



Pharmacy Residency Programs Manual



**NATIONWIDE
CHILDREN'S®**

When your child needs a hospital, everything matters.

Contents

About Nationwide Children's	4
Message from the Chief Pharmacy Officer	5
Residency Programs at Nationwide Children's	7
Compensation & Benefits.....	7
Residency Program Purpose Statements	10
Program Requirements	10
Criteria for Residency Completion and Award of an ASHP-Accredited Residency Certificate.....	11
Evaluations	11
Staffing and On-Call Requirements	13
PGY1 Pharmacy Residency.....	15
PGY1 Community-Based Pharmacy Residency	17
PGY2 Pediatrics Pharmacy Residency	19
PGY1/2 MS Health-System Pharmacy Administration and Leadership Residency.....	20
Projects and Presentations	22
Meetings.....	26
Educational Requirements/Opportunities	27
Teaching Certificate Through Nationwide Children's Hospital	28
Support Services.....	29
Program Information.....	31

About Nationwide Children's

When a group of central Ohio women established Children's Hospital more than 130 years ago, it was done with the belief everything matters in the care of a child. Now one of the nation's largest children's hospitals and pediatric research institutes, Nationwide Children's Hospital resides in the same downtown setting where it was founded in 1892. The hospital embodies its century-old mission to provide the best care for all children regardless of their family's ability to pay, a commitment that has never changed.

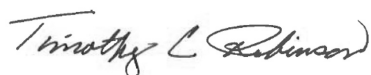
Nationwide Children's has proven it's more than just a community treasure. It has become a homegrown resource with riches to share. It draws patients from every state and from 45 countries around the world. It is ranked as one of America's best children's hospitals by U.S. News & World Report, as well as a top 10 recipient of National Institutes of Health (NIH) funds to freestanding pediatric research centers.

In 2021, Nationwide Children's Hospital announced the most ambitious strategic plan in our 130-year history: a five-year, \$3.3 billion commitment to transform health outcomes for all children. At the center of this plan is integrated clinical care and research.

We are empowered by tremendous community support, a record of success in clinical care and research, genomics, behavioral health and health equity and population health. This unique ecosystem of expertise, passion and focus on the whole child makes Nationwide Children's a place full of people, ideas and possibilities found nowhere else.

A Word From Our CEO

"Empowered by tremendous community support, our successes in clinical care, behavioral health, population health and research innovations aligned with our focus on the whole child and our mission to provide care regardless of ability to pay, uniquely positions us to change the way pediatric health care is delivered as a national model. We are ready to do even more."



Tim Robinson, CEO

Nationwide Children's Hospital

A Message from the Chief Pharmacy Officer

Pharmacy team members continue to serve our patients near and far, lead in countless projects across the organization and excel in many professional endeavors. Pharmacy team members serve our mission as they exhibit One Team Values in leading the Journey to Best Outcomes. As with other years, we celebrate career highlights and milestones, achievements and advancements in patient care, and service that leads and role models care in pediatrics and the pharmacy profession. I hope the stories and images illuminate the amazing projects, patient care and passion our team leads with every day.

A strong, dynamic team is the foundation of what we do. In 2024, we hired more than 80 team members. Recruiting and retaining top talent is the most important strategic and cultural goal for our department. For without our amazing team members, we would not be able to serve our patients with the purpose and passion necessary to achieve our mission and vision. We can look back at the amazing careers of 2024 retirees Terry Laurila (19 years), Julia Miller (30 years), Roger Zeiter (31 years) and Diane Durrell (44 years) to understand the impact of our talent team members with service that has impacted countless patients and several generations.

Pharmacy has continued to lead the organization's growth with more than 3.2 million inpatient doses and more than 450,000 outpatient prescriptions. We have observed over 70% growth in outpatient prescriptions in the last three years due to organizational and patient growth as well as changing access to community pharmacies. Blue Pharmacy completed a \$1 million renovation to support this growth, including adding 60% additional operational space to better position inventory, maximize space and better serve patients. Our Specialty Pharmacy has continued to set the standard in pediatric specialty care, including growth into new service lines allergy and dermatology, handling tremendous growth of 15% prescription volumes, and managing nearly 1,500 patients through our patient management program (PMP). Our Homecare team continued future planning including expanded service into new therapies and new counties.

We completed a three-year project to modernize our processes at off-site NICUs, which concluded this fall. It was a seamless, effective and efficient project which immediately will improve safety for more than 100 off-site NICU patients. Our clinical team will be united in 2025 under a single manager, with long-term clinical pharmacist and clinical coordinator Sonya Sebastian as our new ambulatory clinical manager. Our inpatient clinical team implemented several standard notes, new scoring tools to improve the quality and efficiency of patient review, and numerous clinical optimizations through projects such as novel clinical pathways.

Investigational Drug Services team continues to bring pioneering research and top-quality service across our ever-expanding research endeavors. With more and more cell and gene therapies, the IDS team is playing an even greater role in bridging the bench to bedside opportunities. The Medication Safety team worked tirelessly over five months to transition to new BBraun and CADD pumps. The team also received the hospital's Terry Davis Quality award as well as being recognized in the SPS SHINE Report for ongoing innovative and influential medication safety projects and initiatives. Our Supply Chain/Finance and Information Systems teams continued to add new team members, refine and advance services and processes, and support nearly every clinical and operational activity. The Supply Chain team led through numerous shortages, including the fluid shortages created by Hurricane Helene's impact on North Carolina (and Baxter specifically). In addition, the team added several new team members as they built our west campus supply chain operations, including the Livingston Orthopedic and Surgery Center (LOSC), and planned for our upcoming Epic Willow Inventory (WINV) go-live. The Pharmacy finance team has continued to gain greater insight into our net reimbursement and partner more closely with Finance. Our 340B team continued to have impressive results with no findings during our annual audit. Lastly, our IS team continues to bring innovative technology solutions to all our operational processes and workflows and our clinical services. The team continues to be

extremely productive and highly engaged in our Pharmacy and organizational projects. Finally, Nationwide Children's Pharmacy proudly hosted the renewed Midwest Peds with over 100 attendees from throughout the Midwest for a day of collaboration and connection.

In 2025, we have many large projects including focuses on team culture, implementation of a new BoxPicker and repackager, go-lives for Epic Inpatient Willow and perpetual inventory, completing our Joint Commission visit, strengthening our controlled substance and other compliance programs, developing improved prior authorization and revenue cycle integrity, and growing outpatient, specialty, and Homecare services and patient impact. With these goals and many more, we will rely on our amazing team and their dynamic, unique and class-leading strengths and talents. I am extremely thankful for all our successes and achievements in 2024 and hoping for an outstanding 2025!



Matt Sapko, PharmD, MS
Chief Pharmacy Officer

Residency Programs at Nationwide Children's

Our Commitment

We are committed to investing in the next generation of pharmacy leaders and pediatric pharmacists. You will receive training aimed at developing fundamental and specialized knowledge and skills necessary to practice in today's most complex health care systems.

Recruitment of Residents

In alignment with the goals of ASHP and Nationwide Children's Hospital, we utilize recruitment and selection methods that promote diversity and inclusion.

All pharmacy residents enrolled in programs offered by Nationwide Children's Hospital will be recruited and selected according to the procedure outlined in policy 8-E in accordance with current American Society of Health System Pharmacy Accreditation Standards. All residency programs are committed to promote and realize diversity and inclusion. Nationwide Children's exists to care for the underserved pediatric patient population, more than half of which require governmental assistance for health care coverage.

See residency policy 8E- Residency recruitment and selection procedure for more details.

Appointment Period

- July 1 to June 30
- PGY1 pharmacy appointment period - Mid-June to June 30

Compensation & Benefits

Stipend

- \$57,000 PGY1 resident annual salary
- \$60,000 PGY2 resident annual salary
- Waiver of The Ohio State University MS degree tuition and fees for MS/HSPAL residents

Benefits*

- Medical, dental, vision and life insurance packages available through Nationwide Children's
- 10 days paid time off per year plus designated holidays
- Travel allowance for required conferences
- Paid membership to a professional pharmacy organization
- Refer to organizational and pharmacy-specific policies on Residency Extended Leave and Paid Time Off, for additional details

*Time away from the residency program does not exceed a combined total of 37 days per 52-week training period

Paid Time Off

Scheduled PTO

- Submit a “Request for Time Off” email to the residency director and rotation preceptor(s). Copy the residency coordinator for tracking purposes.
- Requires prior approval from the residency director and rotation preceptor in advance according to the above requirements.
- May not be scheduled during a week in which the resident is on call.
- The rotation preceptor will provide service coverage for these days.
- Days off will be noted electronically and tracked by the Residency Coordinator.

Unscheduled PTO

If it is necessary for the resident to take a weekday off without advanced notice (illness, family emergency, etc.), the following steps should be taken:

- The resident will notify the residency director by phone or pager.
- The residency director will notify the rotation preceptor by phone or pager.
- The rotation preceptor will provide service coverage in the resident’s absence. If the resident is On Call, call service may be provided from home. If unable, the resident must deliver the call pager to an identified preceptor or co-resident.
- If it is necessary for the resident to take a staffing day off, the resident should first attempt to trade shifts with another resident. Regardless, the Pharmacy Administrator On Call should be paged.

Conferences

Residents are granted “Conference Time” to attend the following conferences listed below and are not required to take PTO for those days. Funding is also provided for these official meetings. Additional meeting time may be approved by the Residency Director on a case-by-case basis; however, funding is not guaranteed.

PGY1 Non-traditional: Will receive funding for ASHP Midyear Clinical Meeting during year one and Pediatric Pharmacy Association Annual Meeting during year two. The non-traditional resident may attend the alternate conference in the off year but must fund their own way. Discussion between the RPD and non-traditional resident will occur about other local meetings to decide what year the resident will attend, but it may be possible to attend both years if resident is off during a staffing month or at the discretion of the preceptor during a rotation month.

PGY1 Pharmacy	PGY2 Pediatrics	PGY2 HSPAL	PGY1 Community Based
ASHP Midyear Clinical Meeting *Non-Trad in year 1			
OSHP Residency Showcase *unless it conflicts with designated staffing weekend			
Pediatric Pharmacy Association Annual Meeting *Non-Trad in year 2 *PGY1 HSPAL will attend Great Lakes	Great Lakes Pharmacy Residents Conference		
Midwest Pediatric Pharmacy Association Meeting *excludes HSPAL PGY1	HSPAL Residency Exchange (PARE)		
OSHP Division Day (optional)	OSHP Division Day	OSHP Division Day (optional)	
OSHP Annual Meeting (optional)	OSHP Annual Meeting		OPA Annual Meeting
ASHP Conference for Leaders *only HSPAL PGY1		CHA Pharmacy Director's Forum or ASHP Conference for Leaders (pick one)	

Residency Program Purpose Statements

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

PGY2 Purpose: PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills and abilities as defined in the educational competency areas, goals and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Program Requirements

Application and Selection

Interested candidates for all residency programs should submit the following items via [PhORCAS](#) to the program director no later than January 2.

- Letter of intent – one page letter explaining why the candidate is interested in the position and what qualifications they have that are not fully captured within the remaining application packet
- Curriculum vitae
- College transcript(s)
- Three letters of recommendation submitted via PhORCAS
- MS/HSPAL candidates must also apply to The Ohio State University Graduate School via this link: [Application Process | The Ohio State University College of Pharmacy \(osu.edu\)](#)

Licensure and Pre-Employment Requirements

- Must be a graduate of an accredited pharmacy program and eligible for licensure to practice pharmacy in Ohio
- PGY2 residents must have completed a PGY1 residency at time of PGY2 residency start
- Must be a licensed pharmacist in the State of Ohio by September 1
- Prior to licensure, residents will obtain an Ohio intern license and follow policies & procedures as a graduate pharmacy intern.
- Must complete Nationwide Children's Hospital pre-employment requirements: [New Employee Resources \(nationwidechildrens.org\)](#)

Criteria for Residency Completion and Award of an ASHP-Accredited Residency Certificate

- Minimum of 52 weeks of residency program service, 54 weeks for PGY1 Pharmacy
- Minimum of 75% of Educational Objectives evaluated as Achieved for Residency at the time of the final evaluation, with no goals marked as Needs Improvement
- Completion of all items on your programs “Residency Portfolio” checklist
- Completion of all PharmAcademic evaluations (summative self-evaluations, preceptor and learning experience evaluations, residency program and residency director evaluations)
- Successful graduation from The Ohio State University College of Pharmacy with a Master’s Degree in Health-System Pharmacy Administration (applies only to HSPAL residents)
- Complete a research project and submit a completed manuscript that is in final draft format and appropriate to be submitted to an appropriate medical or pharmacy journal
- Return of all property items of Nationwide Children’s Hospital (remote computer access VPN, employee badge, parking permit, reference books, patient records, etc.)
- Removal of personal items from the resident desk area and return of clean desk space for incoming residents
- Forwarding contact information provided
- Residency Program feedback completed

All of the above items must be achieved for satisfactory completion of the residency program and award of an ASHP-accredited residency certificate. Failure to do so may result in extension of the residency year and/or delay in award of the physical certificate.

** “If the manuscript is not submitted within 1 year after residency is completed, the project mentor obtains the rights to the project and can publish independent of the resident.”

Evaluations

All evaluations are completed using PharmAcademic. An official summative evaluation must be completed by the preceptor at the end of each rotation. These should be reviewed together with appropriate verbal feedback and coaching. Preceptors and residents are encouraged to complete written/verbal mid-point evaluations to appropriately highlight strengths and weaknesses and promote resident improvement. Longitudinal rotations will have evaluations due at evenly spaced-out intervals automatically scheduled in PharmAcademic. At the end of the rotation, the resident must also fill out a preceptor evaluation and learning experience evaluation in PharmAcademic. Evaluations must be completed by the due date or no later than three days after. The resident is expected to schedule a half-hour handoff meeting in between rotations for the current preceptor, resident, oncoming preceptor and RPD to meet and discuss the evaluations.

Residency Evaluation Definitions

	PGY1	PGY2
Achieved for Residency	Resident consistently performs basic activities independently at a level expected of a new practitioner who has completed a PGY1 residency (i.e. patient care pharmacist/generalist/entering PGY2 resident).	Resident consistently performs advanced activities independently at a level expected of a new practitioner who has completed a PGY2 residency (i.e. advanced patient care pharmacist/specialist/pharmacy leader).
Achieved	Resident is able to perform most of activities independently but needs some preceptor guidance for advanced activities. If usual preceptor was off, resident would need to check in daily with a designated preceptor to review activities and patient care issues.	Resident is independent in performing advanced activities. If usual preceptor was off, resident would not need to have a designated preceptor and could be relied upon to seek out assistance if needed.
Satisfactory Progress	Resident has adequate knowledge/skills in precepted area, is able to perform basic activities independently but needs guidance to perform more advanced activities. If usual preceptor was off, resident would need a designated preceptor who would also be prospectively reviewing activities and patients. Check-in throughout the day would be expected.	Resident has adequate knowledge/skills in precepted area, is able to perform most of activities independently but needs some preceptor guidance for advanced activities. If usual preceptor was off, resident would need to check in daily with a designated preceptor to review activities and patient care issues.
Needs Improvement	Resident is deficient in knowledge/skills in precepted area, needs significant preceptor guidance to perform basic activities and/or resident is unable to carry the expected patient caseload. If usual preceptor was off, resident would need a designated preceptor who would be prospectively reviewing activities and patients and additionally rounding or seeing patients with the resident. This could also apply to a resident who generally meets satisfactory progress criteria but who does not have sufficient self-awareness to be trusted to seek preceptor guidance when needed (ex. overconfidence).	Resident is deficient in knowledge/skills in precepted area, needs significant preceptor guidance to perform activities. If usual preceptor was off, resident would need a designated preceptor who would be prospectively reviewing activities and patients. Check-in throughout the day would be expected. This could also apply to a resident who generally meets satisfactory progress criteria but who does not have sufficient self-awareness to be trusted to seek preceptor guidance when needed (ex. overconfidence).

Staffing and On-Call Requirements

	PGY1 Pharmacy	PGY1 Community Based	PGY2 Pediatrics	PGY2 HSPAL
Weekend Staffing	Every other weekend	Every third weekend	Every third weekend	Every third weekend
On-Call	5-6 full weeks + 7 mini weeks *HSPAL Every sixth week admin on call	Every sixth week	Every third week	Every sixth week

PGY1 Pharmacy and PGY2 Pediatrics Clinical On-Call

The Department of Pharmacy has a 24/7/365 Clinical Pharmacy On-Call service. The PGY1 Pharmacy and PGY2 Pediatrics residents rotate through On-Call throughout the year. The PGY1 resident will begin training during their orientation and complete three training weeks prior to starting primary responsibilities, typically after the first quarter of the residency year. The PGY1 resident will carry the On-Call pager five to six weeks throughout the year (to be coordinated with the staffing weekends) and is responsible for the pager at all times during that week. The PGY2 resident (if coming from an outside PGY1 residency) will complete two training weeks during orientation prior to starting primary On-Call every third week (to be coordinated with staffing weekends). For residents who have completed the Nationwide Children's PGY1 Pharmacy Residency, On-Call training is usually omitted unless a need is identified in their development plan.

The On-Call resident will always have two assigned clinical pharmacy preceptors as a back-up, one for the pediatrics team and one for the NICU team. The preceptor back-up should be contacted for all calls during the resident's training weeks. This is to ensure that all the required information is collected and examined and in-the-moment feedback is given. Later, the resident may call the preceptor back-up if it is felt additional support is necessary. Residents should always call their preceptor back-up before proceeding with uncertainty regardless of point in their training year.

For PGY1 residents, there will be seven additional On-Call mini weeks throughout the year in a layered learning structure, typically a Monday through Wednesday where the PGY2 resident serves as the immediate PGY1 On-Call back-up under the On-Call back-up preceptor. The resident will log all calls and hand-off referrals into an On-call log (Word document) and submit to their On-Call back-up preceptors, On-Call mentors and RPD following their On-Call week. Holidays that fall on a Monday will be covered by the person scheduled to be On Call the weekend prior. If a holiday falls on Sunday (and thus the observed on the following Monday), this is covered as if the holiday occurred on the Monday.

Non-traditional PGY1: On-call training will consist of two to three weeks based on resident need followed by five to six full weeks of independent On-Call and seven mini weeks of Monday through Wednesday coverage described above that will be spread over the two-year period. Every effort will be made to split On-Call requirements as evenly as possible over both years.

On-Call consults may come from staffing pharmacists (unusual orders, drug information questions, etc.), medical/nursing staff, off-campus NICUs owned or affiliated with Nationwide Children's, and outlying health care providers (private pediatricians, adult hospitals, etc.). Additionally, clinical pharmacy follow-up may be provided for evening and weekend patient care needs (pharmacokinetic evaluations, TPN adjustments, renal function follow-up, etc.) based on referral from clinical pharmacists on service.

Each resident will have an On-Call mentor from both the pediatrics team and the NICU team.

Generally, it is recommended for the PGY1 resident to meet with each mentor the week following a full on-call week to review pages, questions and patients or minimum every two months for 30 minutes.

Each PGY2 residents should meet with each of their mentors after every two weeks of On-Call service, though may meet more frequently if needed or preferred.

PGY1 and PGY2 HSPAL Administrative On-Call

The Department of pharmacy offers 24/7/365 inpatient administrative pharmacy On-Call services. The PGY1/PGY2 MS HSPAL resident is responsible for covering inpatient administrative On-Call over the 24-month period every sixth week. Inpatient administrative On-Call responsibilities rotate through pharmacy operations leadership team members. The resident will always have a designated back-up preceptor each on-call week and will go through at least two full weeks of On-Call training with a back-up before being able to operate independently. Residents will also have an On-Call preceptor that will help to facilitate onboarding and training for call and provide feedback, guidance, and coaching. The resident is expected to complete an On-Call log after each On-Call week to be discussed with their On-Call preceptor during touch base meetings.

PGY1 Community-Based On-Call

The Department of pharmacy offers outpatient evening and weekend administrative On-Call services. On-Call responsibilities rotate through the ambulatory leadership team. The PGY1 Community-Based resident is responsible for covering outpatient administrative call approximately every sixth week after on-boarding and training is completed. They will always have another member of the leadership team available as backup.

PGY1 Pharmacy Residency

Our program offers flexibility for residents to explore their areas of interest by creating a customized rotation schedule.

Rotations: nine required months, three required longitudinal, three Elective months

Required – one-month rotation

- Orientation (6 weeks)
- Administration
- Adult General Medicine***
- General Pediatrics
- Hematology/Oncology
- Neonatal Intensive Care
- Pediatric Intensive Care
- Pulmonary
- Emergency Medicine
- Precepting*

* To be completed concurrently with another rotation

Electives – one-month rotations

- Cardiology
- Cardiothoracic Intensive Care
- Clinical Management
- Infectious Diseases
- Informatics
- Neurology/Complex Care
- Nutrition Support
- Poison Center
- Ambulatory Care*
- Research
- Administrative Track**
- Academia
- Bone Marrow Transplant
- Behavioral Health
- Investigational Drug Service
- Antimicrobial Stewardship
- Surgery

***Ambulatory Care Electives:** South High Med-Peds, HIV/AIDS, Complex Care and Neurology Clinics

**Administrative Track

- Administration – Outpatient operations (one month rotation)
- Longitudinal Intern Management (12 months)

Longitudinal

- Medication Safety (9 months, one-hour monthly meeting)
- Ambulatory Care - Primary Care (9 months, one afternoon/week)
- Staffing (12 months, every other weekend)
- On-Call (12 months, PGY1 Pharmacy five to six full weeks, seven mini weeks of clinical call/HSPAL every 6th week administrative call)
- Teaching Certificate (optional, 12 months)
- Longitudinal Project Management (12 months)
- Major Research Project (12 months)

PGY1 Non-Traditional: This program is completed across two years with the resident alternating staffing months and rotation months. Will not have full month of orientation/staffing rotation. RPD orients that resident to the program within the first week and the resident attends all onboarding and orientation sessions. Ambulatory Care rotation will be fulfilled with a full month rotation in place of a longitudinal experience.

Additional rotations may be designed per the resident's interest. Please discuss this early on with the Residency Director and any potential preceptors.

All documents of rotation activities (presentation handouts, journal club presentations, quality improvement projects, etc.) should be filed within the Resident Portfolio and PharmAcademic.

***Rotation is not at primary site and will require travel within an 8-mile radius.

PGY1 Example Rotation Schedule

Month	Rotation	Longitudinal			
June	Orientation and Training			Staffing/On-Call	Teaching Certificate (Optional)
July					
August					
September	PICU	Ambulatory (1 afternoon/week)	Medication Safety		
October	NICU				
November	Elective				
December	Elective				
January	Pulmonary				
February	Administration				
March	Adult Internal Medicine				
April	Hematology/Oncology				
May	Emergency Medicine				
June	Elective				



Required rotation



Elective rotation



Longitudinal rotation

PGY1 Community-Based Residency

Rotations: three required blocks, five required longitudinal, four elective blocks

Required Rotations

- Orientation – (8 weeks, 40hrs/wk)
- Blocks 1 & 2 – (6 weeks, 16 hrs/wk)
 - Management
 - Off-Site Teaching**

Elective Rotations –

Blocks 3-6

(8 weeks, 16 hours a weeks)

- Complex Care
- HIV/FACES
- Adolescent Medicine
- Population Health
- Specialty Pharmacy
 - Neurology
 - Endocrinology
 - Rheumatology
 - Gastroenterology
 - Cystic Fibrosis

Required Longitudinal

Rotations (10 months)

- Primary Care Downtown (PCD) – 4 hours a week
- South High Primary Care (SH) – 4 hours a week**
- Transitions of Care (TOC) – 2-3 half days a week
- Community Pharmacy Staffing – every 6th Friday (8 hours + On-Call up to 2hrs/week) and every 3rd Saturday & Sunday (20 hours)
- Major Project – 11 months
- Longitudinal Project Management – 11 months
- Quality Improvement Project – 11 months

Block Schedule (Sept- June)

	Monday	Tuesday	Wednesday	Thursday	Friday
Resident 1 AM	PCD	Block	Block	SH	Rotates
Resident 1 PM	TOC	Block	Block	TOC	
Resident 2 AM	Block	PCD	SH	Block	Rotates
Resident 2 PM	Block	TOC	TOC	Block	

FRIDAY ROTATION

Resident 1	Resident 2
TOC/RA	Staff
Staff	TOC/RA
TOC/RA	Project
Project	TOC/RA
TOC/RA	Block
Block	TOC/RA

*RA= Resident Activities (meetings, presentations, project time)

**Rotation is not at primary site and will require travel within a 6-mile radius.

COMMUNITY-BASED SPECIALTY PHARMACY ELECTIVE ROTATIONS

Clinic	Endocrinology	Gastroenterology	Neurology	Pulmonary/ Cystic Fibrosis	Rheumatology
General Description	Collaborates with multidisciplinary team to manage medication therapy for pediatric patients with diabetes and endocrine-related disorders. Time will be spent in general endo clinic as well as type 2 diabetes subspecialty clinic. Time may be spent in specialty pharmacy as well. Specialty pharmacy medication focus is primarily on growth hormone.	Collaborates with a multidisciplinary team within the GI center managing >1000 patients with IBD and EOE. Primary focus is on biologic medications. Time will be spent in the clinic setting as well as in the specialty pharmacy.	Collaborates with many specialists treating a broad range of pediatric neurologic disorders, with a primary focus on epilepsy. Time will be spent in a variety of neurology sub-clinics as well as in the specialty pharmacy.	Collaborates with multidisciplinary team to manage a variety of pulmonary patients. Tuesday clinic it primarily CF ages 3-100, Wednesday is CF baby clinic (total CF population around 500 patients for our center). Thursday clinic is primarily patients with ILD and PCD. Time is spent in both the clinic and the specialty pharmacy	Pharmacy Resident will integrate within a multidisciplinary team to care for patients with a variety of autoimmune and autoinflammatory conditions. Time will be spent in a variety of rheumatology sub-clinics as well as in the specialty pharmacy. The rheumatology clinic serves over 800 patients on biologics/targeted disease modifying drugs which require in depth education and close monitoring.
Primary Clinic Days	<ul style="list-style-type: none"> • Tuesday • Thursday • Will be adding Monday and Wednesday in Q3 2023 	<ul style="list-style-type: none"> • Monday AM • Thursday • Friday AM 	<ul style="list-style-type: none"> • Monday PM • Wednesday • Thursday • Friday AM 	<ul style="list-style-type: none"> • Tuesday • Wednesday • Thursday PM 	<ul style="list-style-type: none"> • Monday AM • Tuesday • Wednesday AM • Thursday PM (may flex to clinic on any day/time)
Primary Disease States Covered	<ul style="list-style-type: none"> • Growth disorders (pituitary-related and genetic syndromes) • Diabetes • Precocious puberty • Gender dysphoria 	<ul style="list-style-type: none"> • Inflammatory Bowel Disease (IBD) • Eosinophilic Esophagitis (EOE) 	<ul style="list-style-type: none"> • Epilepsy • Headache 	<ul style="list-style-type: none"> • Cystic Fibrosis (CF) • Primary Ciliary Dyskinesia (PCD) • Interstitial Lung Disease (ILD) 	<ul style="list-style-type: none"> • Juvenile idiopathic arthritis (JIA) • Systemic lupus erythematosus (SLE) • Vasculitis • Juvenile dermatomyositis (JDM) • Autoinflammatory conditions
Role of Pharmacist	<ul style="list-style-type: none"> • Patient and caregiver medication education • Growth hormone and diabetes injection training • Medication access/ Prior authorization management • Adherence assessments/ medication monitoring • Drug information questions 	<ul style="list-style-type: none"> • Patient and caregiver medication education • Medication Access/ Prior Authorization Management • Biologic Injection Trainings • Therapeutic Drug Monitoring • Drug information questions • Quality Improvement Projects 	<ul style="list-style-type: none"> • Patient and Caregiver Medication Education • Medication Access • Therapeutic Drug Monitoring • Drug Information Questions • Collaborating on Department QI Projects 	<ul style="list-style-type: none"> • Patient and Caregiver Medication Education • Medication Access • Medication monitoring and compliance with recommended testing • Drug Information Questions • Collaborating on Department QI Projects 	<ul style="list-style-type: none"> • Patient and Caregiver Medication Education / Biologic Injection Training • Medication Access/ Prior Authorization Management • Medication Monitoring/ Adherence Assessments • Drug Information Questions • Collaborates on Departmental QI Projects

PGY2 Pediatrics

Our program offers flexibility for residents to explore a specific area of interest or focus broadly by creating a customized rotation schedule.

Rotations: six required months, six required longitudinal, five to six elective months

Required Rotations: one month

- Cardiothoracic Intensive Care
- Hematology/Oncology
- Infectious Diseases/
Antimicrobial Stewardship
- Neonatal Intensive Care
- Orientation
- Pediatric Intensive Care
- Pulmonary Medicine

Elective Rotations: one month

- Academia
- Adult Medicine Specialty
- Bone Marrow Transplant
- Cardiology
- Clinical Management
- Emergency Medicine
- Gastroenterology
- General Pediatrics
- Investigational Drug Service
- Medication Safety
- Nephrology
- Neurology/Complex Care
- Nutrition Support
- Pain/AIM
- Poison Center
- Psychiatry
- Research
- Solid Organ Transplant
- Surgery
- Unit-Based Clinical Pharmacy*
* Endocrinology, Mixed unit practice,
ID, pediatric, rehabilitation medicine,
ID, surgery

Longitudinal Experiences

- Ambulatory clinic (11 months,
one afternoon/week)
- Drug Policy (12 months)
- Major Research Project (12
months)
- Medication Safety (12 months)
- On-Call (12 months)
- Scholarship/Practice
Advancement (12 months)
- Staffing (12 months)
- Teaching (12 months)

*Additional rotations may be designed per the resident's interest. Please discuss this early on with the Residency Program Director and any potential preceptors.

*Up to three electives may be slotted at the end of the year and unfilled at initial scheduling. These can be solidified once the resident's career path is determined in February/March of the residency year.

*All documents of rotation activities (presentation handouts, journal club presentations, quality improvement projects, etc.) should be filed within the Resident Portfolio and PharmAcademic.

PGY1/2 MS Health-System Pharmacy Administration and Leadership Residency

See PGY1 Pharmacy Residency for Year 1

Rotations: eight required months, five required longitudinal, four elective months

PGY2 HSPAL Administrations Rotations

Required Administration (one-month rotations):

- Advanced Inpatient Operations
- Pharmacy Leadership and Mgmt
- Financial Planning and Budgeting
- Pharmacy Supply Chain
- Information Services
- Ambulatory Management
- Specialty Pharmacy
- Health-System Leadership

Elective Rotations - Four Required (one-month rotations):

- Population Health (PFK)
- Investigational Drugs Service
- Home Infusion Services
- Revenue Cycle
- Medication Safety
- Outpatient Operations
- Clinical Informatics
- Research
- Academia
- Offsite Management
- Clinical Management
- Formulary Management

Required Longitudinal Experiences:

- On-Call (12 months, every sixth week)
- Longitudinal Project Management (12 months)
- Pharmacy Service Management (Aug-June, 2-4 hours/week)
- Research Project (12 months)
- Staffing (12 months, every 3rd weekend)

*Additional rotations may be designed per the resident's interest. Please discuss this early on with the Residency Director and any potential preceptors.

**All documents of rotation activities (presentation handouts, journal club presentations, quality improvement projects, etc.) should be filed within the Resident Portfolio and PharmAcademic.

PGY2 Year HSPAL Rotation Schedule Template

MS Health System Pharmacy Administration and Leadership Residency (PGY1/PGY2) SECOND YEAR MS/Health-Systems Pharmacy Administration		
Month	M-F	Meetings
July	Adv Inpt Ops or Am Mgmt	PARE
August	Budget	
September	Specialty	
October	Pharmacy Leadership	
November	IS	CHA/AS HP Lead
December	Elective	
January	Supply Chain	
February	HS Leadership	
March	Adv Inpt Ops or Am Mgmt	MCM
April	Elective	
May	Elective	
June	Elective	
		GRLC

Project and Presentations

Project/Presentation	PGY1 Pharmacy	PGY1 Non-Traditional (Year)	PGY1 Community-Based	PGY2 Pediatrics	PGY2 HSPAL
Medication Use Evaluation	Midyear poster	1 st year		Midyear poster	
Research Project	1	1 st through 2 nd years	1	1	1
Research Platform Presentation	1	2 nd year	1	1	1
Manuscript	1	2 nd year	1	1	1
Drug Class Review	1	2 nd year		1	
Residency Improvement Project	1	2 nd year	1	1	1
Newsletter Editor	1		1	1	1
Seminar	1	2 nd year	1	2	2 (One Law)
Journal Club	1	2 nd year	1	1	
Leadership Presentation	1	1 st year	1	1	2
Pediatric Elective Lecture	1	2 nd year		1	Optional (TC)
Monthly APPE Lecture	1	1 st through 2 nd years	1*	2	1
Zebra Case	1	1 st year		1	
Rotation Case Presentation	2	1 each year			
Rotation or Professional Organization Presentation				5	
Non-pharmacist Education Presentation				5	
Rotation Journal Club	2	1 each year		5	

*Med Resident Presentation

Research Project

A major component of any residency program is completion of a significant residency research project. Projects should address an unanswered clinical question, meet a quality improvement need of the pharmacy department/hospital or create a new service. Residents are encouraged to select research projects in an area that will complement their end-of-residency career goals (i.e. ambulatory care, critical care, administration, academia, fellowship) as well as provide interest and self-motivation. Residents are given one project day a month with preceptor approval and documentation of work completed. Projects should be completed during the residency year with a goal of poster presentation and publication.

Idea Generation and Selection

A list of preceptor-generated research project ideas will be disseminated to residents in July. Residents should discuss in detail potential projects of interest with the submitting preceptors and select a project based on those BRAINSTORMING discussions.

Idea Approval

Once a project is selected, a general outline and design of the project will be presented to the research committee for feedback and approval. Once approved, the resident will select an official project committee which is encouraged to be multidisciplinary. Members should include the Residency Director, project advisor, preceptor(s) in the subspecialty area(s), associated physician(s) or nurse(s) and a staff pharmacist if applicable.

Formal Project Proposal and Approval

Once the project is further clarified and elaborated, the resident must submit a written research proposal to the RAC, Residency Director and project advisor. This proposal will also be presented before a larger preceptor research group for additional feedback and approval to proceed with IRB submission.

Progress Reports

Residents shall present a progress report of their research activities at each RAC meeting and after each completed research day. The project committee may require more frequent status reports. Additionally, the resident is required to address research progress within quarterly evaluations with the Residency Director.

Research Results Presentation

Residents are required to present their research projects and results at the Pediatric Pharmacy Association Annual Meeting (PPA) in May (PGY1 and PGY2 Pediatrics) or the Great Lakes Residency Conference (PGY1/PGY2 HSPAL and PGY1 Community-Based). Note: research abstracts are typically due in February. Prior to this conference, residents will have a minimum of two opportunities to formally present their practice platform presentations for preceptor feedback. These practice sessions will be scheduled by the resident. Additional presentation may be required depending on project results (P&T Committee, department meetings, etc.).

Manuscript and Poster

The resident research project must be written up in manuscript format suitable for publication in final draft form prior to conclusion of the residency year. If the project is not submitted to a journal within 1 year after the residency, the project mentor obtains the rights to the project and can publish the project independent of the resident. Residents must also submit an abstract for poster presentation at a national meeting.

Medication Use Evaluation (MUE)

Residents are required to conduct a medication use evaluation project which is generally smaller than the resident research project and should have institutional value. Projects may stem from ideas presented in the resident research packet or from staffing experiences. The MUE is usually identified and proposed in August and then conducted over the fall with a poster presentation at ASHP Midyear Clinical Meeting. An encore poster presentation at a spring meeting is optional for PGY1 pharmacy residents and required for PGY2 Pediatrics residents. IRB approval is required if protected health data are presented/published outside Nationwide Children's Hospital.

Quality Improvement Projects

Policy and Guideline Development

Throughout the residency year, residents will be tasked with development, improvement, or review of department policies, medication protocols, informatics projects, or quality assurance activities during clinical, medication safety, or administrative/leadership rotations.

Residency Improvement Project

Each resident is responsible for selecting an area of the residency program where they think there is room for improvement and implement a quality assurance project to improve this area. Some past projects included improving training checklists, interview process, intern precepting, weekend clinical task lists, teaching portfolio guides, and resident resiliency. The project should be reviewed with RPD prior to selection and presented at RAC prior to initiation. A committee or project preceptor may be selected.

Presentations

Presentations will be given by the resident at various times throughout the year, both inside and outside of Nationwide Children's Hospital. Cristin Wilson, Residency Coordinator, will schedule the Friday afternoon resident education series. In addition, each seminar is required to be registered for Continuing Pharmacy Education. Please have your presentation title and objectives to Cristin Wilson at least four weeks before your presentation date. Other presentations (in-services, rotation presentations, clinical pearls, etc.) may also be eligible for Continuing Pharmacy Education upon discussion with the Pharmacy Educator and your presentation advisor. An email to the Department of Pharmacy should be sent out several days in advance of the presentation. An electronic copy of slides or printed handouts should be provided on the presentation day. Topics should involve a critical review of primary literature surrounding a pediatric pharmacotherapy topic. Residents may be required to present additional presentations during their rotations. Additional resources and tips for presentation development are located on the residency Sharepoint site.

Rooms/Scheduling

Rooms for presentations and meetings with preceptors/students should be reserved in advance to ensure room availability. Pharmacy conference rooms may be used for more informal presentations that you expect to be smaller in size. These rooms may be reserved through Microsoft Outlook by inviting Pharmacy Conference Room, Pharmacy PCCRA, Pharmacy PCCRB or AB0240 to a scheduled calendar event. Larger or more formal presentations should be conducted in conference rooms within the Education Building which may be reserved through the online room and scheduling system under "Tools and Resources" on Anchor. AV materials may be requested in this email. The Residency Coordinator can assist with this process.

Drug Information

Pharmacy Newsletter

The Department of Pharmacy publishes a quarterly newsletter The Script for pharmacy staff. All residents rotate through as Editor-in-Chief for at least one edition and are significant contributors otherwise. Colleen Miller, PharmD, is the newsletter advisor and coordinates newsletter scheduling. The purpose of the newsletter is to provide a format for all pharmacy personnel technicians, pharmacists, interns, support personnel and students to publish articles and disseminate information (clinical pearls, P&T decisions, policy changes, department activities, etc.). It is also meant to provide information regarding upcoming events and recognition for professional and personal accomplishments.

Resources

A variety of tertiary references are available in the clinical pharmacy office and medical library. Additional references (Micromedex®, etc.) may be found online on the pharmacy and library intranet webpages and through a direct link to The Ohio State University libraries. Additional institution-specific references may be found on SharePoint.

Meetings

To broaden and coordinate the residency experience, residents are required to attend a variety of meetings throughout the year. These may be departmental meetings, committee meetings or clinical meetings.

Residency Advisory Committee (RAC): Monthly

The RAC meets monthly on a Friday and includes residency program directors and various preceptors to discuss the residency programs individually and as a whole. All residents are required to attend and discuss their residency portfolio progress at each meeting throughout the year. There is also a separate RAC committee for select programs that meets monthly. Residents may be asked to attend from time to time to discuss research projects and interview processes.

Non-traditional PGY1: To attend when able during non-rotation months, e.g. conference call

Pharmacy and Therapeutics Committee (P&T): Monthly

PGY1 pharmacy residents are required to attend a minimum of three P&T committee meetings, PGY2 Pediatrics residents six meetings and the HSPAL PGY2 must attend all meetings and is responsible for taking minutes. Meetings are held on the first Thursday of each month from 7 to 8 a.m. Residents may be required to present a monograph, formulary audit, MUE results, Drug Class Review, take meeting minutes or simply observe.

Educational Requirements/Opportunities

Grand Rounds

Grand Rounds occurs every Thursday morning from 8 to 9 a.m. in Stecker Auditorium. Each week an email is sent out with the speaker and topic. Topics range from common pediatric disease states to new controversial therapies and diagnostic strategies. Residents are encouraged to attend when it is possible.

Pediatric Advanced Life Support (PALS)

Pediatric Advanced Life Support is a hybrid program with an online training and skill session held in the Simulation Center or at 255 Main Street Building. These classes fill up early, so it is best to register as soon as possible. Please check with your RPD and The Learning Center for scheduling information. The resident's registration fee is paid by the Department of Pharmacy.

Nationwide Children's Hospital Department of Pharmacy Code/Trauma Certification

Pharmacy department code/trauma certification is required to be completed prior to responding to code/traumas independently. There is a didactic portion which includes an introduction to the pharmacist's responsibilities and review of pediatric cardiac arrest, seizures, traumatic brain injury and intubations as well as an orientation to the code cart/boxes and how to prepare medications while at a code. Jenny Steinbrenner, PharmD, Kim Jones, PharmD, and Ben Barth, PharmD will arrange for this hands-on training experience to be completed early in the residency year. Following the didactic portion, each resident is required to attend 10 situations and have documentation of this. During training, there will be monthly calendars where the resident may be assigned to wear the back-up code and trauma pager. Completion of code and trauma training should occur by the end of the residency year.

Preceptorship

Clinical Pharmacists at Nationwide Children's Hospital precept many students (usually fourth year clinical rotations) from surrounding pharmacy schools throughout the year. Students commonly attend The Ohio State University, Ohio Northern University, University of Findlay, Cedarville University, NEOMED, West Virginia University, South Carolina College of Pharmacy and Midwestern University but may attend other schools as well. Preceptorship is an important part of all pharmacy practice, and residents will have ample opportunity to practice and hone their precepting skills. A preceptor training workshop is offered (required) by the Ohio State University College of Pharmacy usually in the fall. Scheduling information will be provided closer to that time.

During clinical rotations in which there is also a scheduled pharmacy student, residents will serve as a co-preceptor and function as the primary "go-to" person for the student. Residents may be required to lead topic discussions, review patients, and/or provide one-on-one instruction as needed. In depth discussion of student evaluation methods, precepting techniques, and small group education will occur throughout these layered learning months. Near the end of the residency year, the resident may begin to serve as a primary preceptor.

Teaching Certificate Through Nationwide Children's Hospital

Nationwide Children's Hospital, Department of Pharmacy Teaching Certificate program (optional)

All PGY1 pharmacy and PGY2 Pediatrics residents are required to compile a longitudinal teaching portfolio under the supervision of their Residency Director regardless of teaching certificate participation (the certificate is required for PGY2 Pediatrics residents if a certificate was not obtained as a PGY1). For residents who are interested in pursuing additional academic training, the Nationwide Children's certificate program involves didactic lectures on teaching techniques and styles as well as formal evaluation of the resident's teaching techniques. Participants are required to provide didactic lecture, small-group facilitation, and precepting services. After meeting all requirements, a significant teaching portfolio is assembled and certification granted. Vinita Pai, PharmD, and Mara Crabtree, PharmD, BCPPS precept the Nationwide Children's teaching certificate program.

Teaching Certificate through The Ohio State University

PGY1 Pharmacy residents can elect to complete a teaching certificate through The Ohio State University, College of Pharmacy. The resident must complete an elective academia rotation at the university to meet teaching hour requirements. All teaching aspects of the residency program listed above will still be completed as part of the residency requirements.

PGY1 Community Residents are required to complete a block teaching rotation with The Ohio State University.

Support Services

Pager

A pager may be provided for your use during the residency year and, if required, should be worn during scheduled workdays. Every effort should be made to return pages in a timely manner. Your pager will be used while On-Call and must be worn 24/7 during the assigned call period. Replacement batteries are available in the Pharmacy Administration office as well as in the pager/operator services office on the hospital's main floor. Please report any pager difficulties promptly to pager services and/or the Residency Coordinator.

Phones

Internal Calls: Reach any hospital unit by dialing only the last five digits of the extension.

External Calls: To dial an outside number from most phones in Nationwide Children's Hospital, it is necessary to dial "9" first. For certain phones in public areas of the hospital (i.e. cafeteria, lobby), it is necessary to dial "195" instead of "9" to get an outside line. Local area codes are required per local phone regulations.

Voice Mail: Your desk phone is equipped with voice mail. To access voice mail and set up your greeting, you must change your pin through Microsoft Outlook under File/Manage Voice Mail. The default password is the last four digits of that phone's extension number. Once you have accessed the voice mail system, you can change the password as well as greetings. Instructions for changing your password and greeting and navigating the phone system are located on Anchor under Information Services.

** It is important to change your voice mail password back to the default when you leave Nationwide Children's Hospital at the completion of your residency.

Phone Lists: A phone list for the department can be found on the Pharmacy SharePoint site.

Mail

A mailbox is supplied in the main pharmacy office for any mail, memos or faxes that you receive.

Please check it daily. Any mail you receive should be addressed as follows:

Your Name
Nationwide Children's Hospital
Department of Pharmacy T0110
700 Children's Drive
Columbus, Ohio 43205

Fax Machine

A fax machine is available in the main pharmacy and in the clinical pharmacy office. Cover sheets are in a file beside the fax machine.

The department fax machine number is (614) 722-2189.

The clinical pharmacy office fax machine number is (614) 722-2488.

Photocopiers

Many photocopiers are available throughout the hospital. Two are in the library, one in the clinical pharmacy office, one in the main pharmacy office and several on patient care units. Currently, no codes are required; however, please adhere to federal copyright laws as posted.

Print Shop services are available off-site but require five to seven days' notice to complete the order.

Library

The Grant Morrow, III M.D. Medical Library and the Janet Orttung-Morrow, M.D. Family Health Information Center are located on the second floor of the Education Building. The working hours are:

Monday to Thursday, 8:30 a.m. to 7 p.m.

Friday, 8:30 a.m. – 5 p.m.

Saturday and Sunday, Closed

As a health care provider, you have access to the library 24 hours a day through I.D. badge card reader access.

A list of periodicals available in the library can be found on the library's intranet webpage. Nationwide Children's Hospital is additionally linked with OSU libraries, and many free full-text articles can be found through the university's "E-journals." Any journals or books not available at Nationwide Children's Hospital or through online access can be obtained from outside sources by using the "Interlibrary Request Form" also found on the library's webpage. The "Interlibrary Request Form" can also be found through the main hospital intranet page → Forms → Library → Forms → Loan Request Form. Articles needed urgently for patient care may generally be obtained within a few hours by marking the request form "Patient Care" and notifying the librarian on duty.

Program Information

PGY1 Pharmacy Residency

Residency Program Director: Jenny Steinbrenner,
PharmD, BCPPS

Jenny.Steinbrenner@NationwideChildrens.org
(614) 722-9268

PGY1/PGY2 w/ Masters in Health-System Administration and Leadership Residency

Residency Program Director: Chet Kaczor, PharmD
Chet.Kaczor@NationwideChildrens.org
(614) 722-2180

Residency Coordinator: Cristin Wilson
Cristin.Wilson@NationwideChildrens.org
(614) 722-2167

PGY1 Community-Based Residency

Residency Program Director: Alexander Swick,
PharmD, MBA

Alexander.Swick@NationwideChildrens.org
(614) 722-2237

PGY2 Pediatrics Residency

Residency Program Director: Kimberly Novak,
PharmD, BCPS, BCPPS, FPPA

Kimberly.Novak@NationwideChildrens.org
(614) 722-2199

See our list of preceptors at www.NationwideChildrens.org/for-medical-professionals/education-and-training/residency-programs/pharmacy-residency/meet-our-preceptors

