

UPMC | CHILDREN'S HOSPITAL OF PITTSBURGH



PGY1 Pharmacy Resident Manual **Department of Pharmacy** **2023-2024**

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INTRODUCTION

The residency manual is a compilation of information covering goals and responsibilities of the residency, rotation and rotation descriptions, performance evaluation methods, and other significant information relating to the UPMC Children's Hospital of Pittsburgh pharmacy residency. It is our intention that this manual will serve to orient you to the department and serve as a reference throughout the residency experience. Information specific to each rotation is provided separately in the respective goal and objective document which can be found electronically on the pharmacy G drive. Due to the continuous development and evolution of the pharmacy residency program in conjunction with the graduate medical education (GME), information in the manual may change. The residency program director (RPD) and residency preceptors will notify you of any changes.

RESIDENT'S WELCOME

The department of pharmacy services at UPMC Children's Hospital of Pittsburgh welcomes you as a PGY1 pharmacy resident. We look forward to July with great excitement and anticipation as you begin the residency in this dynamic learning environment. We hope to provide you with the highest quality experience in an integrated pharmacy practice, help you mature professionally, optimize the development of your practice skills, and prepare you for a role of leadership in our profession. We also hope to learn from you, incorporate your contributions in our pharmacies and be stimulated by your ingenuity and creativity. We hope that your participation in this program will continue to build a great tradition for the success of future pharmacy residents for years to come.

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VISION, MISSION, VALUES

As employees of Children's Hospital of Pittsburgh of UPMC, one goal unites us all: transforming the lives of children through science and compassion. No matter what our role — from accounting and administration, to food services and the physical plant, to nurses and physicians, we should remember that we're all in the business of caring for children and their families as we go about our work from day to day.

What enables us to deliver world-class care is a world-class culture. Our culture is what sets the hospital apart and creates a lasting impression of us in the community and in the hearts of our patients and their families. We've found that the best way to help continue, grow and pass on our culture is by focusing on our vision, mission, and core values.

VISION

To be the world leader in children's health.

MISSION

Children's Hospital of Pittsburgh of UPMC is dedicated to improving the health and well-being of children, teenagers, and young adults through excellence in patient care, teaching, research, and advocacy.

VALUES

Putting patients and families first through:

Quality and Safety

- We create a safe environment where quality is our guiding principle.

Dignity and Respect

- We treat all individuals with dignity and respect.

Caring and Listening

- We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

Responsibility and Integrity

- We perform our work with the highest levels of responsibility and integrity.

Excellence and Innovation

- We think creatively and build excellence into everything that we do.



GUIDING PRINCIPLES

1. We see the world through the eyes of a child and embrace fun as part of our culture.
2. We believe zero harm to patients and staff is possible and strive for it every single day.
3. We advance the spirit of community and philanthropy.
4. We introduce ourselves to people and make them feel important and welcome.
5. We actively listen, ask clarifying questions, and strive to exceed expectations.
6. We are accountable for our work, apologize for failures, and seek to solve problems even if we did not create them.
7. We work as a team: We do not blame others, instead we build trust through transparency and help our colleagues succeed.
8. We trust and empower the people closest to the work to speak up when they have an idea or concern and to take timely and appropriate action.
9. We encourage healthy debate and diverse opinions when presented in a positive and constructive manner.
10. We embrace change and encourage new ideas or innovations from all people in the organization.
11. We learn from our experiences and use data and analytical tools to continually improve.
12. We openly recognize and appreciate good work and acknowledge kind actions by saying thank you.

Children's Hospital of Pittsburgh

For more than 120 years, the Children's Hospital of Pittsburgh of UPMC (CHP) has been providing care to children of all ages from local and tri-state communities, as well as regional, national, and international patients. CHP is a nationally recognized institution, ranking as one of the top 10 pediatric hospitals named by US World and News Report to its honor roll multiple years in a row. Many pediatric specialties have also achieved a top 10 ranking. CHP is the only level I pediatric trauma center and level IV NICU in Western Pennsylvania and nationally recognized for their pediatric solid organ transplant program. The extensive number of medical services at CHP provides the opportunity to care for a wide diversity of patient populations.

Pharmacy Services

The pharmacy department oversees medication procurement, storage, dispensing, and utilization 24/7 throughout CHP. The pharmacy staff is collectively involved in a variety of clinical and distributive activities designed to improve patient safety and care. Pharmacy offers complete unit dose, IV admixture, and chemotherapy preparation as well as employing extensive computerized and automated distributive technologies. Pharmacy services provides many clinical services including drug information, therapeutic drug monitoring, antimicrobial stewardship, nutrition support, drug interaction screening, adverse drug event management, patient medication education, guideline/protocol/policy development, and quality improvement. Clinical pharmacists are actively involved in multidisciplinary teams, committees, and clinical research designed to integrate the delivery of care in many patient care areas including pediatric hematology/oncology/HSCT, critical care, cardiology, neonatology, general pediatrics, solid organ transplant, surgery, and infectious diseases/antimicrobial stewardship. The clinical pharmacy team also provides 24/7 clinical services to the medical and pharmacy staff throughout the institution. CHP also serves as a training site for Doctor of Pharmacy candidates.

Residency Program

The PGY1 pharmacy residency at CHP is a one-year post-graduate training program designed to develop essential knowledge and skills for contemporary health-system pharmacy practice. The residency program provides flexibility to adapt to the resident's specific learning needs and goals. Training is provided through rotational experience and longitudinal activities.

PGY1 Residency Purpose Statement

The PGY1 pharmacy residency program at Children's Hospital of Pittsburgh of UPMC will build upon the residents' Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

ASHP PGY1 Pharmacy Resident Competencies

By the end of the residency year, the Children's Hospital of Pittsburgh of UPMC PGY1 pharmacy resident will be able demonstrate competency in the four required areas as set forth by ASHP. The resident is expected to be familiar with the ASHP PGY1 required competency areas, goals, and objectives document which serves as the foundation for their residency year and can be found online at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>

Competency Area R1: Patient Care

Competency Area R2: Advancing Practice and Improving Patient Care

Competency Area R3: Leadership and Management

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

Residency Learning Experiences

Required (4 weeks unless noted)

- Pharmacy Orientation (6 weeks)
- General Pediatrics
- Neonatal Critical Care/Nutrition Support
- Pediatric Critical Care
- Infectious Disease/Antimicrobial Stewardship
- Pediatric Oncology
- Pharmacy Administration

Longitudinal

- Pharmacy Operations (every 3rd weekend and one evening per week from 4-8PM)
- Therapeutic Drug Monitoring
- Committee Participation
- Research Series
- Quality Improvement
- Formulary Review
- Presentations
- Professional Development

Electives

- Pediatric Cardiology Critical Care
- Pediatric Solid Organ Transplant
- Pediatric Bone Marrow Transplant
- Pediatric Emergency Medicine
- Outpatient Pharmacy Services
- Various Pediatric Subspecialty Services
- Mastery of Teaching Certification (through University of Pittsburgh School of Pharmacy)

Learning experiences above are examples (not all inclusive) and are subject to change based on availability.

Resident Schedule

After the results of the match are known, the RPD in conjunction with the resident will work to develop their individualized rotation schedule. The goal is to incorporate the resident's major areas of interest prior to the ASHP Midyear Clinical Meeting based on availability. The resident's rotation schedule is subject to change due to unforeseen circumstances. If the resident is unable to complete a previously scheduled rotation, the RPD will work with the resident to provide them with the best learning experience possible. The resident is unable to spend more than 30% of their residency year in a specialized area according to ASHP accreditation standards.

- Orientation -the month of July is designated for orientation to a number of key areas including the hospital, pharmacy operations and staff, the residency program, the electronic medical record, drug information, and PharmAcademic. Basic pediatric topic discussions and preparation for clinical rotations will also be completed during this month.
- Rotational and longitudinal experiences will begin subsequent to orientation and be completed in ~4 week blocks.
- The resident will have dedicated research time during December/January.

RESPONSIBILITIES OF THE RESIDENCY PROGRAM DIRECTOR AND PRECEPTORS

Residency Program Director

The residency program director (RPD) is responsible for the overall coordination of the residency program. The residency program director, in concert with the director of pharmacy and preceptors, will provide the structured learning environment necessary to achieve the educational competencies, and assure an assessment strategy that evaluates progress towards and attainment of a satisfactory level of competency. These educational outcomes will be designed to provide the resident the ability to acquire the knowledge, skills, attitudes, and abilities necessary for a successful career in clinical pharmacy practice. Additionally, the RPD will be responsible for orienting the resident to the residency program, its method of instruction and evaluation, and to establish a customized residency plan for each resident.

The RPD serves as the primary liaison between the director of pharmacy, preceptors, and the resident. The RPD in conjunction with the director of pharmacy accepts all enrollees in the residency, dismisses enrollees when necessary, accepts or disapproves enrollees' final research project papers and certifies resident's graduation from the program. The RPD is also a member of the UPMC pharmacy residency advisory council (RAC) and responsible for maintaining appropriate documentation for purposes of accreditation by the American Society of Health-System Pharmacists (ASHP) and UPMC Graduate Medical Education (GME.)

In order to provide quality assurance of the training program, the RPD will be responsible for presenting preceptors with opportunities to enhance their precepting skills. Specifically, preceptors will be encouraged to attend the ASHP National Residency Preceptors Conference or sessions related to pharmacy residency training at the ASHP Midyear Clinical Meeting if able. All preceptor and learning experience evaluations will be reviewed by the RPD. On a 12-month basis, the RPD will provide each preceptor with feedback regarding opportunities to improve their quality of instruction based on these evaluations as well as information from other sources. The RPD will organize and facilitate an annual feedback session where preceptors can consider overall program changes based on evaluations, observations, and direct resident feedback and surveys. This will occur in the second half of the residency year. The RPD will distribute a graduate resident survey at the conclusion of each year in order to evaluate the strengths and weaknesses of the program.

Residency Program Director:

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Residency Preceptors

Each residency preceptor will be responsible for the coordination of one or more residency learning experiences. The residency preceptor will exhibit the characteristics and aptitude necessary for residency teaching including the mastery of four preceptor roles fulfilled when teaching clinical problem solving (direct instruction, modeling, coaching, and facilitation). The residency preceptor will guide and monitor the resident's activity and service throughout the experience. The residency preceptor will provide ongoing formative and summative evaluation of the resident's performance, with the goal of advancing the resident's competency on the specific goals assigned to the experience.

Specific responsibilities are to:

- Understand the resident's ongoing activities and responsibilities of the residency program.
- Develop and maintain residency learning experience documents per ASHP standards for their specific residency teaching experience(s).
- Provide an explanation of the learning experience to the resident on the first day of the rotation. This should include the services provided to physicians, patients, nurses, etc.; the hours of service; rotation setting; meetings to attend; and assignments (e.g., lectures, mini-projects).
- Describe their philosophy of practice and discuss the resident's philosophy of practice.
- Review and adjust the experience by incorporating information from the customized residency plan or any appropriate interventions that may be needed relevant to a resident's performance on previous experiences.
- Be readily available (or designate an approved pharmacy preceptor when necessary) to assist and guide the resident during the experience.
- Monitor, evaluate, and critique the resident's performance during the experience.
- Provide the resident an abbreviated midpoint evaluation of their performance. At the end of the learning experience, the preceptor should provide a written evaluation of the resident's performance within 7 days after the completion of the learning experience. In addition to the written evaluation, the preceptor should provide the feedback utilizing a face-to-face discussion.
- Review the learning experience/preceptor evaluation and resident self-evaluation reports with the resident.
- Advise the RPD of any interventions that may be needed relevant to a resident's performance.
- Make efforts to attend and participate in preceptor development opportunities.
- Actively participate in an annual feedback session in which preceptors and the RPD consider overall program changes based on evaluations, observations, and direct resident feedback.

CHP Pharmacy Residency Preceptors:

Kelli Crowley, PharmD, BCPS, BCPPS, *Pharmacy administration*

Elizabeth Ferguson, PharmD, BCPPS, *General pediatrics*

Allison Florack, PharmD, *Pediatric antimicrobial stewardship/infectious disease*

Breana Goscicki, PharmD, BCPPS, *Pediatric BMT*

Denise Howie, PharmD, *Pediatric hematology/oncology, masters of teaching*

Alex Kibler, PharmD, BCPS, BCPPS, *Pediatric/cardiac critical care*

Olya Lovell, PharmD, *Outpatient pediatric solid organ transplant*

Melinda Miller, PharmD, BCPS, *Neonatal critical care*

Kevin Ordons, PharmD, BCPS, BCCPS, *Pediatric/cardiac critical care*

Jordan Serio, PharmD, BCPPS, *Inpatient pediatric solid organ transplant*

Jennifer Shenk, PharmD, BCPPS, *Neonatal critical care, Precepting rotation*

Erin Tamulonis, PharmD, *Pediatric emergency medicine*

RESPONSIBILITIES OF THE RESIDENT

In addition to the responsibilities specified in the hospital and pharmacy policies and procedures, the PGY1 pharmacy resident will be responsible for the following:

Professional Practice Responsibilities

- Display the highest degree of professional conduct and attitude during all aspects of their daily practice.
- Dress in an appropriate professional manner according to the pharmacy department dress code policy whenever they are in a UPMC facility or attending a function as a representative of UPMC.
- Wear their CHP employee badge at all times while on the UPMC campus.
- Maintain strict adherence to the UPMC policy on patient confidentiality and computer password security.
- Become licensed as a Pharmacist in the State of Pennsylvania by September 30th as outlined in the pharmacy residency policy.
- Additional malpractice insurance is optional as the hospital carries insurance for pharmacy related malpractice.
- Arrive on time for scheduled activities and meetings.
- Attend all meetings and functions as required by the Residency Program Director and Preceptors. This includes, but is not limited to:
 - CHP Pharmacy & Therapeutics
 - CHP Clinical Team Meeting (depending on agenda)
 - CHP Medication PI Meeting
 - CHP Pharmacy Department Meetings
 - CHP Antimicrobial Stewardship
 - Others as desired based on interest
- Promptly notify the residency preceptor and RPD if illness (or other situations) prevents attendance during a scheduled experience in accordance with the residency PTO and sick leave policy. The resident MUST also follow the pharmacy department call-off policy 5.11 by calling the pharmacy (692-6267) at least 2 hours within their expected arrival time and speak to a pharmacist.
- Submit vacation and professional leave requests to the RPD according to the PTO policy.
- Utilize the formative and summative feedback process via PharmAcademic to strengthen your professional practice.

General Pharmacy Residency Responsibilities

Have a comprehensive understanding of the ASHP PGY1 Pharmacy Residency Competencies, Goals, and Objectives document, and the requirements for satisfactory completion of the residency.

- Conduct a pediatric practice research project
- Effectively present the research project results
- Successfully complete a manuscript suitable for publication (all residents are encouraged to submit their manuscript for publication before the end of the residency year.)
- Present an ACPE-accredited presentation to an appropriate audience.
- Provide different types of educational programs to various health care professionals during patient care rotations.
- Organize and present journal clubs following the appropriate format.
- Complete a drug monograph.
- Complete the resident's self-evaluation and the preceptor and rotation experience evaluation at the conclusion of each experience.

- Participate in the clerkship educational activities for Doctor of Pharmacy students.
- Function as a member of the pharmacy operations services during the orientation month and during weekend and evening experiences, as scheduled.
- Document clinical and distributive activities, as required by the pharmacy department.
- Participate in residency recruitment efforts of the department.
- Participate in the activities of a local, state, or national professional organization.

Specific Pharmacy Experience Responsibilities

The resident's role is multifaceted including that of student, novice practitioner, emerging clinician and/or administrator. The resident is to participate in ongoing clinical and administrative services and with the assistance of the residency preceptor, develop into a competent clinical practitioner and/or administrator. The resident must accept and apply constructive criticism in addition to performing self-evaluations on their performance. In order to promote an effective and productive residency experience, the relationships between a resident and rotation preceptor must be highly communicative and meaningful dialogue must be achieved.

Specifically, the resident will:

- Complete and send the pre-rotation planning form to the preceptor(s) at least 1 week prior to the start of the rotation. Discuss with the residency preceptor any planned off-service activities (e.g., meetings, seminars, longitudinal residency activities such as the residency project, etc.) that the resident will be participating in during the residency teaching experience PRIOR to the start of the rotation.
- Review and understand the preceptor's goals and objectives for the residency teaching experience.
- Discuss with the residency preceptor any additional goals or focus areas that the resident would like to have addressed during the residency teaching experience. Adjust the evaluation tools, as appropriate.
- Understand the preceptor's expectations for daily activities, services provided, and preceptor contact.
- Understand and maintain the standards of practice established for the residency teaching experience.
- Participate in all pharmacy functions (e.g., rounds, patient care conferences, lectures, medication distribution, drug information, etc.) associated with the specific residency teaching experience.
- As outlined by the residency preceptor, provide a detailed account of the resident's activities as they relate to the goals and objectives for the residency teaching experience.
- Complete an electronic self-evaluation via PharmAcademic, discuss in person, and compare the self-evaluation and preceptor's evaluation with residency preceptor.
- Complete an evaluation of the preceptor and learning experience and share findings with residency preceptor.

Resident Pharmacy Operations Experience Responsibilities

The resident will participate in the pharmacy operations longitudinal experience one evening a week (Wednesday from 4PM-8PM) and approximately every 3rd weekend, from July through June . All operation schedule changes must be cleared with the lead pharmacist who develops the pharmacist schedule and the RPD. The resident may not take PTO on a weekend and must trade with colleagues if time off is required. When performing pharmacy distributive responsibilities, the resident must follow all pharmacy department policies and have the highest regard for patient safety.

Resident Project Requirement

The resident is required to complete a formal project during the residency year. The project can have a clinical, administrative, performance improvement, research, or other focus as long as it receives approval by the RPD. The project should be selected based on its benefit to both the resident's learning experience and the needs of the pharmacy department. The resident will be assigned at least one project advisor. If the primary project advisor is from outside the department of pharmacy, a co-advisor from within the pharmacy residency program must also be assigned. The entire resident project will be formally presented and prepared in manuscript form prior to completion of the residency. If appropriate, JPPT guidelines may be used for manuscript preparation. The resident will participate in the University of Pittsburgh Pharmacy Resident Research Series. There are 5 main components which are the:

1. *Lecture Series.* The lecture series will consist of several lectures provided to residents pertaining to topics relevant to research instruction.
2. *Research Working Groups.* Small groups will be established to foster interactive discussion and peer-critique as each resident's project progresses. The groups will consist of residents (approximately 3-4 per group), project mentors, and faculty working group facilitators. Resident's will be required to present frequent status updates to the working group.
3. *Progress Reports.* Written/verbal progress reports containing specified information must be submitted by the resident to the working group leaders according to preset timeline. The progress reports will be reviewed by the working group leaders and research series program directors. The final progress report will be in the form of a completed manuscript submitted prior to finishing the residency program.
4. *Data Management Training.* All residents will have the opportunity to attend an SPSS class offered through the College of General Studies. Residents will work closely with their mentors and/or statistical support to develop their data management skills.
5. *Resident Research Project Presentations.* A required brief oral presentation will provide residents with a forum to present a logically assembled and concise overview of their residency project. This is in anticipation of future presentations for job/residency interviews and/or presentations at scientific meetings.

(see Research Guidelines document for more details)

Resident CE Presentation Requirement

The resident will co-present one formal ACPE-accredited presentation during the residency year through the UPMC clinical controversy program in conjunction with UPMC St. Margaret/UPMC McKeesport residents. The goal of the CE presentation is to improve the resident's expertise in communication skills and techniques, literature evaluation, and the formal education process. Please see information regarding topic selection, presentation guidelines, schedule, and examples located in the resident portfolio. The following list outlines the steps involved in preparing this CE:

- Selection of topic
- Topic research
- Preparation of a detailed outline
- Preparation of learning objectives and assessment questions
- Preparation of a power point presentation
- Rehearsal of presentation
- Formal presentation

Rotation Presentations:

The resident will be required to complete at least 2 formal patient case presentations, at least 2 clinical pearl presentations, and at least 2 journal club presentations during the residency. At least 3 presentations must be presented in the first half of the residency year with 2 of these being formal patient case presentations. The resident is expected to discuss their requirements with their preceptor before or at the start of the rotation.

- Patient case: the resident should structure the presentation by introducing a patient, provide disease state background and treatment, discuss relevant primary literature, and revisit the patient to provide an assessment and conclusion regarding the patient case. The presentation should be 40-45 minutes in content length with 5-10 minutes allotted for questions. An example and the electronic evaluation form can be found in the resident portfolio.
- Journal club: the resident should select an article published within the past year and prepare a handout no more than one page front and back. (A power point may be needed only if the resident is presenting nationally.) The presentation should be 20-30 minutes in length. An example and the electronic evaluation form can be found in the resident portfolio.
- Clinical pearl: the resident should provide a brief patient introduction followed by disease state background and treatment. The presentation should be ~15 minutes in length. An example and the electronic evaluation form can be found in the resident portfolio.

Masters of Teaching Experience (Optional)

The resident will be provided with Masters of Teaching experience syllabus outlining the requirements of the program. This learning experience is optional for the resident. If the resident elects to participate in the program, they must meet the application deadline as set forth by the coordinator of the experience. The resident is highly encouraged to distribute these requirements throughout the residency year to ensure there is not significant time taken from a single learning experience.

Pediatric Pharmacy Staff Education

As needed based on departmental and rotation opportunities.

CHP PGY1 Pharmacy Learning Experience Evaluation Process

(all required evaluation forms are included and scheduled via PharmAcademic)

Resident Self-Evaluation:

Each resident will complete a self-evaluation using the Summative Evaluation Form via PharmAcademic specific for the type of learning experience. These self-evaluations will be submitted to the residency preceptor for the learning experience on the day of the scheduled summative evaluation discussion session for each experience, but no later than 3 days after the end of the rotation. For longitudinal experiences, evaluations will be performed on a quarterly basis, no later than the last day of each quarter.

Preceptor and Learning Experience Evaluation:

Each resident will complete an evaluation of the Residency Preceptor and Learning Experience for each learning experience via PharmAcademic, with the goal of improving or maintaining a quality experience for the resident. At least one area for improvement must be included in the preceptor and learning experience evaluations. These evaluations will be submitted to the preceptor by no later than 3 days after the last day of each experience. For longitudinal experiences, evaluations will be performed on the last day of the 4th quarter. This evaluation will be discussed directly with the residency preceptor during the summative evaluation session.

Preceptor Evaluation of the Resident:

While continuous verbal feedback should be occurring during the course of a learning experience, written evaluations are also expected to occur during the course of the learning experience. Each residency preceptor will independently evaluate the resident using the abbreviated midpoint evaluation form and at end of the experience via the Summative Evaluation Form in PharmAcademic. The preceptor and resident will review the content of the resident's self-evaluation form together and compare with the preceptor's evaluation. For longitudinal experiences, evaluations will be performed on a quarterly basis, no later than the last day of each quarter. Pharmacy operations evaluations will be prepared by the RPD after seeking feedback from multiple members of the pharmacy staff and reviewed with the resident. All evaluations will be reviewed by the RPD and signed electronically in PharmAcademic. The resident's preceptor and learning experience evaluation will be reviewed directly by the RPD. Opportunities for improvement will be communicated to the next preceptor by the RPD and/or residency preceptor with the goal of placing additional emphasis on reinforcing these skills.

Evaluation Criteria:

The evaluation criteria for summative evaluations in PharmAcademic are listed below. If the resident receives a "Needs Improvement" or "Satisfactory Progress" the preceptor and/or resident must provide a narrative comment with an actionable plan for the resident to be able to reach "Achieved."

- Needs Improvement (NI): Resident is not performing at the expected level at this time in the residency year; significant improvement is needed to achieve this objective during the residency year.
- Satisfactory Progress (SP): Resident is performing and progressing at a rate that should eventually lead to mastery of the goal/objective during the residency year.
- Achieved (ACH): Resident has mastered this goal/objective for this learning experience at a level that is appropriate for this time in the residency year and can perform the task independently or upon request for this experience/population.
- Achieved for Residency (ACHR): Resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. Resident must have achieved this objective in at least two patient care rotations and at least once in other rotation or learning experience including longitudinal.

Resident Quarterly Training Plan:

On at least a quarterly basis, a formal meeting to address each resident's progress will be conducted. The program director, resident, and resident's mentor will meet to discuss the resident's progress and achievement towards successful completion of the residency program. Preceptors of longitudinal and clinical rotations during that quarter may be invited if deemed necessary. The program director has the authority to schedule more frequent progress meetings if deemed appropriate for performance issues, disciplinary actions, additional directions, or other miscellaneous issues. Each resident must maintain an electronic organized binder that will be used to determine progress and activities during each quarterly update. At the completion of the residency, the e-portfolio will be completed with all worked related documents including evaluations, projects, presentation handouts, slides, certificates etc.

Resident Wellness and Resiliency:

It is important for the resident to maintain well-being, resilience, and professional engagement throughout the residency year. The resident will participate in a discussion regarding wellness and resiliency during the orientation learning experience where they will set wellness goals, plan the use of a few PTO days, and undergo burnout assessment using the Maslach Burnout Inventory Self-Assessment tool which will be completed regularly and incorporated into the resident's quarterly training plan. Elevated burnout scores will be addressed on an individual basis with the resident to help alleviate burnout. The resident is encouraged to use the following resources as needed:

- Participate in the ASHP Wellbeing Ambassador Program
- <https://wellbeing.ashp.org/?loginreturnUrl=SSOCheckOnly>
- https://upmchs.sharepoint.com/sites/infonet/Benefits/HealthandWellness/MyHealth/Documents/UPMC_Employee_Well-Being_Resources.pdf#search=wellbeing

Completion of Program Requirements

A residency certificate will be awarded when the following requirements are successfully completed according to the criteria defined in the corresponding sections of the residency manual. The Residency Preceptors in conjunction with the RPD shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident fails to meet requirements of the residency program, the following process shall be taken:

1. Resident shall be given verbal counseling by the Residency Program Director. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the Residency Program Director.
2. If the resident continues to fail in their efforts to meet deadlines, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
3. If the Residency Preceptor(s) or Residency Program Director determines that the resident is not demonstrating sufficient progress necessary to issue a Residency Certificate, a special meeting of the Residency Advisory Committee will be held. Material pertinent to the resident's progress will be reviewed and a recommendation forwarded to the Residency Program Director. If the Residency Program Director deems that the action recommended by the Residency Advisory Committee is appropriate, then the action will be taken by the Residency Program Director. Residents shall not have any recourse for appealing the decision of the Residency Program Director.

Program Requirements:

- Pass the exam for licensure as a pharmacist in the state of Pennsylvania by October 30th
- Attain achieve for residency for the R1 patient care goals
- Complete the requirements of the individual learning experiences
- Complete one MUE/small quality improvement project presented in poster format at a local/national conference
- Complete and present at least one monograph at a CHP P&T committee meeting
- Complete a large quality improvement/research project.
- Present the research project at the UPMC Residency Research Day hosted by the University of Pittsburgh School of Pharmacy.
- Submit a manuscript suitable for publication
- Successfully deliver an ACPE accredited presentation
- Submit completed electronic residency portfolio to residency director 30 days prior to the end of the residency program

Components of residency portfolio include, but are not limited to:

- Copy of updated Curriculum Vitae
- Copy of pharmacy degree
- Copy of pharmacist license
- All completed evaluations as described in the corresponding section of the residency manual
- Evidence of projects and preceptor feedback on assignments from all learning experiences
- Documentation to support teaching components
- All documentation relating to research project (protocol, QI documents, data, analysis)
- CE presentation
- Presentation from Residency Research Day
- Any additional projects completed during the course of the residency year as deemed necessary by the residency director

Residency Policy and Procedures

Pharmacy Licensure for Residents

All residents should obtain pharmacist licensure in the Commonwealth of Pennsylvania within 120 days of starting the residency program (by October 30th). Residents are encouraged to begin the licensing process as soon as the match results are available. The resident should ideally take the licensing exams prior to the start of residency or by August 1st at the latest to allow for more than one attempt if needed. The program acknowledges there may be circumstances outside of the resident's control regarding licensing by the Pennsylvania State Board of Pharmacy. If licensure is not obtained in this time period, the resident must provide the RPD with written documentation of progress toward licensure. If the RAC determines there is not sufficient effort in meeting the requirement, the resident will be dismissed from the program. If the resident does not pass the exam(s) on the first attempt, he or she must retake at the earliest opportunity permitted by regulations. If the resident does not pass the MPJE after the 2nd attempt, they will be dismissed from the program. Residents who do not become licensed pharmacist in Pennsylvania will be dismissed from the program. Until the resident is licensed, he or she will function under the direct supervision of a preceptor.

Questions regarding licensure should be addressed to the Pennsylvania State Board of Pharmacy at the following address:

Pennsylvania State Board of Pharmacy
Post Office Box 2649
Harrisburg, PA 17105
Phone: (717)783-7156;
Fax: (717)787-7769

Resident Attendance

The responsibilities of a resident do not coincide with a 40-hour work week. Residents may expect to be on the premises in general from 7am to 4pm Monday through Friday. However, these general expectations may vary with individual learning experiences, committee meetings, and staffing commitments. In addition, the resident is responsible for prompt attendance to all clinical rotations and other activities outlined by a preceptor/program director that may be outside these hours. It is important to have clear communication with the preceptor to ensure they are aware of other commitments outside of their rotation.

Resident Leave of Absence:

Pharmacy residents are eligible to apply for a personal leave of absence for compelling personal reasons or medical necessity as consistent with UPMC policy. The request for a leave of absence must be submitted in writing to their RPD. Approval or denial of personal leave is at the sole discretion of the RPD with input from the Residency Advisory Committee in collaboration with UPMC GME. The resident will be required to use all PTO and sick time before taking unpaid leave. Residents requiring ≤ 30 days LOA and able to continue to make progress on longitudinal projects will be allowed to complete the residency program as originally scheduled provided they meet the requirements for successful completion. For residents requiring > 30 days LOA and still desiring to return to complete the residency program within one year from the date of LOA, the residency will be extended for an amount of time deemed appropriate by the RPD and Residency Advisory Committee needed to meet the requirements for successful completion. If the resident has not received the full 12 months of pay allotted by their contract, then they would be paid the remaining funds during the extension of their residency.

Resident Corrective Action:

The Residency Program Director (RPD) or designee, prior to initiating corrective action, will conduct a thorough investigation, including meeting with individual resident to investigate the concern and offer opportunity for the resident to provide information relevant to the identified problem. After the investigation, the RPD alone or in conjunction with the Residency Advisory Committee will review the results of the investigation to determine the need to initiate a corrective action process. The RPD shall inform the resident verbally and in writing of the results of the review regardless of the final decision.

The corrective action process consists of:

1. Verbal and written counseling including specific expectations for improved performance or behavior.
2. Issuance of verbal and written warnings of the duration of probationary period associated with the corrective action process.
3. A schedule will be issued for any additional verbal and written reviews as deemed necessary, of performance/behavior expectations during the probationary period associated with the corrective action process.
4. At the end of the probationary period, a verbal and written statement will be issued with the corrective action process stating the final evaluation of the resident's performance. The final evaluation shall fall into one of the three categories.
 1. Successful improvement and achievement of required program performance and/or professional behavior by the resident.
 2. Partial, yet inadequate, improvement in or unsuccessful achievement of, required performance or behavioral expectations. If this applies to the inability of the resident to successfully complete any requirement for certification of completion of residency training, this will be accompanied by a request for resident voluntary termination following the GME Resident/Fellow Appointment, Renewal, Non-promotion, Remediation, Probation and Dismissal policy.
 3. Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter following the GME Resident/Fellow Appointment, Renewal, Non-promotion, Remediation, Probation and Dismissal policy.

A letter or memo to the resident will be written when the RPD, alone or in conjunction with the Residency Steering Committee determines that corrective action is completed.

Resident Grievance and Appeals:

Any resident grievance and appeals will be handled according to the UPMC GME Grievance and Appeals Academic/Non-academic policies.

Duty Hours

The residency program will require each resident to record duty hours via the GME MedHub system which will be detailed during orientation. Pharmacy residency programs must comply with the ASHP Accreditation Standard “Duty Hours Requirements for Pharmacy Residencies” from the ASHP Board of Directors, most recently updated in 2022. The resident is required to review the residency policy based on the ASHP duty hour requirements found using the following link <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Moonlighting Policy

The residency program views residency training as a full time endeavor and does not encourage nor require resident off-duty “moonlighting”. Moonlighting is defined as professional and patient care activities that are outside the educational program and distinguished from assignments controlled or approved by the Program Director. However, the program does recognize that some residents wish to moonlight to supplement their income and to obtain additional work experience during their residency training. The following policy shall apply:

1. Resident moonlighting activities shall not compromise the primary clinical and academic mission of the resident’s department, nor diminish the resident’s ability to provide the highest level of patient care at either the resident’s approved primary teaching site or at the place of moonlighting.
2. The resident’s contractual obligation to the training program and employer must remain the priority so that compliance with ASHP requirements and institutional concerns on conflict of interest/commitment can be assured.
3. The Program Director must pre-approve through prior written notice of intentions to seek moonlighting experiences, both internal and external. Residents will follow the individual program procedures which include submitting via the form below or the electronic process in MedHub as directed by the individual program. If at any time the Program Director determines that a resident’s moonlighting schedule is adversely impacting the resident’s performance in the training program, the Program Director may withdraw the permission to moonlight.
4. Residents must record all moonlighting experiences, internal and external, via MedHub Work Hours.
5. Resident moonlighting experiences shall not take place during any time when the resident has other assigned duties related to approved residency training requirements or duties. Moonlighting is never permitted Monday-Friday 7am-5pm.
6. Internal (UPMC) and External resident moonlighting hours may not exceed eighty (80) hours total per week averaged over a four-week period. Therefore, any moonlighting will be limited to two days per four-week period.

Graduate Medical Education Policies and Procedures

Policies pertaining to graduate medical education and trainees can be found electronically on the GMEKnows site: spis.upmc.com/psd/home/GMEknows/Portal/Policies

Not all policies are specifically pertinent to pharmacy residents. Those with which pharmacy residents should become familiar include:

Resident Centered Policies:

- Disabilities Policy
- Grievance (non-Academic Issues) Policy
- Grievance and Appeal Policy
- Harassment Policy
- Impairment Policy
- Qualified Scholarship Policy
- Social Networking-HSHR0748 Policy
- Termination Policy
- Administrative Leave of Absence Policy
- Family Medical Leave of Absence (FMLA) Policy
- Personal Leave of Absence Policy (PLOA)

BENEFITS

Stipend: \$51,259

Benefits:

Include medical, vision, and dental insurance, disability, 20 days of PTO, selected paid holidays, and travel reimbursement (max \$1800) for one professional meeting. For additional questions, please speak to Graduate Medical Education (GME) Office at 412-647-6340.

Parking

Paid parking is available at a UPMC designated lot by lease.

Pagers

The resident will be provided a pager on the first day of the residency. In July, an introduction to the paging and telephone system will be provided. The resident is responsible for maintaining the pager in good condition during the year. When the resident is outside the short-range limits of his/her pager, the resident is required to have coverage by their preceptor. Each resident must return his/her pager to the Program Director as part of the completion of the residency program.

Office Space, Telephone and Keys

Each resident will be provided a designated working space and will be provided a computer with all necessary programs (i.e., Microsoft Word, PowerPoint and Internet access) and linked to a network printer. A key will be provided to each resident to access appropriate areas.

The office will have access to a personal phone and voicemail. Each resident will have access to phone services for in house, local and long distance (US) calls. All phone calls made are logged within the communications department and reported back to the management of this department. To access an outside line you will need to dial 9 to get out. Personal phone calls while on distribution services are discouraged. Long distance access is provided as a professional courtesy and should be used with discretion

PTO:

The resident will have 20 days of PTO to be used according to the pharmacy residency PTO policy which is found in the resident portfolio.

Holidays:

The resident will have the following UPMC approved holidays off:

- Martin Luther King Day
- Fourth of July
- Labor Day
- Two winter holidays (see below)

The resident will be required to work in their pharmacy operations role on the following UPMC approved holidays. The resident must discuss the holiday in advance with the program director and preceptor during that rotation to provide coverage. Preceptors have the discretion to change/alter holiday request.

- Memorial Day
- **Either** Thanksgiving Day **OR** Christmas Day **OR** New Year's Day (the resident should expect to staff for 8 hours during each the shifts for the assigned holiday)

**CHP PGY1 Pharmacy Residency
Pre-Rotation Planning Form**

Please complete this form and submit it to your next preceptor no later than 1 week prior to the start of your rotation.

Preceptors will incorporate and verbalize this form as part of the rotation orientation process.

Rotation: _____ Dates: _____

List any longitudinal responsibilities that fall during this rotation, including dates & times:	Meetings:
	Presentations:
	Mastery of Teaching:
	MUE/Resident Research Series:
	Other:
List any time away you are requesting from this rotation (appointments, PTO, professional development, etc.). All absences must be approved by the RPD and preceptor per the PTO policy.	
Desired/needed presentation for rotation: Presentation requirements include: 3 presentations in each half of the residency year with at least 2 patient cases, 2 journal clubs, and 2 pearls (1 st half = 2 patient cases + 1 JC <u>or</u> 1 pearl, 2 nd half = remainder of requirements)	
Wellness goals during the rotation:	
Weekend staffing shifts:	
Major deadlines already established (project(s), submissions, etc.) that are during this learning experience.	

List any areas of concentration on which you would want to focus during this rotation

**UPMC Pharmacy Residency Program
Time Off (PTO) Service Request Form**

Please use the following link to complete the online PTO request form:

[Microsoft Forms](#)



Microsoft Forms

UPMC Pharmacy Residency Program

Request for Moonlighting Privileges

I have read the Pharmacy Residency Policy regarding moonlighting. In addition to pharmacy service obligations scheduled by the Department of Pharmacy, my internal and external moonlighting schedule for the month of _____, Year _____

is as follows:

<u>Date</u>	<u>Hours Worked</u>	<u>Location</u>	<u>Internal or External</u>

My current rotation: _____

I attest that my scheduled duty hours, on-call assignments, service obligations and moonlighting activities conform to the Pharmacy Residency Moonlighting requirements. A copy of this form is to be maintained in the resident binder.

Name

Signature

Date

Program Director Approval **Date**