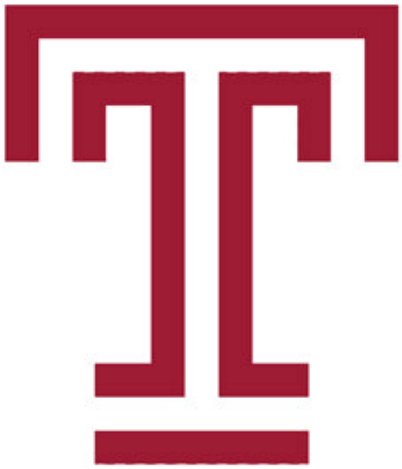
TEMPLE HEALTH

Temple University Hospital, Inc.

Pharmacy Residency Manual

2024 – 2025



Welcome to the TUH, Inc. Residency Program!

Your term of appointment will be from July 1st, 2024 through June 30th, 2025. The estimated PGY1 stipend is $67,038 and estimated PGY2 stipend is $69,534 with the option to elect for full healthcare and other benefits (ie. medical, dental, vision, life & disability).

As a PGY1 resident at TUH, Inc. you will be required to attend Vizient & ASHP Midyear Clinical Meetings in December as well as Eastern States Residency Conference in the Spring. As a PGY2 resident at TUH, Inc. you will be required to attend a meeting in your specialty area (ie. American Transplant Congress or ID Week); attendance at ASHP Midyear is optional. Financial obligations will be covered by TUH, Inc. in coordination with the Travel Expense/Business Expenses Policy, TUHS-FIN-100 and pharmacy administration approval.

Please utilize this residency manual as a tool to outline all residency policies and procedures. This manual also includes the requirements for graduation checklist. Reviewing this information is pertinent to your success in the program. Specific program content is also included in the specified sections. If you have questions throughout the year, there are multiple resources available to you including your advisor, preceptors, RPD, and administrative staff.

Work hard and enjoy your year!

Pharmacy Residency Policies

Status **Pending** PolicyStat ID **15043533**

Origination	2/1/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	1/15/2024
Next Review	2 years after approval
Owner	Darshan Parekh: VP - CHIEF PHARMACY OFFICER
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

Pharmacy Residency Program - Preceptors & RPD Appointment and Development Policy, TUH INC-PHARM-20209.14.29

References:

ASHP Accreditation Standard with Guidelines for Postgraduate Residency Programs, Effective July 1, 2023
TUH-PHARM 20209.14.02 Pharmacy Competencies and Performance Evaluation Policy

Attachments:

Attachment A: TUHS Preceptor Development Plan Template

SCOPE

This policy shall apply to Temple University Hospital, Inc.

PURPOSE

To identify clinical pharmacy specialists and clinical pharmacists to serve as residency preceptors in the PGY1 and PGY2 Pharmacy Residency Programs. To also set forth the requirements for the residency program directors of the PGY1 and PGY2 residency programs. Outline the requirements for preceptor development. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 pharmacy residents. The RPDs will be responsible for ensuring that preceptors adhere to the policy.

POLICY

It is the policy of the Pharmacy Department that all residency preceptors must be appointed by the RPD or designee and RAC after the APR is submitted.

DEFINITIONS

PGY1- Postgraduate Year One
PGY2 - Postgraduate Year Two
RAC- Residency Advisory Committee
RPD - Residency Program Director
ASHP - American Society of Health System Pharmacists

PROCEDURES

1. Preceptor Appointment

The clinical specialists and clinical pharmacists must meet be eligible to be preceptor in the residency program (section A) and meet the qualifications outlined in section B:

A. **Pharmacists Preceptors' Eligibility (ASHP Standard 4.5)**

PGY1 Pharmacy Residency Program
Pharmacist preceptors must be licensed pharmacists who complete 1 of the following:

1. have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted
2. have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy experience in the area precepted
3. without completion of an ASHP-accredited residency program, have three or more years of pharmacy practice experience in the area precepted.

PGY2 Pharmacy Residency Program
Pharmacist preceptors must be licensed pharmacists who:

1. have completed an ASHP-accredited PGY2 residency program followed by a minimum of one year of pharmacy practice in the advanced practice area; or area precepted.
2. without completion of an ASHP-accredited PGY2 residency program, have three or more years of pharmacy practice in the advanced area precepted.

B. **Preceptors' Qualifications (ASHP Standard 4.6 a-d)**

Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

1. (4.6a) Content knowledge/expertise in the area(s) of pharmacy practice precepted as demonstrated by at least one of the following:
    a. Any active BPS Certification(s) (type(s) and expiration date).
    b. Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
    c. Completion of Pharmacy Leadership Academy (DPLA).
    d. Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
    e. For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC).
    f. Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
    g. Privileging granted by preceptor's current organization that meets the following criteria:
        i. Includes peer review as part of the re-credentialing procedure.
        ii. Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a.
        iii. If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
    h. Subject matter expertise as demonstrated by:
        i. Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. Or
        ii. Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. Or
        iii. PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. Or
        iv. At least 5 years of practice experience in the area precepted
2. (4.6b) Contribution to pharmacy practice in the area precepted (must document, on your APR, at least 1 example that meets the following criteria)

a. Contribution to the development of clinical or operational policies/ guidelines/protocols.

b. Contribution to the creation/implementation of a new clinical or operational service.

c. Contribution to an existing service improvement.

d. Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees.

e. In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different inservices/ presentations given in the past 4 years, OR a single inservice/presentation given at least annually within the past 4 years.

3. (4.6c) Role model ongoing professional engagement

a. Examples are from the last four years of practice with the exception of formal recognition of professional excellence over a career, which is considered a lifetime achievement award. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/regional level. Examples are from the last four years of practice and occurred after pharmacist licensure obtained and, if applicable, residency training completed. Completion of a teaching certificate program is the only exception, as it could be obtained during residency training.

b. Types of professional engagement include:

i. Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at state or regional level).

ii. Primary preceptor for pharmacy APPE students (does not include precepting IPPE students or residents).

iii. Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site).

iv. Service (beyond membership) in national, state, and/or local professional associations.

v. Presentations or posters at local, regional, and/or national professional meetings (coauthored posters with students/ residents are acceptable).

vi. Completion of a teaching certificate program.

vii. Providing preceptor development to other preceptors at the site.

viii. Evaluator at state/regional residency conferences; poster

evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings

ix. Publications in peer-reviewed journals or chapters in textbooks.

x. Formal reviewer of submitted grants or manuscripts.

xi. Participant in wellness programs, health fairs, health-related consumer education classes, and/or employee wellness/ disease prevention programs.

xii. Community service related to professional practice.

xiii. Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor).

xiv. Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence.

4. (4.6d) Preceptor Development Plans:
    a. Preceptors who do not meet criteria for preceptor qualifications (4.6.a, 4.6.b, and/or 4.6.c) must have a documented individualized preceptor development plan to achieve qualifications within two years.
    b. Development plans will be approved at RAC and reviewed at least yearly to determine progression.

C. **Preceptors' Responsibilities (ASHP Standard 4.7a)**
    1. Preceptors must maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
    2. Preceptors actively participate and guide learning when precepting residents
        a. Preceptor may be part-time and/or at a remote location but must be actively engaged.
        b. If more than one preceptor is involved in the learning experience, one of the preceptors is designated to provide oversight of resident progression during the learning experience and is responsible for approximately 50% of the learning experience (may not be applicable for orientation or staffing learning experiences).
        c. Preceptors engaged in the training of residents during a learning experience (i.e., team precepted experiences) should be designated as preceptors for the experience (may not be applicable for orientation or staffing learning experiences).

D. **Preceptor Appointment** - **The following procedure will be followed when appointing new preceptors to the PGY1 or PGY2 SOT Pharmacy Residency Program:**
    1. Preceptors and those who would like to apply to be a preceptor must submit an APR at least every 4 years in the Spring to the RPD or designee.
        a. Applications outside of this time frame will be reviewed on a case by case basis based on precepting needs. Re-evaluation will then be included in

the every 4 year cycle.

2. RPD or designee will recommend a clinical specialist or clinical pharmacist to become a residency preceptor upon reviewing their qualifications, performance, and completed Academic and Professional Record Form.
3. RAC will review, approve and offer the preceptor position to the qualified clinical specialist or clinical pharmacist.
4. The preceptor must be in good standing according to the Pharmacy Competencies and Performance Evaluation Policy (TUH-PHARM 20209.14.02).

The following procedure will be followed when appointing or reappointing preceptors to the PGY1 & PGY2 Pharmacy Residency Programs:

1. All current preceptors must submit to the RPD or designee an updated academic and professional record (APR) form by the date set forth for evaluation and review at least every 4 years.
2. Upon review of the APR & preceptor development participation, the RPD or designee will recommend the preceptor to continue as a preceptor or recommend the creation of a preceptor development plan for those who do not meet preceptor qualifications (4.6).
3. RAC will review, approve, and notify the preceptor that they are reappointed or require remediation (ie. preceptor development plan).
4. The preceptor must be in good standing according to the Pharmacy Competencies and Performance Evaluation Policy (TUH-PHARM 20209.14.02).
5. If a preceptor requires remediation, a development plan, using the template provided, must be completed by the date set forth by the RPD or designee. Development plans will be approved at RAC.
6. Development plans will be reviewed yearly for progress with a maximum implementation period of 2 years.
7. If a preceptor does not submit an APR by the required date, they will not be eligible to precept in the program and will be notified by the RPD.
8. If a preceptor is not reappointed after review by the RPD and RAC, the RPD will notify the preceptor and explain why the decision was made. The RPD will also explain to the preceptor the necessary requirements for the preceptor to be reappointed in the future, if applicable. If the preceptor is to continue precepting in the program, they must have a development plan created as per above, by the date set forth.

2. Residency Program Director (RPD) Requirements (4.2):

PGY1 Pharmacy Residency Director

Eligibility (4.2a):

PGY1 RPDs are licensed pharmacists from the practice site who meet one of the following

criteria:

A. Completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience
B. Completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience
C. Has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

PGY2 Pharmacy Residency Director

Eligibility (4.2b):

PGY2 RPDs are licensed pharmacists from the practice site who meet one of the following criteria:

A. Completed an ASHP-accredited PGY2 residency in the advanced practice area, and a minimum of three years of additional practice experience in the PGY2 advanced practice area
B. Has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY2 residency in the advanced practice area.

PGY1 & PGY2 RPD Qualifications (4.3a - f)

RPDs serve as role models for pharmacy practice and professionalism as evidenced by:

A. Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only).
B. Contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area.
C. Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.
D. Ongoing professional engagement.
E. Modeling and creating an environment that promotes outstanding professionalism.
F. Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only).

3. Preceptor Development

A. Pharmacy residency preceptors are required to attend 2 preceptor development sessions per year to enhance their ability to serve as preceptors. Documentation of attendance to these sessions will be recorded on the Pharmacist Competency Check List. Preceptor development sessions will be held on a quarterly basis (minimum of 4 sessions per fiscal year).
    1. If a preceptor does not complete 2 of the preceptor development sessions in a year, they must complete a total of 4 sessions over two years.
    2. If a preceptor does not complete 4 sessions within 2 years, they will not be eligible to

precept in the program until all the missing sessions are completed. Additionally, a development plan must be completed to outline the steps in remediation in order for the preceptor to continue precepting in the program.

B. A needs assessment will be completed on an annual basis to identify areas in which the preceptors are interested in learning and building upon their preceptor skills. Based on the needs assessment the preceptor lecture series will be created which will be applicable to all TUH pharmacy residency programs.

C. Preceptor development may be obtained through other venues such as ASHP, etc. but must be sent to and approved by the RPD or designee in order to receive credit towards their preceptor development requirement.

D. If a preceptor develops and presents a preceptor development lecture, they will receive 2 credits for preceptor development for that year.

Attachments

Attachment A. TUHS Preceptor Development Plan Template.docx

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	Pending

Applicability

Temple University Hospital Inc.

Status **Pending** PolicyStat ID **15043733**

Origination	2/1/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	1/15/2024
Next Review	2 years after approval
Owner	Jolly Hiral Patel: SR DIRECTOR PHARMACY
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

Pharmacy Residency Program- Remediation and Dismissal Policy - TUH INC-PHARM-20209.14.23

Reference:

ASHP Accreditation Standard for Postgraduate Residency Programs, effective July 1, 2023.
202.950.544 Corrective Action/Discipline Policy

Attachments:

None

SCOPE

This policy shall apply to all PGY1 & PGY2 pharmacy residency programs at Temple University Hospital, Inc. (TUH, Inc.).

PURPOSE

To define procedures for the remediation and dismissal of PGY1 and PGY2 pharmacy residents at Temple University Hospital, Inc. (TUH,Inc.)

- The RAC will follow a remediation procedure when a serious deficiency in a resident's performance or professionalism concerns are noted.
- The RPDs will be responsible for ensuring that all residents adhere to the policy throughout the duration of the residency.

POLICY

1. The Department of Pharmacy requires that all current PGY-1 and PGY-2 pharmacy residents at TUH, Inc. must meet all the requirements for residency completion set forth in the Residency Manual. Residents who fail to meet these requirements by the end of the residency year will not receive a pharmacy residency certificate at the end of the residency year.
2. All TUH, Inc. pharmacy residents must comply with the Corrective Action/Discipline Policy (950.544) and non-compliance will result in corrective action, remediation plan implementation, or immediate dismissal from the residency program.

DEFINITIONS

PGY1- Postgraduate Year One
PGY2 SOT- Postgraduate Year Two Solid Organ Transplant
RAC- Residency Advisory Committee
RPD- Residency Program Director

CPO - Chief Pharmacy Officer

RPC - Residency Program Coordinator

PROCEDURES

1. **Remediation Plan**
    A. Any unprofessional behavior or behavioral concern should be brought to the attention of the RPD and RPC and brought to the RAC for discussion, if needed.
    B. A remediation plan will be implemented if a resident meets any of the following criteria:
        a. Behavior deemed unprofessional by the RAC, that does not meet criteria for immediate dismissal below, towards any TUH. Inc. or Temple University employee
        b. Behavior deemed unprofessional by the RAC at professional conferences, meetings, recruitment events, or other residency activities
        c. Attainment of a “Needs Improvement” rating more than once for any objective in any learning experience
        d. Failure to progress towards attaining achieved for residency for more than 80% of the objectives
            i. This will be evaluated during each quarterly development plan and the resident should meet the following to demonstrate progress:
                a. Increase in number of objectives achieved in comparison to the prior quarter
        e. Prior to instituting a remediation plan, the RPD or designee will conduct a

thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.

f. Following the investigation, the RPD and RPC will review the results of the investigation to determine the need to initiate a remediation plan. The results of the investigation will be documented in Pharmacademic.

    i. If a remediation plan is deemed necessary, the plan should be outlined and approved at RAC.

g. The remediation plan and a letter documenting the outcome will be issued by the RPD to the resident and a copy will be placed in Pharmacademic.[SR1]

h. The remediation plan will clearly outline the current performance, the deficiencies including deficient objectives, measurable metrics, method for improvement and timeframe as well as consequences for unsuccessful completion of the metrics.

i. The remediation plan will be reviewed monthly or more frequently, as appropriate, to assess resident performance in meeting the requirements of the remediation plan. If the resident has successfully met the requirements outlined in the remediation plan the remediation plan will be discontinued. If the resident has not met the requirements of the remediation plan, the plan will be evaluated by RAC to determine if adjustments are necessary.

j. If necessary, a one month, unpaid, benefits-eligible, extension of the residency program will be considered to meet the expectations of the remediation plan. During this period, the RPD or designee will monitor the progress of the resident on a weekly basis. The resident's performance will be re-evaluated and if the resident is unable to meet the requirements of the remediation plan during the extension period, the resident will not receive a residency certificate of completion.

2. **PROCEDURES FOR IMMEDIATE DISMISSAL**

    A. Just cause for immediate dismissal includes failure to perform the normal and customary duties of the pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable or which is disruptive of the normal and orderly functioning of the health-system. Specific concerns, behaviors or actions fulfilling these requirements includes:

        1. Failure to obtain pharmacy licensure in the Commonwealth of Pennsylvania by September 30th of the residency year.
        2. PGY2 pharmacy residents: Failure to provide proof of completion of an ASHP-accredited PGY1 pharmacy residency program by the second Friday of the PGY2 pharmacy residency program.
        3. Any behavior outlined in the Corrective Action/Discipline Policy, 950.544.
        4. Failure to improve and successfully complete a remediation plan within 3

months of remediation plan initiation.

B. Prior to dismissal, the RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem

C. Following the investigation, the RPD, RPC, and the CPO will review the results of the investigation to determine if immediate dismissal is warranted.

D. The resident will be informed of the investigation results and decision regarding immediate dismissal.

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Jolly Hiral Patel: SR DIRECTOR PHARMACY	Pending

Applicability

Temple University Hospital Inc.

Status **Pending** PolicyStat ID **15043661**

Origination	2/1/2020
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Next Review	2 years after approval
Owner	Jolly Hiral Patel: SR DIRECTOR PHARMACY
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

Pharmacy Residency Program- Resident Evaluation Policy, TUH INC-PHARM-20209.14.27

References:

ASHP Accreditation Standard for Postgraduate Residency Programs – effective July 2023, updated March 2023.

ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies

ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Solid Organ Transplant Pharmacy Residencies

Attachments:

Attachment A: PGY1/PGY2 Development Plan

SCOPE

This policy shall apply to Temple University Hospital, Inc.

PURPOSE

The purpose of this policy is to set forth the requirements for timely evaluation of PGY1 and PGY2 pharmacy resident performance.

POLICY

It is the policy of the TUH, Inc. pharmacy department to ensure that preceptors utilize standard definitions for assigning evaluation categories for all residency LE evaluations. It is also expected that residents and preceptors complete evaluations in the designated timeframes set forth by ASHP.

DEFINITIONS

PGY1- Postgraduate Year One

PGY2- Postgraduate Year Two

PharmAcademic- an online tool to support the evaluation of residents and to provide documentation of a system-based approach to training for ASHP-accredited residencies.

RPD – Residency Program Director

RPC- Residency Program Coordinator

LED- Learning Experience Description

LE- Learning Experience

PROCEDURES

1. Prior to starting each LE the resident should review the LED including all objectives and activities assigned, as outlined in PharmAcademic. On the first day of the LE the resident and preceptor should review the list of objectives and assigned activities that will be evaluated on the LE.
2. All PharmAcademic evaluations will be completed in accordance with ASHP standards:
    a. Summative Evaluation
        i. These evaluations will be completed within 7 days of the due date for each LE.
        ii. For LEs greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the LE, with a maximum of 12 weeks between evaluations.
        iii. The preceptor and resident will discuss each summative evaluation in-person.
        iv. If more than one preceptor is assigned to a LE all preceptors will provide input into the resident's evaluations.
    b. Formative Assessment & Feedback
        i. It is highly encouraged that preceptors provide feedback to the resident on a daily basis and at minimum, touch base at the end of each week ("Feedback Fridays") to provide the resident with feedback. It is required that this feedback be recorded in PharmAcademic through the "Provide Resident Feedback" button, in order to provide clear documentation of the

type of feedback given, the content of the feedback and action items to improve performance, if applicable.

c. Preceptor Evaluations
    i. Each PGY1 and PGY2 pharmacy resident will document and dicuss an evaluation of the LE preceptor by the end of each LE.
    ii. These evaluations will be completed within 7 days of the due date for each LE.

d. Learning Experience Evaluations
    i. Residents document and discuss an evaluation of each LE by the end of the LE.
    ii. For LEs greater than 12 weeks in duration, a LE evaluation is completed at the midpoint and at the end of the LE.
    iii. These evaluations will be completed within 7 days of the due date for each LE.

3. The preceptor will document qualitative written comments on the extent of a resident's progress toward achievement of assigned objectives based on the defined rating scale below. For objectives that are evaluated with a category of SP or NI, the preceptor will be required to provide actionable feedback with what the resident needs to implement in order to improve performance for activities associated with that objective:
    a. **Needs Improvement**- Resident performance is lacking in at least 1 or 2 areas (knowledge, clinical application, professionalism). Resident is not open to feedback or is not able to use feedback effectively. Continued supervision is necessary to complete patient care and other tasks.
    b. **Satisfactory Progress-** Resident performance is acceptable. Resident is making progress, but needs supervision/guidance for complex situations and tasks. Resident is able to make routine interventions independently, and documents accurately most of the time.
    c. **Achieved-** Resident performance is excellent. Resident recognizes areas for selfimprovement, makes pharmacotherapy recommendations and plans independently, documents accurately, and seeks guidance to make positive changes to personal practice.
4. The resident will be assigned to complete two self-evaluations in PharmAcademic throughout the residency year; one during a clinical LE during the first half of the year and the second during a clinical LE during the second half of the year.
5. The RPD, RPC, or designee will be responsible for contacting preceptors and residents who have not yet completed evaluations in Pharmacademic. An outstanding evaluation report will be run in PharmAcademic within 3-5 days of the evaluation due date and again at 7 days after the evaluation due date. This process is to ensure that all evaluations are completed within 7 days of the due date per ASHP standards.
6. Quarterly Evaluations will be documented using the Resident Development Plan:
    a. The pharmacy resident's advisor will assist the resident in the creation of their initial

development plan which will be finalized by the RPD or designee and uploaded to pharmacademic within 30 days from the start of the residency program.

b. Quarterly evaluations will occur every 90 days from the start of the residency program. The resident advisor will summarize each preceptor's comments from the previous quarter and incorporate into the resident's quarterly development plan. All development plans will be reviewed and approved by the RPD or designee and uploaded into Pharmacademic by the deadline set forth by ASHP.

c. The RPD or designee will review at least quarterly, each objective and progress towards achieving it for residency (ACHR). Quarterly evaluations should include a summary of objectives achieved for residency to date and information on how the resident can improve on other objectives in order to ACHR these in the following quarters.

7. Achieved for Residency (ACHR):
    a. All residents will be required to achieve 80% of the ASHP objectives to receive a certificate of completion for the residency.
    b. The resident will also be required to have no "Needs Improvement" designation during the last quarter for any R1 (Patient Care) objective.
    c. ACHR will be evaluated for each objective during each quarterly development plan update. ACHR – Should be awarded as follows:
        i. For competency area R1 (Patient Care), the resident must achieve and maintain a score of ACH > 2 times for a specified objective during required rotations. This would indicate that the resident has demonstrated competency in this area and requires minimal facilitating from preceptor support. They are able to function independently at the level of a new critical care pharmacy practitioner.
        ii. For competency areas R2 (Advancing Practice and Improving Patient Care), R3 (Leadership and Management), and R4 (Teaching, Education, and Dissemination of Knowledge), the resident must achieve and maintain a score of ACH >1 time for a specified objective prior to receiving ACHR.
        iii. ACHR should be considered by at least the Quarter 2 evaluation for longitudinal rotations and should be considered when the resident has demonstrated full competency in the objective and has met all requirements for the objective. (ex/ Research and DUE projects which evolve over time)
    d. If the resident has been awarded ACHR for a specific objective and their performance on that objective falls short, the ACHR score can be removed and the resident scored at the current performance level. However, a discussion is warranted and there must be indication of the specifics to why this score differs and consist of actionable items for the resident in order to re-achieve that objective.
    e. Upon satisfactory completion of the above requirements in conjunction with all required components of each specific pharmacy residency program outlined in in the residency manual/residency completion checklist, the resident will be awarded a residency certificate of completion at the end of the residency program.

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NOTE:
Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to the Temple University Health System employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

Attachments

A. TUH, Inc. - PGY1/PGY2 Development Plan Template.docx

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Jolly Hiral Patel: SR DIRECTOR PHARMACY	Pending

Applicability

Temple University Hospital Inc.

Temple University Health System: PGY1 Pharmacy Residency

CURRICULUM

Required Rotations	Preceptor	Duration
Orientation		5 weeks (+1 research week)
Hospital and Departmental Orientation	Jaime Gray, PharmD, BCCCP, FCCM	
Acute Care		5 weeks
Internal Medicine & Transitions of Care	Nick Ferraro, PharmD, BCPS	
Critical Care (Select 1)		5 weeks
Medical Respiratory Intensive Care	Christina Rose, PharmD, BCCCP, FCCM Craig Whitman, PharmD, BCPS, BCCCP, FCCM Maggie McIntyre, PharmD, BCCCP	
Cardiovascular Surgical Intensive Care	Christina Ruggia-Check, PharmD, BCPS, BCCP. BCTXP, AACC, FAST	
Surgical Trauma Intensive Care	Sheriff Gbadamosi, PharmD, BCCCP	
Critical Care Medicine at TUH-Jeanes Campus	Laura Mentzer, PharmD, BCPS, BCCCP	
Neurocritical Care	Meghan Caylor, PharmD, BCCCP	
Infectious Diseases (Select 1)		5 weeks
Antimicrobial Stewardship	Kazumi Morita, PharmD, BCPS	
Infectious Diseases Consult Service	Jason Gallagher, PharmD, FCCP, FIDP, FIDSA, BCPS	
Administration		5 weeks
Management & Medication Safety	Josephine Luong, PharmD, MBA, BCPS, BCCCP Jaime Gray, PharmD, BCCCP, FCCM	
Ambulatory Care (Select 1)		5 weeks
Ambulatory Care – Hematology/Oncology	Maria Piddoubny, PharmD, BCOP	
Ambulatory Care – Pulmonary	Nur Kazzaz, PharmD, MPH, BCPS	
Ambulatory Care- Hepatology	Christine Owens, PharmD	
Ambulatory Care – Lung Transplant	Ishani Shah, PharmD, BCTXP	
Ambulatory Care – Internal Medicine	Nima Patel-Shori, PharmD, BCACP	
Ambulatory Care – HIV	David Koren, PharmD, MPH, BCPS, AAHIVP, FIDSA	
Elective Rotations (select ≥2) **	**Preceptor**	**Duration**
Emergency Medicine	Elizabeth Tencza, PharmD, BCCCP	5 weeks
Abdominal Organ Transplant	Adam Diamond, PharmD, BCPS, FAST	
Lung Transplant	Jenny Au, PharmD, BCPS	
Investigational Drug Services (IDS)	Jenna Murray-Kasznel, PharmD	
Bone Marrow Transplant (Jeanes)	Brittany Ballas, PharmD, BCPS, BCOP Michele Sorrentino, PharmD, BCPS Forrest Ridgeway, PharmD, BCOP	
Pediatrics	Sharon Camperchioli, PharmD, BCPPS	5 weeks
**May repeat a required rotation but may not complete more than 2 rotations in a single therapeutic area.		5 weeks

Additional Required Longitudinal Experiences	Duration
Longitudinal Committee Participation: • Pharmacy and Therapeutics **Committee** • Medication Safety **Committee** • Formulary **Committee** • Infusion Center Committee	11 months: Each meeting occurs once per month for 1-2h duration. Meeting preparation, minutes, and follow-up will be committee dependent, however typical range will be 4-8h per month.
Operations, Clinical Staffing, and Emergency Response: • **Operations and Clinical Staffing** ○ Alternating between staffing and clinical monitoring assignments every 3rd weekend ○ Opportunities to moonlight after December 1st ○ Required to work 1 summer (Memorial Day/Labor Day/Juneteenth) & 2 winter holidays (Thanksgiving, Friday after Thanksgiving/Christmas Eve/ Christmas Day/New Year's Day) • **Emergency Response** ○ Respond to Code Blues, Rapid Responses, Stroke Alerts	Operations and Clinical Staffing: (Every 3rd weekend as two 8-hr shifts per weekend) alternating between staffing and clinical monitoring assignments x 17 weekends. Emergency Response (9 months): After getting signed off on Codes, Strokes & RRTs, the resident will be assigned every 5th week, on average, on a rotating basis for emergency response. Residents will not be assigned during Emergency Medicine or Ambulatory Care learning experiences.

○ Receive Professional Training and Certification for EKG, Basic Life Support (BLS), and Advanced Cardiac Life Support (ACLS)	
Teaching Certificate Experience: • Teaching certificate experience which includes recitation, PY2 IPPE precepting, & attending seminars • Preparing/presenting CE in accordance with ACPE standards	12 months: Attend seminar (2h) on an approximate bi-weekly basis the first 2-3 months of the residency year. Thereafter, seminars will be scheduled as needed. Prepare an ACPE CE presentation and associated practice sessions. Schedule will be provided in July.
Residency Research Project: • Present research-in-progress poster at ASHP Midyear Conference and Vizient University Health Consortium poster session • Present final research at Eastern States Conference • Compile and submit manuscript for publication	12 Months: Complete 1 research project per year. There is dedicated research time for 1 week during orientation and 4 weeks in December. Other research time will be project dependent but average 2-4h per week as needed.
Medication Use Evaluation: Present medication use evaluation at resident's site for Pharmacy and Therapeutics committee & to pharmacy staff	12 Months: Complete 1 MUE per year. There is dedicated research time for 1 week during orientation and 4 weeks in December. Other research time will be project dependent but average 1-3h per week as needed.
Journal Club and Patient Case Presentations: • One formal case presentation and one formal journal club to pharmacy department • One informal mini case & one informal Journal Club presentation to residents, students, and clinical specialists • Additional opportunities to present throughout each rotation	4 presentations per year: Presentations are no longer than 30 minutes in length scheduled throughout the residency year. The residents choose their schedule in July. Prep time for presentations is at the discretion of the resident and preceptor.
Drug Monograph	Complete at least 1 monograph per year, approximately 1-2h of work.

Additional Non-Required Experiences:

Professional Development Series: • Designed to help residents develop individualized career paths	One hour per month informational session.
Clinical Pearl • To be featured in pharmacy newsletter as applicable	One to two hours dedicated to the creation of clinical pearl.
Guideline/protocol Development: • Create or update a guideline or protocol	One per year and will typically require 8-10h for completion.
Formulary Drug Class Review	One per year and will typically require 4h to complete.

Temple University Hospital PGY2 Solid Organ Transplant Pharmacy Residency

CURRICULUM

Required Learning Experience	Preceptor	Duration
Hospital and Departmental Orientation	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Abdominal Organ Transplant I	Adam Diamond, Pharm.D., BCPS, FAST	6 weeks
Abdominal Organ Transplant II	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Lung Transplant I	Jenny Au, Pharm.D., BCPS	6 weeks
Lung Transplant II	Jenny Au, Pharm.D., BCPS	4 weeks
Cardiovascular Surgical ICU/ Heart Transplant/Mechanical Circulatory Support I	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	6 weeks
Cardiovascular Surgical ICU/ Heart Transplant/Mechanical Circulatory Support II	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	4 weeks
Transplant Infectious Diseases	Kazumi Morita, Pharm.D., BCPS	4 weeks
Elective Learning Experiences (select 2)	**Preceptor**	**Duration**
Surgical Intensive Care Unit	Sheriff Gbadamosi, Pharm.D., BCCCP	4 weeks
Transplant Cardiology	Christina Ruggia-Check, Pharm.D., BCPS, BCCP, BCTXP, AACC	4 weeks
Transplant Hepatology	Adam Diamond, Pharm.D., BCPS, FAST	4 weeks
Lung Transplant Clinic	Ishani Shah, Pharm.D., BCTXP	4 weeks
Bone Marrow Transplant (at Jeanes Hospital)	Brittany Ballas, Pharm.D., BCPS, BCOP	4 weeks

*** For successful completion of the residency program, the resident must achieve > 80% of the ASHP objectives assigned throughout the required and elective learning experiences noted above. In addition, the resident must also complete the PGY2 Pharmacy Residencies in Solid Organ Transplant Appendix by the end of the residency year.**

Required Longitudinal Learning Experiences	Duration
Longitudinal Abdominal Organ Transplant & Transplant Nephrology Clinic	16 weeks (resident to attend clinic every other Friday)
Longitudinal Heart Transplant Clinic	11 weeks (resident to attend clinic every other Tuesday or Wednesday depending on clinic schedule)
Longitudinal Lung Transplant Clinic	11 weeks (resident to attend clinic every other Tuesday)
Pre-Transplant Evaluation Clinic Resident to attend pre-transplant evaluation clinic when pre-transplant evaluations are scheduled during the following required learning experiences: - Abdominal Organ Transplant I/II - Longitudinal Cardiothoracic Transplant Clinic (Lung Transplant) - Cardiovascular Surgical ICU/Heart Transplant/Mechanical Circulatory Support I/II	Pre-transplant evaluations to be completed in accordance with schedule for each learning experience: 1) Abdominal Organ Transplant I/II: Monday through Friday for a total of 10 weeks 2) Longitudinal Cardiothoracic Transplant Clinic (Lung Transplant): Tuesday's for a total of 11 weeks 3) Cardiovascular Surgical ICU/Heart Transplant/Mechanical Circulatory Support I/II: 1-2 days per week (schedule dependent) for a total of 10 weeks

Longitudinal Committee Participation: - Co-secretary of the TUH, Inc. Formulary Committee - Complete the annual transplant drug class review and present it at TUH, Inc. Formulary Committee	11 months: Each meeting occurs once per month for 1h duration. Meeting preparation, minutes, and follow-up will require an approximate 4-8h per month. 1 drug class review: Preparation and presentation at TUH, Inc. Formulary Committee meeting will require an approximate of 8-10h for completion
Operations: - Alternating between staffing and clinical monitoring assignments every 3rd weekend - Opportunities to moonlight after December 1st (PGY1 residents who early commit may moonlight earlier with approval according to the Pharmacy Residency Program- Moonlighting Policy, TUH INC-PHARM-20209.14.26) - Required to work 3 holidays (Memorial Day, Labor Day, Juneteenth, Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day)	Every 3rd weekend (two 8-hr shifts per weekend), alternating between staffing and clinical monitoring assignments x 17 weekends.
Longitudinal Research Project: - Present final research at the American Transplant Congress or other transplant meeting - Compile and submit manuscript for publication	12 months: Complete 1 research project per year. There is dedicated research time during orientation for and for 2 weeks (1 week in August and 1 week in November). Other research time will be project dependent but average 2-4h per week as needed.
Journal Club and Patient Case Presentations: - One formal case presentation and one formal journal club to pharmacy department - One informal mini case & one informal Journal Club presentation to residents, students, and clinical specialists Additional opportunities to present throughout each rotation	4 presentations per year: Presentations are no longer than 30 minutes in length scheduled throughout the residency year. The resident chooses their schedule in July. Preparation time for presentations is at the discretion of the resident and preceptor.
Continuing Education Presentation - Prepare/present CE in accordance with ACPE standards	1 presentation per year: Prepare an ACPE CE presentation and associated practice sessions. Schedule will be provided in July.

Additional Non-Required Experiences	Duration
Professional Development Series: - Designed to help residents develop individualized career paths	One hour per month informational session
Guideline/Protocol Development: - Create or update a transplant guideline or protocol	Average 1-2 per year and will typically require 8-10h for completion
Teaching Opportunities: - Co-precept PGY1 residents and APPE students - Clinical enhancers and in-services	Co-precept 1 APPE student per year during September-October Co-precept 1 PGY1 resident per year during March-June In-services and additional presentations may become available depending on schedule

Status **Active** PolicyStat ID **13497392**

Origination	2/1/2020
Last Approved	5/1/2023
Effective	5/1/2023
Last Revised	5/1/2023
Next Review	4/30/2025
Owner	Darshan Parekh: VP - CHIEF PHARMACY OFFICER
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Pharmacy Residency Program-Resident Supervision and Duty Hours, TUH INC-PHARM 20209.14.24

Reference:

ASHP Duty-Hour Requirements for Pharmacy Residencies

ASHP PGY2 Residency Accreditation Standard with Guidelines for Postgraduate Residency Programs, Effective July 1, 2023

SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

PURPOSE

This policy and procedure delineates the mechanism for acceptable supervision and the limitation of duty hours of Pharmacy Residents. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents, residency preceptors, residency advisors, pharmacy management team members, and the RPDs. The supervision shall be provided to the resident in such a way that the resident assumes progressively increasing responsibility for patient care, according to the resident's level of training, experience and ability.

POLICY

1. It is the policy of Temple University Hospital, Inc. (TUH) that the pharmacy resident, regardless

of the rotations, will be appropriately supervised by residency preceptors.

2. It is the policy of TUH that the pharmacy resident will comply with the pharmacy-specific duty hour requirements for the ASHP Accreditation standards for pharmacy residents.
3. The ASHP Duty Hours Policy must be provided to the resident upon arrival to the program. The policy can be obtained at the following: Duty-Hour Policy (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx)

DEFINITIONS

Duty hours -

- 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.

PGY1- Postgraduate Year One
PGY2 SOT– Postgraduate Year Two Solid Organ Transplant
RPD- Residency Program Director

RPC - Residency Program Coordinator
ASHP – American Society of Health-System Pharmacists
Residency Preceptor –As defined in the Preceptors' Selection Policy- TUH Inc-PHARM-20209.14.29.

PROCEDURES

A. **Supervision**

1. A residency preceptor defined per policy (TUH PHARM 20209.14.29- Pharmacy Residency Program - Preceptors Selection Policy) shall be available to provide supervision of resident's activities.
2. The resident's rotation schedule will be available for both the resident and residency preceptor.
3. Each rotation description will be available in pharmacademic for the resident. It is the responsibility of the resident to review the description at the beginning of each rotation. It is the responsibility of the preceptor to ensure understanding of the rotation requirements.
4. Resident's responsibilities and expectations will be outlined in the rotation descriptions and explained to the resident by the residency preceptor.

5. The residency preceptor will provide regular, day-to-day, criteria-based feedback to give the resident information on which to shape his/her performance.
6. All goals, objectives and learning experiences will be evaluated by the resident and residency preceptor at the end of each rotation. Residents will also complete a rotation self-evaluation during rotation 2 (August) and 6 (February).
7. A residency advisor will be assigned to each resident at the beginning of the residency year. The residency advisor, RPC, and RPD will oversee the resident's progress throughout the residency year.
8. The residency advisor will communicate with the residency preceptor(s), resident, TUH pharmacy management team members, RPC, and RPD to complete the quarterly development plan and evaluations.
9. Positive and constructive feedback will be given to the resident during each rotation - ideally at least once per week (if not daily), at the end of each rotation, on a quarterly basis, and periodically throughout the residency year as needed. A customized resident development plan for each individual resident will be documented and uploaded to pharmacademic on a quarterly basis.

B. **Duty Hours**

1. This policy on duty hours must comply with the ASHP Duty-Hour Requirements for Pharmacy Residencies.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all moonlighting.
3. The resident must have a minimum of one day in seven free from all educational and clinical responsibilities averaged over a four-week period.
4. The resident should have 8 hours free between scheduled duties.
5. Continuous duty periods of the resident will not exceed 16 hours.
6. On the last day of each month, each resident will be sent an email notification and task in PharmAcademic to complete the standard ASHP Duty Hours form.
7. PharmAdacamic will report any violations to the RPD.
8. The RPD will review each episode of violation to identify a rotation or other area of the program, that needs changes to ensure future compliance.
9. Residency preceptor(s), TUH pharmacy management team members, RPC, RPD and the resident must be able to recognize the signs of fatigue and sleep deprivation to prevent its potential negative effects on patient care and learning.
10. Pharmacy leaders must 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.

NOTE:

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	5/1/2023

Status **Active** PolicyStat ID **13690028**

Origination	2/1/2020
Last Approved	5/22/2023
Effective	5/22/2023
Last Revised	5/22/2023
Next Review	5/21/2025
Owner	Darshan Parekh: VP - CHIEF PHARMACY OFFICER
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Pharmacy Residency Program - Moonlighting Policy, TUH INC-PHARM-20209.14.26

References:

ASHP Accreditation Standard for Postgraduate Residency Programs, Effective July 1, 2023,
ASHP Duty-Hour Requirements for Pharmacy Residencies, TUH-GMEC-307 Resident and Fellow Moonlighting

Attachments:

Attachment A - Moonlighting Approval Form

SCOPE

This policy shall apply to Temple University Hospital, Inc. (TUH), including TUH-Main (TUH-MC) and TUH-Jeanes Campus (TUH-JC).

PURPOSE

To monitor a resident's moonlighting activities to ensure that the 80-hour weekly limit on duty hours is not exceeded, and at least 8h between shifts is adhered to, providing the resident with sufficient time for rest and restoration to promote safe and effective pharmaceutical care. This policy shall apply to the Temple University Hospital (TUH) PGY1 and PGY2 SOT pharmacy residents. The RPD will be responsible for ensuring that each resident adheres to the policy throughout the duration of the residency.

POLICY

Moonlighting that occurs within the PGY1 and PGY2 SOT pharmacy residency program and the sponsoring institution must be counted toward the 80- hour weekly limit on duty hours. Moonlighting is prohibited during resident duty hours Monday through Friday from 7:30am to 4 pm.

Moonlighting is prohibited until December 1st of the residency year to ensure that residents have ample time to become acclimated with their residency responsibilities. Moonlighting may be performed earlier than December 1st if deemed appropriate by the RPD. Capability to moonlight will be determined via review of rotation and longitudinal experience evaluations and assessment of resident progress. Moonlighting permission is contingent on the resident's primary rotation and ability to meet the program responsibilities. Any violations of this policy will result in disciplinary action by the RPD and/or designee.

DEFINITIONS

Moonlighting- Any voluntary, compensated, work performed within or outside the organization or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
PGY1- Postgraduate Year One
PGY2 SOT- Postgraduate Year Two Solid Organ Transplant
RPD- Residency Program Director

PROCEDURE

Internal (TUH - Main Campus) Site Approval

1. The resident must request approval from the RPD in advance for any moonlighting activities at TUH-Main Campus by completing the form in Attachment A.
    a. Moonlighting can only be completed during the following hours listed below and must not exceed the maximum number of shifts per rotation.
        i. Weekdays: Must start after 4 PM and end no later than 10 PM.
            1. Maximum number of weekday shifts per rotation= 4
        ii. Weekends: Must be on the same weekend as scheduled clinical staffing or clinical weekend. Must start after 4 PM and end no later than 10 PM.
            1. Maximum number of weekend shifts per rotation= 2
        iii. The PGY2 SOT resident may moonlight on weekends that they are not already scheduled to work with approval from the RPD.
    b. Once moonlighting is approved by the RPD the form will be sent to the supervisor responsible for scheduling in order to add the resident to the schedule.
2. Any adverse event that may compromise the resident's well-being or patient care may lead to withdrawal of permission.

3. All completed forms will be stored in the residency pharmacy department file.
4. Residents' overall performance while on scheduled duty periods and their ability to achieve the educational goals and objectives of their residency program and provide safe patient care will be discussed during quarterly evaluation periods.
5. If the resident's participation in moonlighting affects their overall performance, moonlighting will no longer be allowed.

Attachments

A: Moonlighting Approval Form

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Darshan Parekh: VP - CHIEF PHARMACY OFFICER	5/22/2023

Status **Pending** PolicyStat ID **16053310**

Origination	1/7/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	6/18/2024
Next Review	2 years after approval
Owner	Jolly Hiral Patel: AVP PHARMACY OPERATIONS
Area	Pharmacy - Education
Applicability	Temple University Hospital Inc.

Pharmacy Residency Program-Time Off & Leaves of Absence Policy, TUH INC-PHARM-20209.14.25

References:

TUH Administrative Policies & Procedures- Attendance and Lateness Policy 950.545

ASHP Accreditation Standard for Postgraduate Residency Programs, Effective July 1st, 2023.

SCOPE

This policy shall apply to Temple University Hospital, Inc.

PURPOSE

To define time allocations for personal and professional time off & leaves of absence for PGY1 and PGY2 pharmacy residents. The residency program directors and residency program coordinators will be responsible for ensuring that each resident adheres to the policy throughout the duration of the residency

POLICY

A. A maximum of 37 days away from the residency program will be allowed inclusive of vacation, sick, personal, holiday, and leaves of absence listed below.

B. The resident is required to make up any time off or leave that extends beyond the allowed 37 days. If the make-up days require extension of the residency program, up to a one-month, benefits eligible, unpaid, extension will be permitted.

C. Time off from the residency program that exceeds 37 days which requires make up must be equivalent in time and competency

Graduate Medical Education Mediated Leave

1. Vacation leave (15 days)
2. Sick leave (10 days)
3. Personal time (3 days)

PGY1 & PGY2 Holidays (6 holidays observed time off)

A. PGY1 Winter holiday:

    1. The PGY1 resident is required to work two winter holidays consisting of Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, or New Year's Day.

B. PGY1 Summer holiday:

    1. The PGY1 is required to work one summer holiday consisting of either Memorial Day, Labor Day, or Juneteenth.

C. PGY2 resident is required to work two holidays consisting of Thanksgiving, Friday after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, Memorial day, Labor Day, or Juneteenth.

D. The resident will have a comp-holiday day off within 30 days before or after the holiday worked. These comp days do not count towards time away from the residency program.

E. PGY1 residents will have 6 observed holidays off. The PGY2 residents will have 7 observed holidays off.

Conference leave

A. The PGY1 & PGY2 residents will receive no more than 7 conference days per year. Additional time needed for conference attendance will need to be from vacation or personal time.

    1. The PGY1 residents will attend the Midyear Clinical Meeting in December (~4 days) and the Eastern States Residency conference (~3 days) in the Spring.
    2. The PGY2 SOT pharmacy resident will attend the American Society of Transplantation Fellow's Symposium (~ 1 day) in the Fall and the American Transplant Congress (~3 days) in the Spring. The PGY2 SOT resident may choose to attend the Midyear Clinical Meeting in December (~3 days). Additional conferences in lieu of the Midyear Clinical Meeting may be attended with approval from the Residency Program Director.
    3. The PGY2 ID pharmacy resident will attend SIDP/IDweek (~3 days) in the Fall. The PGY2 ID resident may choose to attend the Midyear Clinical Meeting in December (~3 days). Additional conferences in lieu of the Midyear Clinical Meeting may be

attended with approval from the Residency Program Director.

Interview Days

A. The PGY1 & PGY2 residents must use vacation or personal time for interview days.

Bereavement Leave

A. Up to 32 hours with full pay associated with the death of a Spouse, Same-sex Domestic Partner, Parent, Step Parent, Child, Step-child, Brother/Step-brother, and Sister/Step-sister.

B. Up to 24 hours with full pay associated with the death of a Father-in-Law, Mother-in-Law, Grandparent, Grandchild, and Son-in-law/Daughter-in-law.

C. Notice must be provided to the Residency Program Director as soon as possible upon learning of the need for bereavement leave.

Family Medical Leave

A. Family Medical Leave is an unpaid leave that may be granted after at least 12 months of employment and the employee has worked at least 1,250 hours over the previous 12- month period preceding commencement of leave. FMLA may be granted for up to twelve (12) weeks in a twelve (12) month period. Such leaves are granted to allow time off to care for a newborn, an adopted child, a child placed for foster care, a Resident's spouse, child or parent with serious health conditions. FMLA may also be granted for the Resident's own serious health condition. Accumulated paid time off may be used to offset financial hardship.

Medical Leave

A. Medical Leave is an unpaid leave that may be granted for an extended period in excess of the twelve (12) week FMLA.

Military Leave

A. Military Leave may be granted upon request by a specified period of time. Military leave is unpaid and does not count against vacation or holiday benefits.

Leave Related to Domestic Violence, Sexual Assault or Stalking

A. Leave may be granted due to certain family or household situations. Leave is unpaid and is subject to individual case review.

Jury Duty Leave

A. Jury Duty Leave will be a paid leave of absence up to 10 days for an employee summoned to serve jury provided that the employee:

1. Presents a copy of the jury notice/summons to the Residency Program Director

within 24 hours of receiving the summons;

2. Reports for any scheduled work on days excused from jury service; and
3. Provides a statement or receipt from the court clerk detailing the dates served.

Leaves of Absence Related to Workers Compensation

A. Leaves of absence related to workers compensation will be processed in accordance with the applicable TUHS leave policies (see FMLA) #950.554 and Miscellaneous Leaves Policy #950.585.

DEFINITIONS

PGY1- Postgraduate Year One
PGY2 - Postgraduate Year Two
RPD- Residency Program Director

PROCEDURE

A. Resident Time off Request Process

1. Complete all required items on leave request template email (below). If not attending a professional meeting, delete everything from "Professional Meeting" onward.
2. Email request to rotation preceptor, PGY1 RPD or designee, and PGY2 RPD at least 14 days prior to all scheduled vacation or professional leave.
3. Preceptor/RPD will respond with their approval of the request
4. Enter request into StaffReady, making sure that dates and times match what was submitted to preceptor/RPD
5. PGY1 RPD or designee will approve the request in StaffReady and send an Outlook calendar invite to resident/preceptors/RPD/leadership team.

B. Request Template:

1. Please title all emails requesting time off with this title: “Resident Request for Time Off”
   ***
   Email Body:
   Resident name:
   Amount of time requested: _____
   Dates requested: From _____ to _____

   Leave type:
   ( ) Personal leave: _____
   ( ) Vacation leave: _____
   ( ) Holiday comp day: _____
   ( ) Professional Meeting/Conference to be attended: _____
   ( ) Location: _____
   ( ) Meeting attendee

( ) Poster presentation (title below)
( ) Speaker (title below)
( ) Other (details below)
Title/Details:

C. For all sick days, the resident must call or email his/her preceptor and RPD no later than 2 hours prior to the commencement of his/her shift. The RPD or designee will send a calendar invitation to notify staff of the sick time and the leave will be placed in StaffReady on the resident's behalf. For sick leave greater than 3 consecutive days, the resident must present a physician note documenting the necessary absence or may be asked to provide a physician note upon request (TUH Administrative Policies & Procedures- Attendance and Lateness Policy 950.545).

D. A resident may not be absent from a learning experience for > 5 days total, not including conference time, holidays, holiday comp days, and time away during the research block. Any requests beyond this will be at the discretion of the RPD and preceptor.

Approval Signatures

Step Description	Approver	Date
Chief Pharmacy Officer Approval	Jolly Hiral Patel: AVP PHARMACY OPERATIONS	Pending

Applicability

Temple University Hospital Inc.

Temple University Hospital
Medication/Drug Use Evaluation Primer

1. What is a MUE/MUE?
    a. A method of performance improvement involving medication or medication use processes that seeks to improve patient or institutional outcomes
    b. NOT research
        i. Questions regarding how the drug should be used are already answered. Does not seek to expand knowledge of a scientific nature
        ii. Seeks to answer, "How is the drug actually being used?"
2. Types of MUEs
    a. Retrospective
    b. Concurrent or Prospective
3. Medications or use processes that are appropriate for MUE
    a. High risk
    b. High volume
    c. Critical to appropriate patient care
    d. High cost
    e. Those with established guidelines/restrictions
    f. Those for which internal or external quality standards exist
    g. Therapeutic interchange possibility
4. Initial Process
    a. Establish authority – need a champion (usually a physician)
        i. Solicit input from physician regarding criteria of interest
    b. Develop criteria for evaluation
        i. Potential criteria
            1. Safety
                a. Monitoring
                b. Contraindications
                c. Adverse events
                d. Drug interactions
            2. Appropriateness
                a. Indication
                b. Dosage
                c. Duration
                d. Restriction Criteria
            3. Process
                a. Timeliness
                b. Efficiency
        ii. What is the critical threshold for all the above?

Reference: ASHP MUE Guidelines - 2021. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/medication-use-evaluation-current.ashx.

iii. Thresholds will be set according to the level of non-compliance that would trigger action
iv. Should be based on national or local guidelines, primary literature or local standards
v. Should reflect current knowledge and experience

5. Identify data source
6. Determine number of patients
    a. The primary determinant of sample size is threshold level. The principle is to collect sufficient data to provide estimates of criteria compliance with an acceptable level of precision (i.e. 95% confidence interval)
    b. General rules of thumb for sample size
        i. Infrequent failure to meet criteria (<5%) will require a large population sample (>200)
        ii. Frequent failure to meet criteria (25-50%) will require a small population sample (30-60).
    c. An alternative approach to sample size
        i. For a population size of fewer than 30 cases, sample 100% of available cases
        ii. For a population size of 30 to 100 cases, sample 30 random cases
        iii. For a population size of 101 to 500 cases, sample 50 random cases
        iv. For a population size greater than 500 cases, sample 70 random cases
7. Create data collection sheet
    a. Both in Word and Excel
8. Present proposed criteria to preceptor group
9. Present proposed criteria to preceptors (see attached example)
    a. The proposal should include a description of potential interventions that would stem from findings of unacceptable drug use.
10. Collect Data
    a. Interim review of data with preceptor at 10% of data collection
11. Analyze Data
    a. Review original criteria and ensure that each criteria is addressed
    b. May include other interesting findings
12. Make conclusions regarding data
13. Present conclusions & QI to preceptor group & pharmacy staff as a clinical enhancer
14. Present conclusions to the P&T committee
    a. At the end of each MUE results presentation, the project will be classified as:
        i. No action required- compliance is within pre-determined thresholds
        ii. Action required- compliance is outside of pre-determined thresholds.
    b. Each project that has actionable results must have an intervention plan determined within 30 days of results presentation, or by the next P&T meeting, whichever is sooner
15. Develop process improvement plan including stakeholders and actions
16. Implement QI plan

Reference: ASHP MUE Guidelines - 2021. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/medication-use-evaluation-current.ashx.

Medication Use Evaluation Template:

Temple University Health System Pharmacy Residency Medication Utilization Evaluation Protocol

Title of MUE

Type of Medication Use Evaluation: Retrospective

Scope of Evaluation: Therapeutic

Focus of Evaluation: Adherence and Characterization

Evaluators:

Background

Objective

Population to be Evaluated

Methods

Definitions

Variables

Critical Process Indicators & Thresholds

References

Reference: ASHP MUE Guidelines - 2021. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/medication-use-evaluation-current.ashx.

Research Expectations
Temple University Health System Residency Program

This document should be used as a reference for minimum expectations as acts as a supplement to other requirements as detailed in the Research timeline. Additional activities and expectations should be discussed and decided with the research mentor. The residents must also complete all goals/objectives listed in PharmAcademic.

In addition to the below grid, basic expectations that apply to all activities include:

Presentations

1. All presentations should be approved by the preceptor prior to delivery in any venue.
2. A preceptor of the project should attend all presentations related to the research
3. Presentations scheduled for the preceptors are mandatory. Both resident and preceptor mentor are expected to be prepared for these events.
4. Unless permission is attained prior to presentation, all residents will attend presentations related to research practices including the Eastern States Practices.
5. **All questions during the presentation should be directed to PGY1 resident. If the resident is unable to answer, the preceptor may aid in discussion.**

Timeline deadlines

1. Timelines should be viewed as hard deadlines and the latest date by which an activity should be completed. However, if necessary to move deadlines, the timeline should be discussed and approved by the research preceptors.
    a. Research teams should also develop interim deadlines between major deadlines in order to accomplish tasks.

Data Management

1. Redcap database or excel may be used to record data for the research project.

Research completion

1. If the research is not completed prior to completion of the residency year, including submission of a draft manuscript acceptable for submission to a journal, no certificate will be awarded.
2. Manuscript development should occur throughout the research process. For example, at the time of literature search and background development, corresponding section of manuscript should be written. These should be reviewed and approved by the preceptor and research team.

Activity	Action	Responsible Party
Develop research idea	Develop basic research questions that is feasible and novel. Include engagement of physician champion	Primary preceptor & Resident
CITI training	Complete CITI training	Resident
Development of research criteria	Develop detailed criteria for research (see slide set for details)	Resident and preceptor
Protocol presentation to Research Committee	Present detailed criteria for research project (see slide set for details)	Resident presentation with preceptor attendance
Modify research based on Research Committee feedback	Modify slide set if necessary	Resident with approval by preceptor
Submit and obtain IRB approval		Resident with approval by preceptor and Primary Investigator (Physician champion)
Obtain data	Request data from appropriate avenue	Resident with preceptor guidance or oversight
Submit ASHP/Vizient abstract	Develop abstract according to submission guidelines (does not require finalized data)	Resident with preceptor guidance
Develop and print Midyear poster	Have poster printed or uploaded to appropriate site	Resident with preceptor guidance
Collect data	Collect data	Resident
Evaluate data for validity	Review 10% of data for accuracy	Preceptor
Complete data collection	Complete data collection	Resident
Develop and submit Eastern States abstract	Develop abstract according to submission guidelines (does not require finalized data)	Resident with preceptor approval
Refine plan for data analysis	Review original proposed outcomes and appropriate analysis based on data type	Resident should generate with refinement of preceptor
Data analysis	Perform data analysis	Resident should perform with refinement of preceptor or other data analytics resource
Presentation to preceptors as Eastern States Presentation practice	Present findings and conclusions	Resident presentation with preceptor attendance
Modify presentation based on feedback	Modify slide set if necessary	Resident with approval by preceptor
Results presentation at Eastern State	Present findings and conclusion	PGY1 resident presentation with designated preceptor attendance
Results refinement	Modify conclusions based on Eastern States	Resident and preceptor

Write manuscript draft	Undertake necessary steps of results and discussion section to complete manuscript	Resident with preceptor approval
Submit manuscript of publishable quality to preceptor and Residency director	Modify manuscript based on initial draft comment	Resident with preceptor approval

Guidelines for Formal Case Presentation I

Description: The resident will present a clinical case from **current or previous** residency rotations and discuss the clinical and therapeutic issues involved in the case, the current literature evaluating the therapeutic topic, and their recommendations based on the literature reviewed. Topics should be an interesting disease state or controversial drug therapy issue.

Format/Requirements:

- Type: Resident-led group discussion/oral presentation
- Duration: 20-25 minutes with 5-10 minutes for questions (Total: 30 minutes)
- All procedures related to clinical enhancers must be followed.
  - See attachment A
- Slides or Handout required
  - It is the responsibility of the resident to provide copies of the slides/handout to the audience.
  - A final copy should be placed in the appropriate folder in the Infoshare drive.
- Suggested format
  - Presentations will be in-person and recorded via Teams.
  - Please see attachment C for a format guide.
- Evaluation
  - PharmAcademic evaluation completed by preceptor chosen by the resident. **Please note that residents may freely choose their preceptors for their presentations and are not limited to the current rotational preceptor during which their presentations are scheduled.**
  - It is the responsibility of the resident to provide the audience Microsoft Forms QR codes for presentation assessment. Each respective resident's Microsoft Forms QR code is provided during residency orientation.
  - Assessment of presentation is to be discussed with preceptor within one week of presentation.

Deadlines:

- Presentation title/topic should be given to preceptor **4-6 weeks** prior to presentation date.
- Slides/handout due to preceptor at least **2 weeks** prior to presentation date.
- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the pharmacy department **2 weeks** prior to presentation date.
- Submit your recorded presentation, handout (PDF format) and 5 post-test questions to the Secretaries of the Continuing Education committee within 2 days of your live presentation.

Attachment A

Mandatory & Clinical Knowledge Enhancer Fulfillments

Notification via email and calendar invite should be sent to the pharmacists no later than 2 weeks from the scheduled presentation. Emailed communication should be sent out by the continuing education committee members.

For pharmacists who are unable to attend the scheduled date of presentation, the recorded presentation and a post-test must be provided on Healthstream in which the staff member must obtain a correct score of 80% or above to obtain clinical knowledge enhancer credit. If the staff member is unable to obtain a correct score of at least 80%, clinical knowledge enhancer credit will not be provided. The due date of viewing the pre-recorded presentation and the post-test will be 1 month from when the presentation was originally given.

Upon completion of sessions(s), the presenter or facilitator must provide the following to Josephine Luong, Director of Pharmacy Clinical Services, within 2 days of the scheduled presentation for the pharmacy department's records:

- Attendance sheet (Attachment B)
- Copy of handout(s) provided to the audience, when applicable
- Copy of journal article for journal clubs, when applicable
- Copy of presentation recording
- 5 post-test questions

Any questions should be directed to the PGY1 Pharmacy Residency Program Director, Director of Pharmacy Clinical Services, or Preceptor for the Continuing Education Committee.

Attachment B

TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Department of Pharmacy Services

Clinical Enhancer Attendance Log

[Presentation Title]

[Presenter]

[Date]

"*I affirm that I have attended and/or participated in the above noted education activity in full.*"

EMPLOYEE'S NAME	TUID	SIGNATURE
PLEASE PRINT CLEARLY FOR CREDIT.		

Temple University Health System – Pharmacy Residency Program

Attachment C

Clinical issues/case presentations should include:

I. Goals and objectives for the presentation

II. Presentation of the case or clinical issue with clear definition of the problem
1. Chief complaint
2. History of present illness
3. Pertinent past medical or surgical history
4. Social history
5. Family history
6. Home medications including adherence or compliance issues as pertinent
7. Allergies
8. Relevant vaccine history
9. What are relevant physical exam findings including vital signs? (ask as a question)
10. What are important Review of Systems?
11. What are pertinent laboratory findings at presentation including microbiologic data?
12. What are pertinent imaging studies?
13. Summary of hospital course prior to diagnosis, if necessary

III. Introduction to primary problem
1. Epidemiology
2. Clinical presentation
3. Pathophysiology and etiology
4. Assessment and diagnosis
5. Treatment options
    a. Include any guidelines or protocols at TUH
    b. Include primary literature to support potential treatment options

IV. Conclusion to patient case
1. Include treatment course and progression through either hospital course, resolution of primary problem, or death
2. The following should be done as a question to the audience:
    a. Include pharmacotherapeutic plan with rationale. Questions to consider during this portion include:
        1) Did the patient receive the most appropriate therapy given the options? Why?
        2) If not, what alternate plan would you recommend and why?
    b. Include appropriate goals and monitoring parameters

V. References
1. Must include primary literature including guidelines
    a. Must include a minimum 5 primary literature references
2. No use of Up-to-date or Lexi-Comp! If you must have a reference for a drug, use the package insert.
3. References should be cited on slides in standard AMA format.

VI. Tips and tricks
1. Attempt to engage the audience
    a. Present to the audience as if the information is coming in in real time. The audience should act like the intern in the ED/Floor that is trying to determine their main problem.
    b. Ask questions by: straw poll, multiple choice
    c. Call on a co-resident that may have experience or expertise in the specific practice area.
    d. If there is a lack of audience participation, perhaps the question is too complex. Can it be broken down into smaller components?
        Example: You ask, “What other information do you want to know about the patient?” Instead: “Are there any additional labs, microbiology, imaging, PMH, etc., that you would like to know?”
2. It is ok not to know the answer as an audience member. Think of the PROCESS of thinking about the problem in general. What do you ask about every patient?

Guidelines for Formal Journal Club I

Description of activity: The resident will choose a current and relevant study published in the last year and critically evaluate the methods, results and relevance to clinical practice. The resident will also be required to provide a brief pearl related to the statistical approach used in the respective journal article.

Format/Requirements:

- Type: Resident-led group discussion/oral presentation
- Duration: 20-25 with 5-10 minutes for questions (Total: 30 minutes)
- All procedures related to clinical enhancers must be followed.
    - See attachment A
- Handout OR PowerPoint presentation
    - If using handout format, please limit to 1 page – double-sided or 2 pages – single-sided.
    - If providing PowerPoint presentation, all components of handout must be included.
    - It is the responsibility of the resident to provide copies of the handout to the audience.
    - A final copy of handout/presentation and statistics pearl, along with journal article, should be placed in the appropriate folder in the Infoshare drive.
- Suggested Format
    - Presentations will be in-person and recorded via Teams.
    - Please see attachment C for a format guide.
- Evaluation
    - PharmAcademic evaluation completed by preceptor chosen by the resident. **Please note that residents may freely choose their preceptors for their presentations and are not limited to the current rotational preceptor during which their presentations are scheduled.**
    - It is the responsibility of the resident to provide the audience Microsoft Forms QR codes for presentation assessment. Each respective resident's Microsoft Forms QR code is provided during residency orientation.
    - Assessment of presentation to be discussed with preceptor within one week of presentation

Deadlines:

- Articles must be submitted to preceptor **4-6 weeks** prior to presentation date.
- Handout/presentation must be submitted to preceptor **2 weeks** prior to presentation date.
- Notification of clinical enhancer opportunity must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the pharmacy department **2 weeks** prior to presentation date.
- Submit your recorded presentation, handout (PDF format) and 5 post-test questions to the Secretaries of the Continuing Education committee within 2 days of your live presentation.

Attachment A

Mandatory & Clinical Knowledge Enhancer Fulfillments

Notification should be emailed to the pharmacists and posted in the pharmacy department no later than 2 weeks from the scheduled presentation. Emailed communication should be sent out by the continuing education committee members.

For pharmacists who are unable to attend the scheduled date of presentation, the recorded presentation and a post-test must be provided on Healthstream, in which the staff member must obtain a correct score of 80% or above to obtain clinical knowledge enhancer credit. If the staff member is unable to obtain a correct score of at least 80%, clinical knowledge enhancer credit will not be provided. The due date of viewing the pre-recorded presentation and the post-test will be 1 month from when the presentation was originally given.

Upon completion of sessions(s), the presenter or facilitator must provide the following to Josephine Luong, Director of Pharmacy Clinical Services, within 2 days of the scheduled presentation for the pharmacy department's records:

- Attendance sheet (Attachment B)
- Copy of handout(s) provided to the audience, when applicable
- Copy of journal article for journal clubs, when applicable
- Copy of presentation recording
- 5 post-test questions

Any questions should be directed to the PGY1 Pharmacy Residency Program Director, Director of Pharmacy Clinical Services, or Preceptor for the Continuing Education Committee.

Attachment B

TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Department of Pharmacy Services

Clinical Enhancer Attendance Log

[Presentation Title]
[Presenter]
[Date]

"*I affirm that I have attended and/or participated in the above noted education activity in full.*"

EMPLOYEE'S NAME	TUID	SIGNATURE
PLEASE PRINT CLEARLY FOR CREDIT.		

Attachment C

Temple University Hospital
Department of Pharmacy Journal Club

Article Citation

I. BACKGROUND & STUDY OVERVIEW	
Background	
Introduction	- Information on the disease state or place in therapy for medication
Study Rationale	- Related prior studies 1. Study design/patient population 2. Objectives 3. Treatment 4. Monitoring and assessment of efficacy 5. Results 6. Author's conclusion - How do these studies inform the primary journal article?
Primary Journal Article	
Background	- What question is this study trying to answer?
Methods	Study design - Is the study retrospective or prospective? - Is the study observational or experimental? 1. Observational a. Case-control i. What is the definition of cases? ii. How are cases and controls selected? iii. How are they matched or compared? iv. Are there any identified biases? 1. Misclassification bias 2. Recall bias 3. Selection bias b. Cohort i. How is the cohort identified? ii. Do those not in the study look like those in the study? iii. Is there significant loss to follow-up in prospective trials? iv. Is there surveillance bias? - Is the study a non-inferiority study? 1. Understand and discuss differences compared to superiority trials - Are there other sources of systematic error? 1. Investigator bias 2. Hawthorne effect
Trial Details	- Is the study randomized? 1. How are the study groups randomized? a. Stratified b. Block c. Simple 2. Are the groups similar in baseline characteristics? - If not randomized, why? Does this change how the study is evaluated? - Is the study blinded? 1. If not, what other methods are used to minimize bias? 2. Are those evaluating outcomes blinded? - Is the study placebo or active-controlled? - Is there appropriate allocation concealment? - What is the studied intervention? 1. Are the groups treated the same except for the trial intervention? - Inclusion criteria

	1. How are patients selected for entry into the trial? Is this appropriate? - Exclusion Criteria 1. Are the reasons for patient exclusion criteria appropriate? 2. Are those not included in the trial accounted for?
Definitions	- Are they appropriate?
Measurements	- Are they valid, reliable and accurate? - Is there interrater and intrarater reliability?
Primary Outcomes	- Is the primary outcome patient-oriented or surrogate? - Is follow-up sufficiently long?
Secondary Outcomes	
Data Collection Methods	- Are these standardized across groups with low variability? - Are they reproducible?
Statistical analysis	- Discuss the statistical methods 1. Is the sample size calculated and appropriate? a. How was it determined? What change or difference were they looking for? b. Does this result in adequate power? c. Are statistical tests appropriate for the type of data? 2. Is the study analyzed by intention to treat? Per protocol or other?
Statistical Pearl	**- Discuss a 2-3-minute statistical approach that the article used. This should be directed to aid fellow residents to recognize, learn, and understand the basics of a unique statistical application. Please use PowerPoint during your presentation to aid in understanding.**
Results	- Baseline characteristics 1. Are there differences between groups at baseline? 2. If so, what is the strength of the relationship between these factors and the outcome? - Attrition 1. Are all patients who do not finish the trial accounted for? 2. Is the dropout rate high? Does this impact the outcome? How? -Primary outcome 1. Is the strength of association large? 2. How precise is the point estimate of effect? What are confidence intervals or p-values? 3. Is there effect modification? 4. What about the trial design might impact your primary outcome? 5. Is there likely a Type I or Type II error? (same for secondary and subgroup analysis) -Secondary outcomes -Sub-group analysis 1. Specified a priori? 2. Is the direction and magnitude pre-specified? 3. Is it biologically plausible? 4. Repeated in other studies? 5. Possibility of alpha error?
Author's conclusions	- Are these supported by the data presented or do the authors speculate? - Do authors expand outcomes to other patient populations? - Are results defined in perspective of current knowledge?
Study strengths	
Study limitations	
Conclusion	- Were objectives of the study met? If not, why? - Does this trial achieve both statistical and clinical significance? - Are treatment benefits worth cost and harm? - What is the external validity? 1. Where does this fit into general practice? 2. Is this population the same as TUH's population? 3. How does it fit into practice at TUH? - Is the manufacturer involved in data analysis and manuscript preparation?

Temple University Health System – Pharmacy Residency Program

Guidelines for Informal Case Presentation II (problem-based learning case)

Description: The resident will present a clinical case from **current or previous** residency rotations and discuss the clinical and therapeutic issues involved in the case, the current literature evaluating the therapeutic topic, and their recommendations based on the literature reviewed in a condensed problem-based learning format

Format/Requirements:

- Type: Problem based learning as a resident-led discussion
- Duration: 15-20 minutes with 5-10 minutes for discussion & questions throughout as well as at the end of the presentation
- Slides/handout optional
    - If applicable, a final copy should be placed in the appropriate folder in the Infoshare drive.
- Suggested format
    - Please see attachment A for a format guide.
- Evaluation
    - There will be no formal preceptor for this assignment. You may reach out to content experts for any questions, but they will have no formal role in preceptorship. The resident's advisor will be responsible for completing the pharmacademic evaluation based on evaluations submitted at the end of the session via a QR code. **Please note that residents may freely choose their clinical case for their presentations and are not limited to the current rotation during which their presentations are scheduled.**

Deadlines:

- Notification of the presentation must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the clinical pharmacy specialists **2 weeks** prior to the presentation date.

Tips & Tricks:

- For the informal case presentations, it's easier to create power-point slides (15-20 max) so participants don't have all the answers directly in front of them.
    - You may still print out the slides, but they will be on other pages that you haven't gotten to yet!
- Previously, most discussion has happened at the end of the presentation. Our goal is for there to be continual discussion throughout the presentation
    - Try to include discussion points before the principal problem is actually said
        - E.g., give the background, HPI, and chief complaint… ask the group "*what do we think the patient's diagnosis is?*" And then talk about the team's differential and actual diagnosis
    - Also, try to include group discussion points before the treatment plan is laid out… what would the group do? And then talk about what the actual team decided to start.
        - Review literature on how to treat and evidence to support and compare/contrast how the patient was treated.
- Don't give away the case in the title!
    - If your case is about Hyperammonemia Syndrome after lung transplant, don't name it "Hyperammonemia Syndrome Status Post Lung Transplant"…
        - Name it something like "Went high when we should have gone low" or something along those lines

Plan out questions to pose to the audience ahead of time to facilitate discussion through-out the presentation.

Temple University Health System – Pharmacy Residency Program
Attachment A

Slide Limits

a. The goal is to succinctly present the pertinent patient information relating to the primary problem of the patient (1-2 slides). - Don't give away topic or patient issue in title slide
b. Present a detailed but brief summary of the disease state relating to the primary problem (1-2 slides)
c. Include pharmacotherapy review of treatment of the disease state, highlighting the 1-2 main studies that support the mainstay of treatment (2-3 slides)
d. Finally conclude by summarizing the patient case and therapeutic plan (2-4 slides)

Clinical issues/case presentations may include (if pertinent):

I. Goals and objectives for the presentation (optional)
II. Presentation of the case or clinical issue with clear definition of the problem. All the items below should be abbreviated to highlight and focus on the primary problem. Not all things need to be included if not relevant to the topic discussing.
    1. Chief complaint
    2. History of present illness
    3. Pertinent past medical or surgical history
    4. Social history
    5. Family history
    6. Home medications including adherence or compliance issues as pertinent
    7. Allergies
    8. Relevant vaccine history
    9. What is relevant physical exam findings including vital signs? (ask as a question)
    10. What are important review of systems?
    11. What are pertinent laboratory findings at presentation including microbiologic data?
    12. What are pertinent imaging studies?
    13. Summary of hospital course prior to diagnosis, if necessary

Good time to ask the first discussion point!

Introduce the topic underlying the patient case here (after discussion point)

c. Introduction to primary problem
    1. Brief epidemiology
    2. Clinical Presentation of patient
    3. Pathophysiology and Etiology
    4. Assessment and Diagnosis
    5. Treatment Options
        1) Include any guidelines or protocols at TUH
        2) Include primary literature to support potential treatment options

d. Conclusion to patient case
    1. Include treatment course and progression through either hospital course, resolution of primary problem or death
    2. The following should be done as a question to the audience:
        a. Include pharmacotherapeutic plan with rationale. Questions to consider during this portion include:
            1) Did the patient receive the most appropriate therapy given the options? Why?
            2) If not, what alternate plan would you recommend and why?
        b. Include appropriate goals and monitoring parameters

e. References – Do we want to analyze primary literature (like the formal patient case) or just reference it in talking about the patient course?
    1. Must include primary literature, including guidelines
        1) Must include a minimum 2 primary literature references
    2. No use of Up-to-date or Lexi-Comp! If you must have a reference for a drug, use the package insert.
    3. References should be cited on your slides in standard AMA format.

Temple University Health System – Pharmacy Residency Program

Guidelines for Informal (Round-table) Journal Club II

Description: The resident will choose a current and relevant study published in the last year and critically evaluate the methods, results and relevance to clinical practice in an engaging, conversation driven discussion.

Format/Requirements:

- Type: Resident-led group discussion
- Duration: 15-20 minutes with 5-10 minutes for questions throughout as well as at the end of the presentation
- Slides/handout optional
    - If applicable, a final copy should be placed in the appropriate folder in the Infoshare drive.
- Evaluation
    - There will be no formal preceptor for this assignment. You may reach out to content experts for any questions, but they will have no formal role in preceptorship. The resident advisor will be responsible for completing the pharmacademic evaluation based on evaluations submitted at the end of the session via a QR code. **Please note that residents may freely choose their clinical case for their presentations and are not limited to the current rotation during which their presentations are scheduled.**

Deadlines:

- Notification of the presentation must be submitted to members of the continuing education committee so that an email and calendar invite can be sent to the clinical pharmacy specialists **2 weeks** prior topresentation date.

Tips & Tricks: A one-page handout (front and back) has worked well for prior residents

- Typically, background, intro, methods can go on the front
- Results, conclusions, applicability can go on the back (but this can change depending on the journal)
- Very limited text, straight to the point details about the different parts of the journal article or background information
    - Graphs/images are a good way to describe results without extensive text
- **Key talking points / group discussion**
    - Much like the informal case presentation, it's important to get the group involved as much as possible
        - Methodology, inclusion/exclusion criteria, applicability to Temple are good areas to focus on when trying to get discussion going
            - Examples:
                - Inclusion/Exclusion: are there any patients that we thought the authors should have included or excluded? Why?
                - Applicability: Could this be relevant to our patients? (transplants, poor health-literacy, etc.) Do their guidelines align with ours at Temple?
                - Methodology: Do the statistical tests they use make sense?
                - Results: What would be the number needed to treat? (if not listed within the journal)
- If you look at the "Formal Journal Club Guideline" most of the points you should talk about are listed
    - Background, methods, trial details, outcomes, results, etc.
        - **No statistical pearl is necessary!**
    - As long as you briefly describe these areas, it should suffice. Remember, the point of these presentations is to give you all **more experience and different versatility wherever you end up**
        - The informal JC/case presentation should be more focused around discussion than lecturing. Don't be afraid to ask the audience questions!

TUHS Chief Resident Responsibilities

- Resident report out at Residency Advisory Committee (RAC) which occurs monthly.
- Committee report out at RAC for Recruitment/Media and CE committees.
- Coordinate the pharmacy monthly newsletter (August to December)
- Point person for any residency items
- Social chair to organize 1 event per quarter outside the hospital (for resilience and wellbeing)
- Take minutes for Med Alert Task force and/or Anticoagulation subcommittee quarterly and assist with meeting packet, etc. (Meghan Vallejo)
- Help coordinate weeknight swaps or weekend swaps if needed
- Social Media (Instagram) Management

Block	Resident
Orientation: 7/8 – 8/9	Brittany
#1: 8/12 – 9/13	Alice
#2: 9/16 – 10/18	Hannah
#3: 10/21 – 11/22	Cara
#4: 11/25 – 1/3 (research)	Cory
#5: 1/6 - 2/7 (during management rotation)	Brittany
#6: 2/10 – 3/14 (during management rotation)	Alice
#7: 3/17 - 4/18 (during management rotation)	Hannah
#8: 4/21 – 5/23 (during management rotation)	Cara
#9: 5/26 – 6/27 (during management rotation)	Cory

TUH, Inc. PGY1 Development Plan & Residency Completion Requirements Checklist

Resident Name: _____

Resident's Self-Reflection and Self Evaluation Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience. Self-Evaluation is related to the Program's Competency Areas					
	Initial		**Quarter 1**	**Quarter 2**	**Quarter 3**
Date					
Personal Strengths and Weaknesses:	**From initial self-reflection:** **Personal Strengths:** **Personal areas of Improvement:**				
Practice Interests/ Career Goals	**From initial self-reflection:** **Practice Interest (in order of preference):** **Career Goals:**		**Changes to:** **Practice Interests** **Career Goals:**	**Changes to:** **Practice Interests** **Career Goals:**	**Changes to Practice Interests** **Career Goals:**
Well-being and Resilience:	**From initial self-reflection:** **Current well-being strategies from initial self-reflection:**		**Current well-being:**	**Current well-being:**	**Current well-being:**
Strengths and Areas of Improvement Related to Competency Areas	**R1 (Patient Care)**	**From Initial Self-Evaluation** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**

	R2 (Advancing Practice and Improving Patient Care)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R3 (Leadership and Management)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R4 (Teaching, Education, and Dissemination of Knowledge)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
Advisor: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas					
Date					
Strengths: **R1:** **R2:** **R3:** **R4:** **Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:**			**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**	**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**	**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**

	New Opportunities for Improvement: **R1:** **R2:** **R3:** **R4:**	**New Opportunities for improvement:** **R1:** **R2:** **R3:** **R4:**	**New Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:**
RPD: Planned Initial and Quarterly Changes to the Program*			
Initial	**Quarter 1**	**Quarter 2**	**Quarter 3**
Changes Related to Competency Areas: **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**

***Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.**

Completion Requirements Tracker (Note: Must match requirements in other programs materials such as the program's manual) **Completion Requirements MUST include:** • **Required deliverables for each program type's Competency Areas, Goals, and Objectives *(CAGO's)*** • **The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program** • **Appendix Requirements (if the CAGO's for the residency type (e.g., PGY2) include an Appendix)**	**End of Quarter 1**	**End of Quarter 2**	**End of Quarter 3**	**End of Residency - Final Verification of Completion Requirements**
Licensure by September 30th				
ACHR of 80% of required objectives.				
No final rating of NI for any R1 (Patient Care) objective during the last quarter.				
Complete a Drug Monograph (R2.1.1)				
Completed a MUE and presentation at associated committee (R2.1.2)				
Presentation of major research in progress at ASHP Midyear/Vizient conference. (R2.2.5)				
Presentation of major research at regional residency conference (ESRC) (R2.2.5)				
Final research manuscript of publishable quality submitted (R2.2.5)				

Present 2 journal club presentations. (R4.1.2)				
Present 2 case presentations. (R4.1.2)				
ACPE Continuing Education presentation to pharmacy department staff (R4.1.2, R4.1.4)				
Teaching Certificate in conjunction with the TUSOP (R4)				
Completion of committee Co-secretary responsibilities (R3)				
Completion of all scheduled staffing, clinical and emergency response. (R1.1, R1.2, R1.3, R2.1, R3.2)				

_____ _____

RPD signature **Date**

_____ _____

Resident signature **Date**

TUH, Inc. PGY2 SOT Development Plan & Residency Completion Requirements Checklist

Resident Name:

Resident's Self-Reflection and Self Evaluation Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience. Self-Evaluation is related to the Program's Competency Areas					
	Initial		Quarter 1	Quarter 2	Quarter 3
Date					
Personal Strengths and Weaknesses:	From initial self-reflection: Personal Strengths: Personal areas of Improvement:				
Practice Interests/ Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:		Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to Practice Interests Career Goals:
Well-being and Resilience:	From initial self-reflection: Current well-being strategies from initial self-reflection:		Current well-being:	Current well-being:	Current well-being:
Strengths and Areas of Improvement Related to Competency Areas	R1 (Patient Care)	From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

	R2 (Advancing Practice and Improving Patient Care)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R3 (Leadership and Management)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R4 (Teaching, Education, and Dissemination of Knowledge)	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
Advisor: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas					
Date					
Strengths: **R1:** **R2:** **R3:** **R4:** **Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:**			**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**	**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**	**Progress on Previous Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:** **Strengths:** **R1:** **R2:** **R3:** **R4:**

	New Opportunities for Improvement: **R1:** **R2:** **R3:** **R4:**	**New Opportunities for improvement:** **R1:** **R2:** **R3:** **R4:**	**New Opportunities for Improvement:** **R1:** **R2:** **R3:** **R4:**
RPD: Planned Initial and Quarterly Changes to the Program*			
Initial	**Quarter 1**	**Quarter 2**	**Quarter 3**
Changes Related to Competency Areas: **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**

***Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.**

Completion Requirements Tracker (Note: Must match requirements in other programs materials such as the program's manual) **Completion Requirements MUST include:** • **Required deliverables for each program type's Competency Areas, Goals, and Objectives *(CAGO's)*** • **The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program** • **Appendix Requirements (if the CAGO's for the residency type (e.g., PGY2) include an Appendix)**	**End of Quarter 1**	**End of Quarter 2**	**End of Quarter 3**	**End of Residency - Final Verification of Completion Requirements**
Licensure by September 30th				
Provide residency certificate for proof of completion of an ASHP-accredited PGY1 pharmacy residency program by the second Friday of the residency program				
Complete Orientation requirements and acknowledgements by assigned dates: 1. **Review of residency policies within 14 days** 2. **Completion of all orientation requirements by the end of the orientation learning experience**				
ACHR of 80% of required objectives. **Note: Program determines specific requirements**				
Required learning experiences completed (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.1.2, R3.2.1, R3.2.2, R4.2.1)				

Elective learning experiences completed (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.1.2, R3.2.1, R3.2.2)				
Longitudinal transplant clinic experiences (AOT/nephrology, heart, lung) completed (R1.1.1, R1.1.2, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R1.2.1, R1.3.1, R1.3.2, R1.3.3, R3.1.1, R3.1.2, R3.2.1, R3.2.2, R4.1.1, R4.1.4)				
Completion of PGY2 Pharmacy Residencies in Solid Organ Transplant Appendix by the end of the residency year.				
Research project completed and submitted as an abstract to a local, state, regional, or national meeting – title/topic: (R2.1.3, R2.2.1, R2.2.2, R2.2.3, R2.2.4, R2.2.5, R2.2.6)				
Submission of research project manuscript of publishable quality (R2.2.6)				
ACPE-accredited continuing education presentation – title/topic: (R4.1.1, R4.1.2, R4.1.3, R4.1.4)				
Successful presentation of 2 journal clubs (R4.1.1, R4.1.2, R4.1.3, R4.1.4)				
Successful presentation of 2 case presentations (R4.1.1, R4.1.2, R4.1.3, R4.1.4)				
Completion of formulary committee Co-secretary responsibilities (R3.1.1, R3.1.2, R3.2.1, R3.2.2, R4.1.3)				
Completion of the annual transplant drug class review (R2.1.1)				

Completion of all scheduled staffing shifts (R1.1, R1.2, R1.3, R2.1, R3.2)				
Completion of all scheduled holiday shifts (R1.1, R1.2, R1.3, R2.1, R3.2)				

_____ _____

RPD signature **Date**

_____ _____

Resident signature **Date**

School of Pharmacy
TEMPLE UNIVERSITY

Resident Teaching Certificate Seminar Series
Temple University School of Pharmacy (TUSP)

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Description and Objectives:
The Resident Teaching Certificate is a required component of the PGY-1 residency. The certificate program is designed for residents and clinical preceptors who are interested in a basic course on education. The course focuses on the research relating to how people learn and best teaching practices, with the aim of preparing the participants to teach health professionals in the didactic and experiential setting. Upon completion of this seminar series, and the teaching responsibilities for the residency program, a certificate of completion will be awarded signed by the coordinator.

Participants in this course will:

1. Apply theories of learning and development to teaching.
2. Use a variety of effective teaching methods to address diverse learners effectively.
3. Apply the principles of integrated course design to develop learning materials, assignments, and assessments.
4. Develop a reflective and purposeful approach to teaching.

Requirements:

- Attend and actively participate in the Resident Teaching Seminar Series and associated activities
- Complete shadowing/ co-precepting of IPPE or APPE - 2 sessions (Summer or Fall)
- Precept 2 IPPE students in the Summer
    a. Monday to Friday – 2 weeks long (80 hours)
    b. Session 1: 5/12/25 - 5/23/25 or Session 2: 6/2/25 - 6/13/25
- Teach 15 minutes of a didactic lecture at TUSP in the Fall
- Co-instruct a Pathophysiology and Pharmacotherapy (P+T) Recitation Course at TUSP in the Fall/Spring
- Practice Continuing Education presentation
- Continuing Education presentation

Required Readings:

1. Nilson, L.B. (2016) Teaching at its Best 4th ed. Jossey-Bass.
    - https://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?pq-origsite=primo&docID=4567495

2. Ambrose, S. How Learning Works. San Francisco, CA: Jossey-Bass, c2010.
    - https://ebookcentral.proquest.com/lib/templeuniv-ebooks/detail.action?docID=529947&pq-origsite=primo

3. McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate into Any Course to Improve Student Metacognition, Study Skills, and Motivation
    - http://libproxy.temple.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=e000xna&AN=1083022&site=ehost-live&scope=site

Resident Teaching Seminar Topics/Schedule
Room TBD from 1-5 PM

Date	Time	Topics/Due Dates	Reading Assignments	Seminar Facilitator
Tuesday, July 9th	12 – 1 PM	Orientation (1 hour) Preparing a Continuing Education Program	Review Syllabus and expectations CE Speaker Handbook Policies and Procedures for ACPE Standards for Continuing Pharmacy Education	Divita Singh
	1 – 4 PM	Learner Centered Course Design Integrated Course Design Writing Educational Objectives	Learner Centered Course Design Integrated Course Design Writing Educational Objectives	
Tuesday, August 6th	1 – 3 PM	How Prior Knowledge affects Learning Motivating Learners	Ambrose SA. How Learning Works Chapters 1 and 3	Natalie Rodriguez
	3 – 5 PM	Formative and Summative Assessment Assessing Student Learning • Writing Exam Questions Designing Rubrics	McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate Into Any Course to Improve Student Metacognition, Study Skills, and Motivation Chapters to be determined Teaching at Its Best Chapter 26	Divita Singh
Tuesday, August 20th	1 – 3 PM	Helping your Students be Better Learners Facilitating Discussions	McGuire, S. McGuire, S. Teach Students How to Learn: Strategies You Can Incorporate Into Any Course to Improve Student Metacognition, Study Skills, and Motivation Chapters to be determined FYI Teaching at Its Best Chapter 13	Vasyl Zbyrak
	3 – 5 PM	Developing Teaching Materials Developing and Delivering Effective Lectures	Pre- Class Video https://www.youtube.com/watch?v=BSildZzHn2Y	Neela Bhajandas

Tuesday, October 1st	1 – 5 PM	Share Learning Objectives	**Learning Objectives for Continuing Education – Upload to one Drive Folder Titled "Resident CE Learning Objectives Upload" by 9/27/24**	Divita Singh
Tuesday, October 29th	1 – 3 PM	Active Learning Strategies Classroom Assessment Techniques (CATS)	Gleason B. et. al. An Active-Learning Strategies Primer for Achieving Ability-Based Educational Outcomes Journal of Pharmaceutical Education 2011; 75 (9) Article 186.	Christina Rose
	3 – 5 PM	Teaching in the Clinical Setting Providing Feedback in the Clinical Setting	Weitzel K, et. al. Teaching clinical problem solving: A preceptor's guide. Am J Health-Syst Pharm. Sept. 2012: Vol 69:1588-1599 Bienstock J, et.al To the point: medical education reviews—providing feedback American Journal of Obstetrics & Gynecology. June, 2007:509-513	Christina Rose
Monday, April 28th	1 – 2 PM	Orientation to IPPE Precepting		Marissa Cavaretta

Continuing Education Practice/Final Presentation Schedule

Practice CE Date 1- 4 PM	**Final CE Date 2:30 – 3:30 PM**	**Resident Name**
NA	10/15/24	TUH Transplant PGY2
NA	10/28/24	TUH ID PGY2
11/11/24	11/19/24	TUH PGY1
11/11/24	12/3/24	TUH PGY1
1/20/25	2/4/25	TUH PGY1
1/20/25	2/18/25	TUH PGY1
3/17/25	4/1/25	TUH PGY1
3/17/25	4/15/25	ACME TUSP

Status **Active** PolicyStat ID **11528893**

Origination	11/1/2010
Last Approved	8/22/2014
Effective	8/22/2014
Last Revised	8/22/2014
Next Review	8/21/2016

Owner	Varsha Shah: DIRECTOR ACCOUNTS PAYABLE
Area	Finance - Treasury - Accounts Payable
Applicability	Temple University Health System-Wide AG

Travel Expense/Business Expenses Policy, TUHS-FIN-100

REFERENCES:

THUS Compliance Program

THUS Policy 950.571, Relocation Reimbursement Assistance

THUS-FIN-116, Corporate Credit Card Policy

THUS-FIN-108, Petty Cash Policy

ATTACHMENTS:

A. Policy Applicability & the Executive Approval Process
B. Travel & Business Expense Report
C. Travel/Business Review Guide
D. Late Filing Authorization Form
E. Business Expense Documentation Form
F. Authorization for Foreign Travel

Scope

This policy shall apply to Temple University Health System, Inc. (TUHS) and all TUHS subsidiary corporations (collectively the "Health System"). This policy supersedes prior Health System policies

with respect to its subject matter. This policy applies to all employees, unless reimbursement for an expense is specifically allowed under an employee agreement or by separate addendum to this policy.

Purpose

This policy establishes guidelines and procedures for reimbursement of travel and business expenses incurred by employees on behalf of the Health System and for direct disbursements for travel and business expenses by the Health System.

Statement of Policy

The Health System will reimburse employees for ordinary and necessary business travel and other business expenses that are reasonable in amount, subject to compliance with this policy. The Health System will not reimburse expenses that are deemed lavish or extravagant under the circumstances, personal expenses, or expenses that the employee would incur without regard to Health System business. The Health System will not pay or reimburse expenses that violate applicable law or other business expenses that would be reimbursable if made by an employee, subject to compliance with this policy. The procedures, documentation, and authorization requirements that apply to expense reimbursements under this policy also apply to direct disbursements to vendors by the Health System.

Under the Internal Revenue Code of 1986 (the Code), reimbursement to employees for business travel and other business expenses will be excluded from income only if the reimbursement is made under an accountable plan. An accountable plan has three requirements:

1. There must be a business reason for the expenses.
2. The employee must substantiate the expenses with original receipts within a reasonable period of time.
3. The employee must promptly return any amount advanced that exceeds the substantiated expenses.

The Health System will generally reimburse expenses that comply with this policy and meet the accountable plan requirements. If there are extenuating circumstances, the Health System may reimburse expenses that do not comply with this policy, subject to approval by the applicable CFO. If there are extenuating circumstances, the Health System may reimburse expenses that do not meet the accountable plan requirements, but such reimbursements will be treated as taxable income to the employee and be subject to all applicable tax withholding.

Procedures

Employees must follow the procedures under this policy to receive reimbursements for travel and business expenses. The employee seeking expense reimbursement is responsible for compliance with this policy. The procedures include pre-approval with respect to certain expenses, proper documentation, and proper authorization, all as set forth below. The Health System will reimburse approved expenses by check, payable and mailed to the employee incurring the expenses. (Note: In cases where the employee prepays the expense, such as a seminar, the reimbursement will be made only after the event has

occurred). Expense reimbursements are subject to Accounts Payable disbursement procedures and timetable.

Prior Approvals

All expenditures of Health System funds for travel and business related expenses made by the employee, except those made in the employee's customary employment duties, must have prior approval by the pertinent Budget Unit Head. These would include:

- Seminars, conferences and employment-related education
- Business entertainment and meals
- Combined business and personal travel
- Travel with non-TUHS companion

Purchases of supplies or services for individual or department use are not reimbursable to employees. These purchases must be routed through the Health System Supply Chain Services department.

Sales tax will be reimbursed to an individual on purchases made within policy guidelines. Individuals may not claim any TUHS organization's sales tax exemption.

Fox Chase members who book their travel arrangements via Clipbook, will have their travel approved via the Clipbook workflow.

Foreign Travel: Travel outside the continental United States requires the *prior* approval of either the Member CEO, CFO, Chief Scientific Officer or Chief Academic Officer. The traveler must secure an approved Foreign Travel Request and Approval Form (see Attachment F) before any travel arrangements are made. Requests for foreign travel should be submitted as far in advance as possible, and approval must be granted before any reservations, payments or reimbursements can be processed. A copy of the Foreign Travel Approval form is to be submitted with any request for reimbursement to the traveler. It is the individual's responsibility to assure that this prior approval is obtained or risk the potential disallowance of reimbursement.

Documentation

1. **Travel & Business Expense Report:** The employee must complete a Travel & Business Expense Report (see Attachment B) and the Travel/Business Review Guide (see Attachment C) including all information required by the Travel & Business Expense Report and this policy. The employee must personally sign and date the Travel & Business Expense Report and submit it to his or her supervisor for approval. Signatures by an Administrative Assistant or use of a signature stamp are not acceptable.
2. **Receipts:** Except as otherwise provided in this policy, the Travel & Business Expense Report must be accompanied by receipts and any other documentation required by this policy. "Receipts" means original receipts, paid bills, or similar evidence sufficient to support an expense under the accountable plan rules. ***Credit card statements alone are not acceptable documentation.*** The employee must provide receipts for all expenses in excess of $50.00, except in those cases where the expense does not lend itself to obtaining a receipt *(e.g.*, public

transportation or expenses covered under the per diem allowance provision for meals). Documentation must include conference brochures (which states conference dates, meals provided, etc.) when attending conferences or seminars.

3. **Time to Submit:** The employee must submit the Travel & Business Expense Report within sixty (60) days after completing the travel or incurring the business expense. The Health System shall not be obligated to reimburse expenses that are not submitted in a timely manner. If an employee fails to submit the Travel & Business Expense Report timely, the Health System may, in its sole discretion and subject to further review and approval by either the TUBS CFO or Chief Counsel, reimburse the expenses upon written application (see Attachment C) by the employee explaining the reasons for delay. If the submission of the Travel & Business Expense Report is not considered timely under this policy, any **reimbursement may be treated as taxable income to the employee depending on the circumstances that gave rise to the late submission in accordance with the accountable plan requirements.**
4. **Required Information:** The Travel & Business Expense Report must include all information required by this policy and the accountable plan rules. With respect to each expense, the Travel & Business Expense Report must include:
    - the date the expense was incurred
    - the place where the expense was incurred
    - the nature of the expense
    - the business purpose for the expense
    - the name of the employee and any other persons for whom the expense was incurred
    - the business relationship of such other persons, if any
    - in the case of meals and entertainment, the business discussed before, during, or after the meal or entertainment
    - in the case of mileage or other transportation expenses, the names of travelers, travel destination, dates of travel, mileage incurred and business purpose of travel.

Authorization

All Travel & Business Expense reports must be approved and signed by the employee's supervisor. In addition, the Travel & Business Expense Report may be subject to additional review and approval by the applicable Member CFO in accordance with the TUHS Review and Approval Policy Amendment. Executives must have their expense reports approved in accordance with the "Executive Approval" procedures in Attachment A. Executives may not approve their own expense report.

Prepaid Expenses

The Health System will prepay travel expenses for air and rail transportation, conference registrations, and deposits for hotel reservations directly to a vendor when these expenses must be paid before the planned travel. Check requests must include documentation supporting the requested prepayment and be approved in the same manner as requests for reimbursements.

Cash Advances and Petty Cash

The Health System will not provide cash advances to employees except in rare cases and then only with the approval of the applicable CFO (or his or her designee). Petty cash will not be used to reimburse employees for travel or business expenses, except for incidental expenses of less than $50.00. See TUHS-FIN-108, Petty Cash Policy.

Travel Expenses

1. **General Requirements for Domestic and International Travel**
    - Certain travel may be subject to prior approvals as described in this policy.
    - Grant-funded travel may be subject to requirements imposed by the grant.
    - Fees or fines incurred due to legal infractions *(e.g.*, moving violations, parking or speeding tickets, vehicle towing charges, unlawful cell phone use, etc.) are the employee's responsibility. The Health System will **not** reimburse these expenses.
    - The Health System expects employees to select the most direct travel route by normal modes of travel at the most economical rates. However, due to time, convenience, health of the traveler, time away from the Health System and supervisor's approval, a traveler may select a mode of travel other than the most economical or most direct.
    - The Health System expects employees to use discounted travel arrangements *(e.g.,* transportation and lodging) made available by a conference or event sponsor.
    - Employees may pay using cash, personal credit cards or checks, or any other lawful means acceptable to the vendor, but not by direct charge to the Health System.
    - Employees may retain frequent flyer miles and other reward program points earned while on Health System business. Employees must book travel with reference to the least expensive options and not because they have a rewards relationship with a vendor. The Health System will not reimburse excess costs incurred to permit the employee to use a rewards program. The Health System does not pay employees for the use of their frequent flyer tickets. However, the employee may use reward program points to upgrade their travel accommodations.
    - The Health System will **not** reimburse employees for currency exchange or ATM fees.
    - Employees may book their travel directly through either a travel agent or an Internet travel website. The Health System does not have an "official" travel agent/ The Health System will reimburse a reasonable fee for the services of a travel agent. A fee of $25 will be deemed reasonable. Fees in excess of $25 may be reasonable depending on the circumstances. Examples of travel websites include: Orbitz.com; Travelocity.com; Cheaptickets.com; Expedia.com; and any airline direct ordering website (i.e., US Airways, United, American Airlines, etc.).

*Fox Chase members have the additional option to book their travel arrangements through TLG/Carlson Wagonlit Travel Management (Cliqbook).

2. **Lodging**
    - The Health System expects employees to use reasonably priced accommodations. Reimbursement for lodging is limited to the single occupancy rate for an appropriate room. The employee is responsible for any charges above single occupancy attributable to a traveling companion other than a Health System employee sharing the lodging while traveling on Health System business.
    - If an employee is attending a convention or conference, use of the convention or conference hotel is appropriate. The employee should use corporate or conference rates when available.
    - Reimbursement is limited to room and tax, business phone calls, and reasonable personal calls. Facts and circumstances dictate reasonableness, however as a general guideline, personal calls of 10 to 15 minutes per day and not to exceed $20.00 per day shall be considered reasonable. The employee must document business calls indicating the purpose and the name and relationship of the party called.
    - Direct long distance calls from hotels are expensive and should be avoided. The Health System encourages employees to use cell phones or calling cards.
    - It is expected that any charges for Internet access is for accessing Health System email.
    - The Health System will **not** reimburse movies and other entertainment charged to the room, health club charges, golf, mini-bar, and other personal services.
    - **Credit card receipts and credit or bank debit card statements alone are not sufficient documentation for lodging expenses. The itemized original hotel bill must be submitted.**
3. **Meals**
    - The Health System will reimburse meals for employees when traveling out of town on business based on a fixed per diem allowance set forth by the federal government. The applicable meal allowance for a designated travel area may be found on the General Services Administration's web site - www.gsa.gov. Please enclose a printout of the GSA per diem rate for your travel locale with your reimbursement request.
    - The per diem meal allowance covers meals, fees, tips, etc. Receipts are not required (except as noted below for travel expensed under grant accounts) to substantiate the cost of meals covered by the per diem allowance. If meals are included in a conference or registration fee, the employee should reduce the per diem meal allowance accordingly.
        - When travel is being *expensed to a grant account,* detailed receipts ***must be submitted*** as required by the grant. The traveler will be reimbursed either the total amount of the receipt(s) or the GSA per diem rate, whichever is lower, excluding alcohol.
    - There is no per diem meal allowance for travel of 10 hours or less within the same calendar day.

- When the travel is more than 10 hours but less than 24 hours, the employee may claim expenses for those meals for which the employee was not at home.
- While in travel status, the employee may incur meal expenses for non-employees. Reimbursement of such expenses is subject to the requirements as outlined in the "Other Business Expenses" section of this policy.

4. **Personal Vehicles**
    - The Health System will reimburse employees for the use of their personal automobiles or other vehicles at the applicable Internal Revenue Service mileage rate (adjusted annually for inflation). The mileage rate covers depreciation, maintenance, repairs, gasoline, oil, insurance, and vehicle registration fees.
    - The Health System will **not** reimburse employees who receive a car allowance for mileage. The car allowance covers depreciation, maintenance, repairs, gasoline, oil, insurance, and vehicle registration fees. *In certain extraordinary cases, an exception can be made with the approval of the CFO and Chief Counsel.*
    - The Health System will reimburse employees for parking and tolls properly substantiated by receipts. (If amount is less than $50.00, no receipt is required).
    - The mileage submitted for reimbursement must be that which is in excess of the normal mileage between the person's home and primary work location. For example, when traveling from home to an airport for a business related flight, subtract your normal commuting mileage from home to your place of work from the mileage originating from home to the airport.
    - Reimbursement for two or more persons traveling in the same automobile or other vehicle is limited to the mileage reimbursement paid to the driver, provided the driver does not receive a car allowance.
    - Employees using their personal automobiles or other vehicles while on Health System business must carry at least the minimum state-mandated levels of insurance coverage for the state where the vehicle is registered. The Health System does not reimburse employees for car insurance premiums or deductibles associated with claims. The automobile or vehicle owner's policy will provide the only coverage for collision or comprehensive damages; the Health System will not reimburse the employee or owner for these losses.
5. **Vehicle Rental**
    - Employees should rent a vehicle only when it is required for daily use at the business destination or there is no other less expensive means of ground transportation from the airport/train station to the business destination.
    - The Health System will reimburse employees only for mid-size or smaller vehicle rentals unless a larger vehicle is required to accommodate the number of Health System employees traveling together. The Travel & Business Expense Report must include the justification for rental of other than mid-size or smaller vehicles.
    - The Health System will reimburse gasoline charges with submission of a receipt and the rental agreement.
    - The Health System will not reimburse employees for the loss of personal items in

the rental vehicle. If personal items are damaged or stolen from the rental vehicle, the employee should look to the employee's homeowners or other personal insurance policy for reimbursement of the loss.

- The employee must attach the original rental agreement and receipts to the Travel & Business Expense Report. Credit card receipts and credit or bank debit card statements are not sufficient documentation for car rental expenses.
- Health System travelers are entitled to reduced rates with the following car rental agencies. These agencies should be used whenever possible. *

1 Budget	**1-800-BUDGET-7 CorporateID#T244 700**
2 National	**1-800-CAR-RENT Corporate ID # 5001828**

- Employees must reject all additional insurance at the time of rental.
- When an employee combines personal travel with business travel and rents a car for the entire time, the cost of the rental should be prorated between personal and business

*Fox Chase members have the option of booking their car reservation through the Fox Chase travel coordinator or directly via Cliqbook.

6. **Air Transportation**
    - The Health System will reimburse the cost of coach class airfare.
    - The Health System may reimburse the cost of first or business class airplane tickets if there are extenuating circumstances, such as health reasons or flight availability as determined by the applicable CFO.
    - If a penalty is incurred due to cancellation of non-refundable ticket, the applicable CFO must approve the reimbursement of that amount.
    - The employee must attach adequate documentation for the airplane ticket to the Travel & Business Expense Report. Adequate documentation includes the travel agency invoice, the last page of the paper airline ticket, or the e-ticket receipt. If a receipt is not available, the employee may submit the web page printout or confirmation letter that is e-mailed to the employee AND the boarding passes for each leg of the trip. Documentation must show the name of the person traveling, the destination, and the cost of the ticket. The itinerary is not adequate documentation.
    - The Health System will reimburse airline imposed baggage fees up to two bags.
7. **Rail Transportation**
    - The Health System will reimburse the cost of coach class rail fare. The employee must attach the rail ticket to the Travel & Business Expense Report.
8. **Taxicabs/Airport Shuttles**
    - The Health System will reimburse the cost of taxi or airport shuttle, where appropriate, and an appropriate tip of no more than 20%.
    - The Health System encourages employees to use hotel shuttles when time permits.
    - The Travel & Business Expense Report should include the origin and destination of

travel and names of passengers, as well as other information required by this policy.

9. **Gratuities**
    - The Health System will reimburse employees for reasonable amounts of gratuities. Tips at the standard 15% (18% to 20% in major cities) on meals that are not reimbursed under the per diem rate are reimbursable. Tips on meals should be included as part of the cost of the meal on the Travel & Business Expense Report.
    - Tips to porters, bellhops, maids, etc. are considered incidental expenses and are included in the per diem reimbursement rate.

10. **Corporate Credit Cards**
    - Corporate credit cards are issued on a very limited basis and only with the approval of the TUHS CFO. Please refer to the Corporate Credit Card Policy TUHS-FIN-1 16 for guidelines and procedures for the appropriate use of these cards

11. **Business Travel Combined with Personal Travel**
    - If a meeting, conference, or other business event requires the employee to arrive a day prior to or stay a day after the meeting, conference, or business event, or both *(e.g.*, the meeting begins early in the morning or ends late in the day), the Health System will reimburse expenses for meals, lodging, and other business expenses for the extra days in accordance with this policy.
    - The Health System will reimburse employees for additional days' business expenses if inclement weather or other circumstances beyond the employee's control make travel impossible or unsafe. The employee and the Department Head must document the reasons for the extended stay.
    - When the savings generated by traveling and staying over a Saturday night *(e.g.,* reduced airfare) exceed the cost of lodging and meals for a pre- or post-business period, the Health System will allow the employee the Saturday night stay. The employee should provide a worksheet with Travel & Business Expense Report showing the airfare with and without the Saturday night stay and the hotel and meal expenses for the additional days to document the savings.
    - Employees may combine personal travel (such as vacation) with business travel. Prior approval from the employee's supervisor is required. All expenses related to the personal travel are personal and not reimbursable.
    - For travel outside of the continental United States where the duration is greater than one week, travel expenses must be allocated between personal and business time.

12. **Employees Traveling Together**
    - Employees traveling together should generally account for travel costs on an individual basis and report such expenses on separate Travel & Business Expense Reports.
    - When more than one employee is present at the same meal, only one employee (generally the most senior person) should pay and report the expense in accordance with this policy. The Travel & Business Expense Report must include the names of the employees who shared the meal.

- Employees traveling together are not required to share lodging. The Health System will reimburse each employee at the applicable single occupancy rate in accordance with this policy.

13. **Travel Insurance**
    - Travel Accident and International Assistance programs are provided under Temple University programs. For more information see: http://www.temple.edu/rmi/SOS.html

Other Business Expenses

In addition to travel expenses, the Health System will reimburse business expenses incurred by the employee to perform customary employment duties in accordance with this policy.

1. **Business Meals & Entertainment**
    - A business meal is a meeting that is held during mealtime where the main purpose of the meeting is business and a meal is served. Business meals must have a stated business purpose that is documented in the Travel & Business Expense Report and Business Expense Documentation Form (see Attachment E).
    - The Health System may reimburse meal and entertainment expenses for employees while conducting Health System business, subject to this policy.
    - The Health System may reimburse meal and entertainment expenses for business associates and business guests, subject to this policy.
    - To be reimbursable, expenses for business meals and entertainment must (a) directly relate to the active conduct of Health System business (e.g., local visit by an external candidate for a position within the Health System), (b) be documented in accordance with this policy, and (c) be pre-approved if required by this policy.
    - The Health System may reimburse expenses incurred by a supervisor or department head for a lunch or dinner for the benefit of his or her employees. The expenses must be business related (e.g., associated with the achievement of professional accomplishments, obtaining specific operational goals that benefit the Health System, or coincide with departmental or other group business meetings). *Exceptions must be approved by the Health System CFO.*
    - Expenses incurred for non-business activities *(e.g.,* holidays, birthdays, births, etc.) are considered personal expenses and are **not** reimbursable.
    - Routine get-togethers with colleagues and associates are **not** business meals.
2. **Professional Organizations**
    - The Health System may reimburse professional organization dues or fees when authorized under an employment contract or deemed appropriate to the employee's job by the employee's supervisor.
3. **Telephones including cell phones, blackberries and other communication devices**
    - The Health System will **not** reimburse expenses for the purchase of home telephone equipment or local telephone service.

- The Health System will **not** reimburse charges for Internet connectivity in the employee's home. However, the Health System may reimburse charges for Internet connectivity in the employee's home if the Internet connectivity is required for the employee to maintain the technical environment of the Health System's information technology systems or the employee's Internet connectivity directly impacts patient care. Prior written approval from the Health System's CIO is required.
- The Health System will reimburse expenses for home long distance telephone charges if documented by a detailed written statement indicating the name and relationship of the parties to the call and the business purpose of the call.
- The Health System will generally reimburse expenses for cell phone calls provided they are related to Health System business. Detailed documentation must provide the names and relationship of the parties to the call and the business purpose of the call.

4. **Seminars, Conferences, and Employment-Related Education**
    - The Health System will reimburse expenses for pre-approved registration fees for seminars, conferences, and employment-related education if the Health System has not prepaid them. Reimbursement will be made only after the event has occurred.
    - The employee must attach supporting documentation to the Travel & Business Expense Report such as a copy of the brochure showing the registration fees.
5. **Employee Recognition Expenses**
    - The Health System may reimburse expenses incurred by a supervisor or department head for the benefit of his or her employees. The expenses must be business related *(e.g.,* associated with the achievement of professional accomplishments, obtaining specific operational goals that benefit the Health System, or coincide with departmental or other group business meetings) and reasonable in the context of the event.
6. **Gifts and Gift Certificates**
    - The Health System will not reimburse the employee for gifts or gifts certificates when given to other Health System employees except if it's related to an employee recognition event as described above. The recipient may be subject to normal payroll withholding taxes.
7. **Furniture and Equipment Purchases**
    - The Health System will **not** reimburse expenses for purchases of furniture and equipment, including computer equipment, cell phones, etc. Such purchases are made through the Health System's Supply Chain or Information System departments.
8. **Relocation Expense Reimbursement**
    - For expenses related to relocation of an employee, please refer to TUHS Policy 950.517, Relocation Reimbursement Assistance. Approved expenses are to be submitted on a Travel and Business Expense form for reimbursement.
9. **Resident Expenses**

Educational allowance -

As part of their residency, TUHS residents are entitled to a one-time educational allowance up to a maximum of $1,500 to be used for training conferences or board preparatory programs. This allowance can be used at the resident's discretion during their three-year residency program as long as the expenses are for bona fide business purposes and comply with the requirements of this policy. The resident must incur the expense and submit a Travel & Business Expense Report in order to be reimbursed for the allowance.

Rotation requirements -

Residents who are required to perform an extended rotation at off-site/out-of-town facilities (e.g. locations more than 50 miles away for which daily commuting is not practical) can be reimbursed for their lodging expense incurred during this period. A Travel & Business Expense Report must be submitted for reimbursement.

Submission of Travel & Business Expense Report -

In submitting a Travel & Business Expense Report, residents must follow the requirements of this policy as to timeliness (60 days from incurring the expense or at the end of a course), documentation (original receipts) and business purpose.

Exception to the policy - Lodging

As described in the policy, reimbursement for lodging must be supported by the original itemized hotel bill. However when the resident uses alternative lodging accommodations such as a private home or a boarding home, the resident must attach a "tenant invoice" (available in the GME department) summarizing the cost and proof of payment to the Travel & Business Expense Report. Reimbursement for alternative lodging will be capped at $65.00 per night.

Approval of Travel & Business Expense Report-

All travel & Business Expense Reports must be approved by the GME Director. If the total reimbursement is greater than $500.00, the expense report must be approved by the Member CFO or CEO.

NON-REIMBURSABLE TRAVEL OR BUSINESS EXPENSES

Except as otherwise provided in this policy or otherwise authorized by the TUHS CFO, the Health System will not reimburse the following expenses:

1. Entertainment expenses for Health System employees where only Health System employees are involved, except as otherwise provided in this policy or as may be approved by the TUHS CFO. Examples are one Health System employee buying another Health System employee lunch (even if Health System business is conducted during the lunch); Christmas, retirement

and other parties, etc.

2. Fines for parking or traffic violations.
3. Loss of funds or personal property including cash and baggage.
4. Membership dues in private or social clubs and organizations.
5. Contributions.
6. Maintenance or repair of personal vehicles.
7. Movie rentals.
8. Gifts or flowers, including fruit baskets or other items of condolences or congratulations unless approved by Member CEO.
9. Gifts of a business nature to employees or third parties unless, prior approval from the TUHS CEO, TUHS President or TUHS Chief Counsel is obtained.
10. Personal expenses *(e.g.,* phone calls, barber, and entertainment).
11. Child care, home care or maintenance, and pet care fees.
12. Very expensive bottles of wine, alcoholic drinks that are not associated with a meal, or drinks taken at a bar.
13. Snacks, mini-bar, and other incidental items, such as magazines, toiletries, and medicines.
14. Laundry service (if trip is less than five days).
15. Costs incurred due to unreasonable failure to cancel reservations.
16. Insurance Costs, such as life insurance, flight insurance, personal automobile insurance, baggage insurance, car rental insurance.
17. Excess baggage fees unless, they are business related.
18. Lavish or extravagant expenses under the circumstances.
19. Charitable or political contributions.

This list is not meant to be exclusive. Other items may be deemed non-reimbursable upon review.

Expenses of Spouses or Companions

1. **Travel**
    - Asa general rule, the Health System will not reimburse the employee for travel expenses solely attributable to a spouse or companion, such as their airplane tickets and meals while traveling because these expenses do not have a business purpose. Absent a business purpose, these expenses do not meet the requirements under the accountable plan rules.
    - The Health System may reimburse the employee in full for hotel accommodations and local transportation, such as limousine or taxi, if there is no incremental cost attributable to spouses or companions. The employee is responsible for any incremental expense, such as double occupancy versus single occupancy rate or additional driver costs on rental vehicles.
    - Notwithstanding the foregoing general rule, the Health System may reimburse an

employee for all or part of the travel expenses attributable to the employee's spouse or companion, provided that (1) the employee's employment agreement with the Health System provides for reimbursement of travel expenses for a spouse, or (2) the travel expenses are approved in advance by the Chairman and CEO of TUHS on the ground that the presence of the spouse or companion is directly related to or associated with Health System business.

- If the Health System reimburses an employee for travel expenses attributable to a spouse or companion for whom there is no business purpose, the reimbursement will be included in the employee's gross income for income and wage tax purposes and will be treated as wages for employment tax purposes.

2. **Meals and Entertainment**
    - The Health System will reimburse an employee for business meals and entertainment expenses attributable to employees, their business guests, and the spouses or companions of the employees and the business guests if the meal or entertainment is directly related to or associated with Health System business and the employee has obtained the pre-approvals required by this policy.
    - A meal is "directly related" to business if the employee actively conducts Health System business during the meal. A meal is "associated with" business if the meal directly precedes or follows substantial business discussions relating to the Health System.
    - If a meal is directly related to or associated with the conduct of the Health System business, reimbursements for meal expenses attributable to the employee and the business guests are not taxable. For this purpose, the spouses of the business guests and of the employee are treated as business guests.
    - The Health System will not reimburse the meal expenses for an employee's spouse or companion for meals at which no business guests are present.
3. **Additional Documentation**
    - In addition to all information otherwise required by this policy, the Travel & Business Expense Report must include the additional cost attributable to the employee's spouse or companion and state the business purpose for their presence.
    - Where required, the employee must attach original receipts for all expenses to the Travel & Business Expense Report.
    - Failure to substantiate expenses properly may cause the reimbursements to be taxable.

Travel and Business Expenses For Non-Health System Employees

Reimbursements for travel and business expenses to other than Health System employees, such as consultants, prospective employees, business guests and guest speakers, are subject to the same policies as Health System employees. There may be deviations from this policy for non-employee expense reimbursements pursuant to contracts between the Health System and non-employees or when

approved by the TUHS CFO.

Travel and Business Expenses for Board members

Travel and Business expenses for Health System Board Members are subject to the same policies as Health System employees.

NOTE:
Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to the Temple University Health System employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

Attachments

Authorization for Foreign Travel Form

Business Expense Documentation Form

Late Filing Authorization Form

Policy Applicability & the Executive Approval Process

Travel/Business Review Guide

TUHS-FIN-100 1 Travel Expense Report Forms and Instruction TPI 2021.xlsx

TUHS-FIN-100 1 Travel Expense Report Forms and Instructions TUHS-TUH 2021.xlsx

TUHS-FIN-100.1 Travel Expense Report Forms and Instruction FCCC 2022.xlsx

TUHS-FIN-100.1 Travel Expense Report Forms and Instruction TFPP 2021.xlsx

Approval Signatures

Step Description	Approver	Date