pharmacist preceptor (as availability exists). Utilization of non-pharmacist preceptors may occur when a qualified pharmacist preceptor does not maintain an active practice in the area, but the experience adds value to the resident's professional development. The following requirements will be followed:
        i. Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
        ii. Readiness for independent practice is documented in the resident's development plan.
        iii. The RPD, designee, or other pharmacist preceptor works closely with the nonpharmacist preceptor to select the educational objectives and activities for the learning experience.
        iv. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
        v. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Advisor Policy**	Policy Manual **#R1.09** Revised Date: 1/21, 7/23, 12/23 Effective Date: 7/15

Policy:

Each PGY1 Pharmacy Resident will choose an advisor at the beginning of the residency year. In general, the resident advisor will serve as an advocate for the resident and to provide continuity in the overall feedback and evaluation of resident performance. The goal in providing a residency advisor is to give the resident a specific contact, of their choosing, with whom they will be comfortable discussing any matters related to the completion of the residency.

Advisor responsibilities:

1. Meet with the resident at least quarterly (or more often if necessary) to review progress or address any other concerns. Key areas that will be focused on include resident well-being, advice on projects (initiation, completion, deadlines, etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, career opportunities after residency, and any residency-related or other issues that may arise.
2. Act as a personal contact in all matters related to the completion of the pharmacy residency program.
3. Collaborate with the resident to develop their residency plan and monitor the plan's progress.
4. Act as an impartial third party should issues or conflicts arise between the resident and the director/managers of the pharmacy department or preceptors within the residency program
5. Review all of the resident's evaluations with the resident before the quarterly development plan residency advisory committee meeting to help the resident identify strengths and weaknesses by Competency Area.
6. Serve as the resident's representative to provide deeper understanding of the self-assessed progress and areas for improvement during the quarterly evaluation meetings.
7. In concert with the other preceptors and the RPD, devise a plan for building on the resident's strengths and addressing weaknesses.

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Preceptor Evaluation Policy**	Policy Manual **#R1.10** Revised Date: 12/14; 1/21, 7/23 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy preceptors receive formal evaluation of their clinical skills and teaching ability through review of resident feedback. The results of the evaluations will be considered as part of the annual preceptor reappointment review and goal setting for each preceptor.

Procedure:

1. Pharmacy residents will evaluate each preceptor at the end of the learning experience, midpoint, and/or quarter (as applicable) using the PharmAcademic system. Residents should provide constructive feedback to preceptors regarding their strengths related to teaching effectiveness, ability to provide effective instruction and feedback, timeliness, modeling of professional behaviors, availability, and enthusiasm for teaching.
2. Residents should discuss any serious preceptor concerns with the RPD or director of pharmacy immediately.
3. Each preceptor, as a part of the annual preceptor reappointment, is required to review resident feedback and complete a preceptor and learning experience self-assessment, to identify a minimum of one goal for the next year that is focused on improving or developing a core skill in instructing, modeling, coaching, or facilitating.

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **Requirements for Successful Completion of PGY1 Pharmacy Residency Policy**	Policy Manual **#R1.11** Revised Date: 12/14; 1/21, 12/21, 3/22, 7/22, 9/23, 3/24 Effective Date: 12/14

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy practice residents are aware of the graduation requirements for this program. If a resident does not successfully meet and complete all criteria for graduation, the residency certificate will be withheld. The Residency Advisory Committee (RAC) will convene and decide on a plan to ultimately help the resident meet criteria for graduation, which may include extra assignments, extending the residency, or other duties as decided by the RAC. Failure to comply with the written plan in the time frame specified will result in dismissal from the program and no certificate will be conferred.

Definitions:

Acceptance Letter (ASHP Standard): Within 30 days of the Match, the program contacts each matched candidate in writing to conform and document their acceptance of the Match. At that time, the program also provides general information about the hiring process including pre-employment requirements. This "Acceptance Letter" letter is sent and outlines requirements for successful completion of the residency program. The letter is signed and dated by both the resident and the Residency Program Director (RPD). The letter also includes a start date and end date of the residency program, stipend, and benefits.

Performance Indicator Definitions:

Needs Improvement (NI)

- The resident is deficient in skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in more than 30% of instances.
- Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.
- The resident's level of skill on the objective does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress," whichever applies.

Satisfactory Progress (SP)

- The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in 10-30% of instances. The resident performs associated tasks at an acceptable level, and in a consistent manner.
- This applies to an objective whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full and independent ability to perform the objective by the end of the program.
- Resident is able to ask questions to acknowledge limitations and/or judgment is not refined.

Achieved (ACH)

- The resident has the skill/abilities in this area and requires assistance to successfully complete the learning activities associated with the objective in less than 10% of the

instances. The resident requires no further developmental work in this area and requires minimal supervision, or
- The resident has fully accomplished the ability to independently perform the learning activities associated with the objective in a consistent manner.

Achieved for Residency (ACH-R)
- An objective may be “Achieved for Residency” (ACH-R) when the resident:
    - Has “Achieved” the objective twice during the residency (or at the discretion of the RPD and Residency Advisory Committee).
    - For objectives that a resident has “Achieved” only once during the year, the RAC group may discuss resident progression and development, and if group agrees, mark as ACH-R
- A goal may be “Achieved for the Residency” (ACH-R) when the resident:
    - Has “Achieved for Residency” all the objectives for the specific goal (done automatically by PharmAcademic when all the objectives have been achieved).

Procedure:
In order to graduate with the PGY1 pharmacy residency certificate, all residents must meet these requirements:
1. Obtain pharmacist licensure in the State of Ohio within 90 days of start date (see Resident Licensure Policy)
2. Complete 12 months of learning experiences, including required monthly and longitudinal experiences (see Program Structure Policy)
    1. A pharmacy resident must complete at least 2/3 (two-thirds) of the residency as a licensed pharmacist in Ohio.
3. Complete a self-directed original resident project with a manuscript suitable for publication.
    1. Present research at Ohio Chapter of Clinical Pharmacy (OCCP) spring meeting and/or other conference venue as agreed upon by the residency committee and Cleveland Clinic travel policies.
4. Complete a medication use evaluation (MUE)
5. Complete and present a formulary review monograph (or equivalent project such as an SBAR)
6. Complete all required staffing and holiday shifts.
    i. Every third Saturday 1000-1800 (Required: 13 Saturdays = 104 hours)
    ii. Every week either Tuesday or Wednesday 1600-2000 (Required: 40 Weekdays = 160 hours)
    iii. Two of the four holidays (Thanksgiving, Christmas, New Year's Day, Memorial Day) 0700-1530 (Required: 16 hours)
7. Complete at least two different formal presentations to healthcare staff:
    1. Journal Club
    2. Case Presentation
    3. Pharmacotherapy review
8. Resident must “Achieved for Residency” 80% of the objectives (25/31) at some point during the residency. Of which, resident must “Achieved for Residency” the below nine objectives (refer to Pharmacy Residency must “Achieved for Residency” Objectives Policy). And by the end of the residency, there can be no objectives that are rated as Needs Improvement not followed by a Satisfactory Progress during the residency.

1. R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.
2. R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
3. R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
4. R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.
5. R2.1.1 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.
6. R2.1.6 Develop and present a final report.
7. R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
8. R3.2.3 Demonstrate responsibility and professional behaviors.
9. R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

References and Related Topics:
PGY1 Pharmacy Residency Successful Completion Requirements Checklist
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed June 5, 2026)
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility
The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency must "Achieved for Residency" Objectives Policy**	Policy Manual **#R1.12** Revised Date: 7/15; 1/21, 12/23, 3/24 Effective Date: 7/15

Policy:

Pharmacy residents will be evaluated on a total of thirty-one objectives during the residency year, in accordance with ASHP Standards and Competency Areas, Goals, and Objectives. It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy residents must "Achieved for Residency" (ACHR) 80% of the objectives (25/31) by the end of the residency year (as stated in Requirements for Successful Completion of Residency Policy).

Of the total thirty-one objectives that residents will be evaluated on, the below select 9 objectives must be "Achieved for Residency" by the end of the residency year. Residents will have the opportunity to be evaluated on the below 9 objectives multiple times throughout the residency year. Residents progress towards the objectives will be assessed on a quarterly basis, at a minimum. If additional opportunities are necessary for resident to meet these requirements, objectives will be assigned to elective learning experiences (as applicable).

1. R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.
2. R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
3. R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
4. R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.
5. R2.1.1 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.
6. R2.1.6 Develop and present a final report.
7. R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
8. R3.2.3 Demonstrate responsibility and professional behaviors.
9. R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

References

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility

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Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Cleveland Clinic Mercy Hospital PGY1 Pharmacy Residency Successful Completion Requirements Checklist 2027-2028

Criteria	Quarterly Progress	Completed Date
Ascertainment of Ohio pharmacist licensure as soon as possible, but must be licensed within 90 days of start date in pursuant to the PGY1 Pharmacy Resident Licensure Policy • Completed License No. ***		
Completion of each of the required rotation areas (see program structure)		

Required Rotations	Date
Orientation (~month)	
Internal Medicine (month)	
Critical Care (month)	
Infectious Disease/Stewardship (month)	
Emergency Medicine (month)	
Ambulatory Care (month)	
Precepting (month)	
Research (month, December)	
Administration and research (month, April)	
Medication Safety (longitudinal)	
Administration (longitudinal)	
Staffing (longitudinal)	
Research (longitudinal)	

- *Resident must also complete 3 additional elective rotations of which no more than 1 may be in a non-direct patient care area.*

Elective Rotation	Date

Completion of a residency research project

Project Title:	
IRB Submission	
Data Query Submission	
Project Completion	

Presentation at the Ohio Chapter of Clinical Pharmacy (OCCP) meeting and/or a regional or national residency conference as agreed upon by the residency committee and Cleveland Clinic travel policies*
**Note: If travel restrictions do not permit completion of this activity at an external venue, participation in a local hospital-based research presentation will meet this requirement*

Meeting Venue	Presentation Title	Date

A manuscript (in publishable form) written and submitted to the residency director prior to the end of the residency year.

Title	Target Journal	Date

Completion of a medication use evaluation.

•		
Completion and presentation of at least one formulary review monograph (or equivalent such as an SBAR) **Title/Agent** | **Panel** | **Date** | | |		
Complete at least 2 different formal presentations to healthcare staff **Venue** | **Presentation** | **Date** | | | | | |		
Complete all required staffing and holiday shifts: • Every third Saturday 1000-1800 (Required: 13 Saturdays = 104 hours) • Every week either Tuesday or Wednesday 1600-2000 (Required: 40 Weekdays = 160 hours) • Two of the four holidays (Thanksgiving, Christmas, New Year's Day, Memorial Day) 0700-1530 (Required: 16 hours)	Q1: Q2: Q3: Q4:	
Completion of the residency goals and objectives as defined in the Requirements for Successful Completion of PGY1 Pharmacy Residency Policy. Resident must "Achieved for Residency" 80% of the objectives (25/31). Of which, resident must "Achieved for Residency" the nine objectives as outlined in the must "Achieved for Residency" Policy R1.12. And by the end of the residency, there can be no objectives that are rated as Needs Improvement not followed by a Satisfactory Progress during the residency.	Q1: Q2: Q3: Q4:	

Mercy Hospital (Highlighted objectives are must ACHR objectives); Must ACHR 25/31	**ACH for Rotation**	**ACH for Rotation**	**ACHR**	**Date**
R1 Patient Care				
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)				
R1.1.1 Collect relevant subjective and objective information about the patient.				
R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.				
R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.				
R1.1.4 Implement care plans.				
R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.				
R1.1.6 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 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.				
R1.2.1 Collaborate and communicate with healthcare team members.				

		R1.2.2 Communicate effectively with patients and caregivers.						
		R1.2.3 Document patient care activities in the medical record or where appropriate.						
	R1.3 Promote safe and effective access to medication therapy.							
		R1.3.1 Facilitate the medication-use process related to formulary management or medication access.						
		R1.3.2 Participate in medication event reporting.						
		R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.						
	R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).							
		R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.						
		R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.						
R2 Practice Advancement								
	R2.1 Conduct practice advancement projects.							
		R2.1.1 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.						
		R2.1.2 Develop a project plan.						
		R2.1.3 Implement project plan.						
		R2.1.4 Analyze project results.						
		R2.1.5 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.						
		R2.1.6 Develop and present a final report.						
R3 Leadership								

	R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.							
		R3.1.1 Explain factors that influence current pharmacy needs and future planning.						
		R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.						
	R3.2 Demonstrate leadership skills that foster personal growth and professional engagement.							
		R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.						
		R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.						
		R3.2.3 Demonstrate responsibility and professional behaviors.						
		R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.						
R4 Teaching and Education								
	R4.1 Provide effective medication and practice-related education.							
		R4.1.1 Construct educational activities for the target audience.						
		R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.						
		R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.						
		R4.1.4 Assess effectiveness of educational activities for the intended audience.						
	R4.2 Provide professional and practice-related training to meet learners' educational needs.							
		R4.2.1 Employ appropriate preceptor role for a learning scenario.						

Title/Description: **Expectations of the PGY1 Pharmacy Resident Policy**	Policy Manual **#R1.13** Revised Date: 12/16; 1/21, 12/21, 7/23, 12/23 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy practice residents are aware of the expectations for this program.

Procedure:

1. Residents are expected to utilize outlook calendar, personal calendar, or another preferred method to assist with time management and schedule of activities and deadlines throughout the residency year.
2. Residents should arrive to all activities/meetings/presentations promptly, including the staffing component. If they are running late or will need to leave early, they should inform all involved parties as soon as possible.
3. Each resident will be dressed professionally (as defined by each preceptor), and act professionally and respectfully at all times.
4. Each resident will prepare for all learning experiences in a manner befitting of a resident, such as topic discussions, rounding experiences, professional presentations, etc.
5. All deadlines need to be upheld. If the resident is having trouble meeting the timeline, communication in advance should be made to the preceptor/RPD. At that point, the preceptor/RPD has the authority to determine if the deadline can be revised.
6. The resident should be proactive about getting assignments accomplished or understanding the status of program activities. The resident should ask questions when unsure and especially ask for feedback on learning experiences, projects, etc., if they are unclear of their progress or feedback has not been given for a while.
7. Absences, sick time, tardiness should be communicated to the preceptor/RPD, and all involved parties as soon as possible.
8. The resident is expected to be fair and honest when filling out all evaluation forms especially the preceptor evaluation form. If for some reason, the resident is uncomfortable disclosing information on the evaluation form, the resident should communicate this to the RPD, director of pharmacy/manager, or advisor.
9. All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and quarter where applicable. There may be a 7-day grace period for compelling reasons.
10. The resident should check their email on a regular basis. At the very least, email should be checked once in the morning when they arrive and before leaving for the day.
11. Each resident may also choose to participate in optional programs offered: Teaching certificate program through Northeast Ohio Medical University (NEOMED) and/or Cleveland Clinic Leadership Program. Completion of a certificate program is not required for successful completion of the residency program; however, if resident elects to participate, they are expected to communicate and balance the requirements of the certificate program with the requirements of residency program.

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Competency Areas, Goals, & Objectives Policy**	Policy Manual **#R1.14** Revised Date: 12/16;1/21, 3/24 Effective Date: 7/15

Policy:

ASHP has established Competency Areas, Outcomes, Goals, and Objectives associated with accreditation. These will be a foundation of the residency program at Cleveland Clinic Mercy, as a guiding tool that helps residents achieve educational and clinical competency. The required competency areas, including all of the goals and objectives falling under them, must be included in all programs. Each of the goals falling under the program's selection of program competency areas must be evaluated at least once during the residency year.

The following Competency Areas are required by ASHP for accreditation:

R1: Patient Care
R2: Practice Advancement
R3: Leadership
R4: Teaching and Education

There are thirty-one objectives that must be taught and evaluated by preceptors at least one time each throughout the residency. These objectives vary based on the experience, but the resident will be made aware of the objectives and learning activities associated with objectives on each experience's orientation.

References:

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Leave of Absence Policy**	Policy Manual **#R1.15** Revised Date: 12/15; 1/21, 12/21, 7/22, 6/24, 5/25, 7/26 Effective Date: 7/15

Purpose:

To support the FMLA – Family and Medical Leave of Absence Policy (https://ccf.policytech.com/dotNet/documents/?docid=73824), this document outlines the leave of absence procedures for pharmacy residents. Pharmacy residents must follow Human Resources policies and procedures for Leave of Absence requests.

Procedure:

1. Per residency year, each resident has 14 "time off" days.
    a. a "Time off" days may be used for 1) illness or personal time, 2) licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio], or 3) interviewing for PGY2 residencies or jobs.
        i. "Time off" days are not classified as paid time off (or PTO); therefore, any remaining "time off" days are not paid out at the end of the residency.
    b. Please refer to "PGY1 Pharmacy Residency Time Away Policy" for any additional time away given (7 wellness days, 4 unworked holidays, 1 recruitment day, 3 possible bereavement days).
    c. If the resident exceeds 37 days away from the residency program, inclusive of "time off" days and any other available time off such as wellness days during the 52-week training period, the residency will be extended. The extension to make up any absence that exceeds the 37 days will be equivalent in competencies and time missed. During this extension, salary and benefits will be provided under the usual terms of the residency.
        i. Days used to attend professional conferences/meetings are not counted as days aways from the program.
    d. See #2 for Leave of Absence.

2. Each resident has up to 12 weeks for a medical or FMLA-qualifying leave of absence.
    a. All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD) and Human Resources. The RPD shall notify the appropriate pharmacy leadership (e.g., Pharmacy Manager/Pharmacy Director). Please refer to individual Human Resources Policies and Procedures for specific processes and documentation requirements based on type of leave. Any approved leave of absence under this procedure shall run concurrently with, not in addition to, any applicable Human Resources Policies and Procedures regarding leave of absence, including but not limited to the FMLA - Family and Medical Leave of Absence Policy, the Leave of Absence - Medical Policy, the Maternity Leave Policy, and the Parental Leave Policy.
    b. The resident will need to apply to take unpaid leave up to 12 weeks, unless eligible for short term disability benefits, maternity leave benefits, or parental

leave benefits under the applicable Human Resources Policies and Procedures.

c. Should a Leave of Absence occur before licensure has been obtained, refer to PGY1 Pharmacy Residency Licensure Policy regarding examination timing.
d. If a Leave of Absence is approved, and the resident has used all “time-off” days, the below protocol will be followed to ensure the residency program is a minimum of 52 weeks in length (per American Society of Health-System Pharmacy Residency Standards).
    i. Residents taking leave greater than paid leave allowed (i.e., 14 “time-off” days) cannot be awarded a residency certificate unless additional leave is made up.
    ii. For example, if a resident is approved to take a leave of absence and they have 10 days of “time off” remaining out of the 14 “time off” days, they use the 10 “time off” days remaining and then will need to make up the remaining days taken on the leave of absence (i.e., a resident takes 4 weeks leave or 20 work calendar days leave of absence, they will be required to make-up 10 work calendar days for the residency at the end of the year and any required staffing shifts missed).

Request for Leave

1. It is the employee's responsibility to notify the supervisor by completing a "Request for Leave of Absence" form located on the HR portal. When the need for leave is foreseeable, the employee must provide at least 30 calendar days of advance notice to their supervisor.

Make-up Time for Absences

1. Leave of absence(s) may extend the training period to reach an acceptable level of performance to graduate from the program. The resident must complete 52 weeks of residency.

2. Leave of absence time (up to 12 weeks) must be completed within 6 months of the date the program was scheduled to be completed, or the resident forfeits the privilege of receiving a residency graduation certificate and is dismissed from the residency program. In other words, for a leave of absence, the residency position will be held for 6 months after the end date of the residency in the Acceptance Letter. For example, if a resident begins maternity leave or is out due to major surgery at the end of May and has approved Cleveland Clinic leave for 12 weeks, upon returning from leave (at the end of August) would need to make up the 12 weeks of the residency missed by end of December.

3. When returning from a leave of absence, all Successful Completion Requirements must be met to obtain a residency graduation certificate. For example, the resident must complete all required rotations as outlined in the Successful Completion Requirements; therefore, any required rotations and deliverables missed during the leave of absence would need to be made up upon the resident’s return and done within the allowable period of the extension.

4. Upon returning from leave, salary and benefits will be paid. The resident must work under the guidance of a preceptor, equal to the hours missed, to complete the Successful Completion Requirements not yet achieved.

Regulatory Requirement/References

Family and Medical Leave Act (FMLA)

Cleveland Clinic- Human Resources Policies and Procedures:

- Bereavement Leave
- FMLA – Family and Medical Leave of Absence
- FMLA – Military Family Leave of Absence
- Jury Duty/Witness Leave
- Leave of Absence - Medical
- Leave of Absence - Military
- Leave of Absence – Personal
- Religious, Cultural, Ethical Accommodation

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Preceptor Appointment/Re-Appointment Policy**	Policy Manual **#R1.16** Revised Date: 2/16; 6/16; 1/21, 6/22, 7/23, 1/24, 12/24 Effective Date: 7/15

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all preceptors be appointed with the expectation that they will continue to develop their professional skills and satisfy the ASHP required eligibility and qualifications criteria for preceptor appointment and reappointment. The Academic and Professional Record (APR) form will be completed and maintained by each preceptor to ensure all required criteria are met. All preceptor appointment and reappointment decisions will be documented in RAC meeting minutes.

Procedure:

1. **Pharmacist Preceptors' Eligibility (Standard 4.5):** PGY1 Preceptors must be licensed pharmacists who:
    a. have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
    b. have completed an ASHP-accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted
    or
    c. have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

2. **Preceptors Qualifications (Standard 4.6):** Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:
    4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted. (see APR form)
    4.6.b Contribution to pharmacy practice in the area precepted
    4.6.c Preceptors who do not meet criteria for 4.6.a and/or 4.6.b have a documented individualized preceptor development plan to achieve qualifications within two years.

3. **Standard 4.7:** Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
    4.7.a Preceptors actively participate and guide learning when precepting residents.

4. **Residency Learning Experiences (Standard 3.2):** Learning experience descriptions must be documented and include:
    3.2.a.1 A general description, including the practice area.
    3.2.a.2 The role of pharmacists in the practice area.
    3.2.a.3 Expectations of residents.
    3.2.a.4 Resident progression.
    3.2.a.5 Objectives assigned to the learning experience.
    3.2.a.6 For each Objective, a list of learning activities that facilitate

its achievement.
3.2.b At the beginning of each learning experience, preceptors must orient residents to their learning experience using the learning experience description.
3.2.c Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.

5. **Resident Evaluations (Standard 3.4):** The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.
   3.4.a. Formative assessment and feedback
   3.4.a.1 Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve.
   3.4.a.1.a Feedback is documented for residents not progressing as expected.
   3.4.a.2 Preceptors make appropriate adjustments to learning activities based on residents' progression.
   3.4.b. Summative evaluation
   3.4.b.1 Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience.
   3.4.b.1.a For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations.
   3.4.b.2 The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale.
   3.4.b.2.a The preceptor documents qualitative written comments specific to the evaluated objectives.
   3.4.b.2.b The preceptor and resident discuss each summative evaluation.
   3.4.b.3 If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations.
   3.5 Evaluation of the Preceptor and Learning Experience
   3.5.a Residents document and discuss an evaluation of each preceptor by the end of the learning experience.

Procedure for Appointment:

1. Process for appointment and selection of preceptors is inclusive of all pharmacists within the organization that are interested in precepting and serve in a position that aligns with the structure and learning experiences of the program.
2. Preceptors are appointed based on meeting the eligibility and qualification requirement (see APR form). If a preceptor does not meet the qualification requirements, RPD will implement and document an individualized preceptor development plan to achieve qualifications within two years.
3. Preceptors will have a true interest in teaching residents (using the four preceptor roles) and helping the residents reach professional goals.

Procedure for Re-Appointment:

1. On an ongoing and annual basis (cycle), preceptor application will be completed with the following components:
   a. Preceptor must continue to meet criteria for appointment based on the preceptor's updated APR. The preceptor must update their APR each cycle. APR will be updated electronically on PharmAcademic.

b. Preceptor must participate in at least two preceptor development sessions each cycle.
    i. Preceptor is responsible for keeping track of their completed sessions (date/title of session/proof of completion)
    ii. Preceptor must attest to completion of two sessions each cycle.
c. Preceptor must complete a preceptor and learning experience self-evaluation each cycle.
    i. Preceptor must identify at least one area that is an opportunity for improvement.

2. The preceptor application will be submitted and reviewed by RPD. A preceptor reappointment checklist will be completed on an annual basis for approval by RPD.
    a. There is no evidence of a pattern of negative resident evaluations for the preceptor.
    b. If the preceptor does not meet re-appointment criteria, an individualized preceptor development plan will be implemented.

Preceptor Development (see Preceptor Development Policy)

A group preceptor development plan will be created and implemented each year to support the ongoing refinement of preceptor skills. Preceptors are expected to continuously develop their teaching skills. Preceptor development will be addressed in two ways:

1. Preceptor and learning experience self-assessment and improvement which must be completed every reappointment cycle by each preceptor.
2. Participation in two preceptor development sessions every year.
    a. Qualifying preceptor development sessions may include, but are not limited to:
        i. Online or live continuing education activities sponsored by an organization (ASHP, OSHP, ACCP, etc.) or a College of Pharmacy.
        ii. Review and discussion of key articles provided by the RPD or other leadership.
        iii. Live or recorded development activities offered through the department.
        iv. If a preceptor participates in an activity at a conference or meeting that may qualify, he/she may submit supporting documentation (slides, objectives, etc.).

References and Related Topics:

Academic and Professional Record Form (electronically in PharmAcademic)
Preceptor Application Form, Preceptor Development Plan
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed June 5, 2026)
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility

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Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Duty Hours Policy**	Policy Manual **#R1.17** Revised Date: 12/21. 7/22, 11/23. 9/26 Effective Date: 12/21

Purpose:
To outline duty hour requirements for all pharmacy residents.

Definitions:
ASHP: American Society of Health-System Pharmacists

Duty Hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Duty hours *includes*: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours *excludes* reading, studying, and academic preparation time (e.g., presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Moonlighting: Defined as any 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.

Procedure:
Pharmacy residents must not violate duty hour requirements approved by the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing.

Tracking of Compliance with Duty Hours

- Duty hour attestation form will be completed electronically by each resident on a monthly basis through PharmAcademic.
    - RPD will assess Duty Hours Attestation in PharmAcademic on a monthly basis.
        - If an infraction occurs, the RPD will meet with the resident to discuss, and any of the following actions can be taken:
            - Remove ability to complete internal moonlighting,
            - Modify resident schedule to reduce duty hours to be in compliance with policy,

- Permit additional time off, as applicable, to be in compliance with duty hour policy,
- Assess resident duty hours more frequently (weekly or every other week, as applicable)

Maximum Hours of Work per Week and Duty Free Times

- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

Mandatory Duty-Free Times

- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- Residents must have at a minimum of 8 hours between scheduled duty periods.
- Residents are not permitted to work more than two consecutive weekends in a row (i.e., both Saturday and Sunday).
    - Before a resident trades/switches staffing with another resident, it must be approved by the RPD. Once the RPD approves the trade/switch, the schedule can then be updated by responsible party.

Continuous Duty

- Continuous duty periods for residents should not exceed 16 hours.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety.

- It is at the discretion of the RPD (and/or Residency Advisory Committee) whether to permit or to withdraw moonlighting privileges.
    - The RPD may, at any time and without notice, prohibit the resident from moonlighting if his/her assessment indicates that resident performance is being compromised or the moonlighting arrangement is in violation of this procedure or the Duty Hours standard.
- All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- Refer to Resident Moonlighting Policy

Statement on Well-Being and Resilience

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.

D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

Regulatory Requirement/References

American Society of Health-System Pharmacists (ASHP)
Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.
Available from:
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf (Accessed August 1, 2026)

Oversight and Responsibility

The Residency Advisory Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Authorized by:

_____	_____
Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Program Structure**	Policy Manual **#R1.18** Revised Date: 3/22, 12/22, 8/23, 5/24, 9/26 Effective Date: 3/22

Policy:
It is the policy of Cleveland Clinic Mercy Pharmacy to follow the program structure as outlined below.

Procedure:
The PGY1 Pharmacy Residency program's structure is outlined in the table below. All core experiences (as outlined) are required. Learning experiences are scheduled in such a way that the residents have core required rotations prior to the Midyear meeting in December, while taking the residents' requests into account. This is intended to assist the resident in determining their areas of interest as well as evaluate what opportunities to seek at the Midyear meeting. The learning experiences can be modified throughout the course of the residency year based on the resident's career goals.

No more than one-third of the residency (four months) may deal with a specific disease state or population. Residents must spend at least two-thirds (eight months) of the residency in direct patient care activities. Elective experiences include: Oncology, Oncology II, Infectious Disease/Stewardship II, Internal Medicine II, Critical Care II, Emergency Medicine II, as well as other elective experiences may be developed based on resident interest and preceptor availability. If Cleveland Clinic Mercy Hospital is unable to provide an elective experience in the resident interest area, the RPD will seek potential off-site opportunities at other Cleveland Clinic campuses, if available. A maximum of two off-site learning experiences are allowed per residency year. Any interest for offsite opportunities should be discussed during Orientation in order to seek availability and coordinate accordingly. Travel reimbursement would not be provided for any off-site elective experiences. Resident is expected to still maintain any local residency obligations if they elect to pursue an offsite elective. If unable to identify an offsite elective option, Cleveland Clinic Mercy Pharmacy may permit an elective with a non-pharmacist preceptor (as availability exists – refer to PGY1 Pharmacy Residency Non-Pharmacist as Pharmacy Preceptor Policy).

Residency program experiences include a combination of concentrated and longitudinal rotation experiences. Availability of experiences are as follows:

Learning Experience	**Duration***	**Designation**	**Sequence during year****
Orientation	6 weeks	Required	June-July
Internal Medicine	4 weeks	Required	First half of year
Critical Care	4 weeks	Required	First half of year
Infectious Disease/Stewardship	4 weeks	Required	First half of year
Emergency Medicine	4 weeks	Required	First half of year
Cardiology Critical Care	4 weeks	Required	First or second half of year
Ambulatory Care	4 weeks	Required	First or second half of year

Research	4 weeks	Required	December
Administration/Research	2 weeks administration + 2 weeks research	Required	April
Research	Longitudinal, (~2 days/month)	Required	All year
Administration	Longitudinal (~1-2 days/month)	Required	All year (starting in August)
Medication Safety	Longitudinal (~1-2 days/month)	Required	All year (starting in August)
Staffing	Longitudinal [Every third Saturday 1000-1800 (Required: 13 Saturdays = 104 hours), Every week either Tuesday or Wednesday 1600-2000 (Required: 40 Weekdays = 160 hours), and two of the four holidays (Thanksgiving, Christmas, New Year's Day, Memorial Day) 0700-1530 (Required: 16 hours)]	Required	All year (starting ~September 15th, assuming licensure)
Precepting	4 weeks	Required	Second half of year
Oncology	4 weeks	Elective	Second half of year
Oncology II	4 weeks	Elective	Second half of year
Infectious Disease/Stewardship II	4 weeks	Elective	Second half of year
Internal Medicine II	4 weeks	Elective	Second half of year
Critical Care II	4 weeks	Elective	Second half of year
Emergency Medicine II	4 weeks	Elective	Second half of year

*Please note projects, presentation preparation, and certain other activities will require you to invest time outside of a normal workday.

**Sequence of learning experiences may be adjusted based on the resident's career goals.

Oversight and Responsibility

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Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Preceptor Development Policy**	Policy Manual **#R1.19** Revised Date: 6/22 Effective Date: 6/22

Policy:

It is the policy of Cleveland Clinic Mercy Pharmacy that all preceptors be appointed with the expectation that they will continue to develop their professional skills.

Procedure:

Cleveland Clinic will offer multiple educational opportunities for preceptors to improve their precepting skills. Individual preceptor development plans will be developed as necessary, and any preceptor who has specific development needs identified through the preceptor needs assessment process. The RPD, in conjunction with the RAC, will be responsible for the following on an annual basis:

1. Assessment of Preceptor Development Needs:
   - Preceptors will be required to complete the preceptor self-evaluation annually by June 30th.
   - The RPD will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs.
   - The RPD will solicit verbal feedback from residents annually.
2. Development Process for Annual Preceptor Development Plan:
   - Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year RAC meeting.
   - The RAC will come to a consensus on the areas of preceptor development to focus on during the upcoming year.
   - The RPD will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will present to the RAC.
   - If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plans for these preceptors in addition to the plan for the preceptor group.
   - The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the RAC meeting.
3. Review of Effectiveness of Previous Year's Plan:
   - Review of current preceptor development plan will occur annually at the annual end-of year RAC meeting.
   - Effectiveness of the plan will be assessed as follows:
     - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.
     - Discussion with preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs.
     - The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors:

- Read “ASHP Accreditation Standard for Postgraduate Residency Programs.” https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed 6/5/26)
- Read “Required competency areas, goals, and objectives for PGY1 Pharmacy Residencies” https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed 6/5/26)
- Read Cleveland Clinic Mercy Hospital PGY-1 Pharmacy Residency Program Manual and review components with RPD.
- As needed, the RPD will develop an individual preceptor development plan for preceptors requiring additional qualifications. Advisor will be appointed to mentor preceptors requiring a preceptor development plan.

Other Opportunities for Preceptor Development for Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Please submit request to director of pharmacy if requesting professional leave or travel reimbursement.
  - Attendance at professional meetings is subject to Cleveland Clinic’s travel policy.
  - Those who attend meetings which provide education regarding training will share the information at the RAC meeting or other forum as appropriate.
- Online or live continuing education activities sponsored by an organization (ASHP, OSHP, ACCP, etc.) or a College of Pharmacy.
- Review and discussion of key articles provided by the RPD or other leadership.
- Live or recorded development activities offered through the department.
- APhA and Pharmacist Letter have educational programs available to orient new preceptors.
- Cleveland Clinic Pharmacy Professional Development, ASHP, Vizient (Annual Pharmacy Professional Development and Workforce Webinar Series) and other web-based programs are available.

References and Related Topics:

Preceptor Development Plan

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf (Accessed June 5, 2026)

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf (Accessed June 5, 2026)

Oversight and Responsibility

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Authorized by:

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Director of Pharmacy	Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Program Well-being Policy**	Policy Manual **#R1.20** Revised Date: 7/23 Effective Date: 12/22

Purpose:

To provide resources and opportunities for assessing and supporting resident well-being and resilience.

Procedure:

1. All residents will be allotted a total of 7-wellness days for the residency term. These days are separate from the 14-time off days (see PGY1 Pharmacy Residency Time Off Policy). Resident can choose to use the wellness day for their self-identified purpose (personal time, project time, etc.). Resident is not required to be on campus during the wellness day.
    a. Resident can use a maximum of 1-wellness day per month; this can be used as a one 8-hour day or two half days (4 hours each). Wellness days do not accrue throughout the year. If not used, will be forfeited.
    b. Resident must identify wellness day [with approval from all involved preceptor(s), RPD, and Director of Pharmacy] by no later than the first working day of each month.
        i. Resident should discuss wellness day with all involved preceptor(s) first and is responsible for first obtaining approval from all involved preceptor(s).
        ii. Once approval is obtained from involved preceptor(s), resident is responsible for e-mailing the RPD and Director of Pharmacy to obtain final approval.
        iii. If above steps are not completed by the first working day of each month, day will be forfeited for that month.
        iv. Once wellness day is identified, day may not be changed during the rotation month.
    c. Wellness day selected must not interfere with any required expectations or anticipated obligations of the residency, including monthly and longitudinal rotation activities.
    d. Including time off days, resident cannot take more than a total of 5 days off during a monthly rotation (or 25% of rotation).
2. Resources for well-being and resilience will be provided during orientation, and as they arise throughout Cleveland Clinic system and American Society of Health-System Pharmacists (https://wellbeing.ashp.org/).
    a. Cleveland Clinic enterprise resources can be found on the Cleveland Clinic Portal (Caregiver Well-Being). Cleveland Clinic Pharmacy Professional Development Connect Today page for clinical resources, educational opportunities, and peer to peer interaction.
    b. https://www.ccemployeewellness.com/refresh-programs
    c. Pharmacy residency wellbeing and resiliency resources can be found on the shared OneDrive folder (Mercy Pharmacy Residency).
    d. Mental health emergency training
    e. Pharmacy Enterprise Wellness and Resiliency Task Force
    f. Access to ASHP Wellbeing Ambassador certificate program resources

3. Well-being and resilience assessment will be incorporated into quarterly development plan and regular discussions throughout the residency term.

Statement on Well-Being and Resilience

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

Regulatory Requirement/References

American Society of Health-System Pharmacists (ASHP)

Oversight and Responsibility

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Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

Title/Description: **PGY1 Pharmacy Residency Time Away Policy**	Policy Manual **#R1.21** Revised Date: 4/24, 5/24, 8/26 Effective Date: 6/23

Policy:

In adherence with ASHP standards, it is the policy of Cleveland Clinic Mercy Pharmacy that time away from the residency program does not exceed a combined total of 37 days per residency year.

Procedure:

1. Time away from the program is defined as the total number of days taken for vacation, sick, interview, personal days, wellness days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; extended leave.
    a. A grid outlining maximum time away will be provided to residents during orientation.
2. Required conferences/meetings are not counted as time away. A grid outlining required conferences/meetings will be provided to residents during orientation.
3. For any non-required conferences, pharmacy residents must follow the Pharmacy Resident Requests to Attend Professional Conferences – Standard Operating Procedure.

References

PGY1 Pharmacy Resident Maximum Time Away Grid

PGY1 Pharmacy Resident Conference Days

Pharmacy Resident Requests to Attend Professional Conferences – Standard Operating Procedure
https://ccf.policytech.com/dotNet/documents/?docid=108199&app=pt&source=browse

Pharmacy Department Expense Reimbursement Standard Operating Procedure
https://ccf.policytech.com/dotNet/documents/?docid=104379&app=pt&source=browse

Oversight and Responsibility

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Authorized by:

_____ _____

Director of Pharmacy Residency Program Director

PGY1 Pharmacy Resident Maximum Time Away Grid					
Program	**Time off (includes sick days, interview days and exam time)**	**Unworked Holidays (July 4th unworked; Labor Day unworked, Easter Sunday unworked. Work 2 of 4 holidays: Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day**	**Wellness Days**	**Possible Bereavement (Bereavement is offered per Mercy policy and is determined based on the relation to the deceased)**	**Maximum Program Time Away**
PGY-1 Residency	14	5	7	3	30

PGY1 Pharmacy Resident Conference Days						
Program	**Meeting days (Midyear) – required**	**Meeting days/recruitment (OSHP Annual) – recommended**	**Meeting days (OCCP Spring)- required***	**Meeting days (Specialty)**		**Total Conference Days**
PGY-1 Residency	4	1	1	0	N/A	5

*** All residents are required to present results for their research project**

Resident approval to attend professional conferences will follow departmental and institutional practices (i.e. required meetings listed above do not guarantee attendance with reimbursement). Reimbursement may be subject to restrictions based on departmental and organizational finances

Last updated: 9/16/2026