UPMC LIFE CHANGING MEDICINE

Residency Manual

Departments of Pharmacy
UPMC Presbyterian Shadyside
UPMC Western Psychiatric Hospital

2023-2024

Contents

UPMC Health System Mission, Vision, and Values

Our Mission

UPMC's mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

Our Vision

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients, health plan members, employees, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time
- Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value to our stakeholders
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment and cure
- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout health care
- Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region

Our Values

We create a safe environment where quality is our guiding principle.
QUALITY & SAFETY

We treat all individuals with dignity and respect.
DIGNITY & RESPECT

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

We perform our work with the highest levels of responsibility and integrity.
RESPONSIBILITY & INTEGRITY

We think creatively and build excellence into everything that we do.
EXCELLENCE & INNOVATION

Pharmacy Residency Administration

Under the guidance of the Senior Director of Pharmacy, the UPMC Directors of Pharmacy and University of Pittsburgh School of Pharmacy Department Chair for Pharmacy and Therapeutics are responsible for the overall execution of the residency programs throughout UPMC Presbyterian (PUH), Shadyside (SHY) and Western Psychiatric Hospital (WPH). The Senior Director of Pharmacy and University of Pittsburgh School of Pharmacy Department Chair for Pharmacy and Therapeutics are responsible for the program funding and position allocations for residents.

The PUH/SHY/WPH Residency Leadership Committee is comprised of pharmacy leadership, RPDs, key preceptors and representative residents to coordinate across programs activities, such as recruiting orientation, policies, and shared learning experiences.

The Residency Program Directors (RPDs) are responsible for the individual program execution as well as alignment with the overall UPMC and Pitt direction. The Residency Program Coordinators (RPCs) assist RPDs with program support within individual residency programs. Each individual program has a Residency Advisory Committee (RAC) that provides the structural oversight of and resident progression within that program.

Each RPD is also a member of the University of Pittsburgh School of Pharmacy Residency and Fellowship Council which provides oversight for the Teaching Mastery Program, Resident Research Series as well as sharing best practices among PittPharmacy affiliated programs.

Expectations and Responsibilities

Residents
Residents are expected to represent UPMC mission and values through all professional activities; be punctual for all residency activities and meet assigned timelines; and communicate with RPD and preceptor concerns and needs to meet program requirements through the year.

Residency Program Director
The RPD is responsible for the overall conduct of the program, including but not limited program structure, orientation of residents, preceptor selection, learning experience scheduling, resident development plan and continuous quality improvement for the program. The RPD will communicate with residents and preceptors any potential changes to the program and needs for evaluation. The RPD will be available to residents and preceptors for any concerns or needs in relation to the residency program. When not available, a clear designee will be appointed.

Preceptors
Preceptors will provide the resident orientation to the specific site activities, personnel, schedules, and expectations for successful rotation or learning experience completion; be available for resident assistance for site needs and, when not available, ensure a clear designee is available.

Pharmacy Residency Assessment Strategy

Expectations of the Resident
1. By June 1 prior to arrival, the resident will complete the <u>Entering Resident Form and Interest and Preference Information</u> form prior to entering the residency program.
2. By July 1, the resident will complete a self-assessment of their practice experiences or competencies prior to the initiation of the residency using the <u>ASHP Standard Form and Objective-Based Self-Evaluation</u> in PharmAcademic.
3. For each learning experience, residents will complete the following in PharmAcademic:
    a. <u>Evaluation of Learning Experience</u> and <u>Evaluation of Preceptor</u> at the close of each learning experience
    b. <u>Resident Self-Evaluation</u> at the completion of selected learnings and quarterly for longitudinal learning experiences. The self-assessment should include qualitative assessment including both strengths as well as areas for improvement.
    c. Other customized evaluations as indicated by individual programs.
4. Residents will conduct a <u>self-assessment for each oral presentation</u> (e.g. Pharmacotherapy Updates: Lecture Series & Continuing Education (PULSE), Clinical Pearl, Teaching) to be discussed verbally, including strengths as well as areas for improvement. Feedback from evaluators and moderators as well as attendees will be discussed. Residents should scan copies of written feedback on presentations and upload files to PharmAcademic.
5. Residents may also receive written feedback on slide sets, formulary reviews or other written material. In this case, residents should upload a copy of the final document or presentation to PharmAcademic along with a copy of the draft with feedback.

Expectations of Preceptors
1. Preceptors will provide the resident orientation to the specific site activities, personnel, schedules, and expectations for successful completion.
2. Preceptors should provide the resident sufficient formative feedback throughout the learning experience to help the resident systematically improve performance. Such feedback can be delivered and discussed in a variety of ways: during clinical rounds to address a particular performance, after patient care rounds as a review of daily performance, and/or weekly summation of performance specifics. Feedback should be provided on a weekly basis at minimum and can be documented in PharmAcademic for review by RPD. Individual programs may require additional documentation at set time points utilizing the Activity Formative Feedback evaluation within PharmAcademic.
3. Preceptors will complete a <u>Summative Evaluation of Resident Performance</u> at the end of the rotation (and on a quarterly basis for longitudinal experiences) and document this evaluation within 7-days of the rotation completion. Like feedback, summative evaluation must be discussed in person with the resident and focus on areas of improvement.
4. Preceptors will also complete other customized evaluations as scheduled by the program.
5. Preceptors should bring specific areas of concern directly to the attention of the RPD, via phone call or email. Performance concerns should also be documented within PharmAcademic, providing specific description on the related objective, activity and provide formative feedback on the concern and actionable instruction on how to improve to meet satisfactory progress. If an issue is identified, the resident should be provided regular, no less than weekly, feedback on the improvement process. Any performance that may lead to a *needs improvement* (NI) should be explicitly discussed with the resident and provided opportunity for improvement during the learning experience if

able, including actionable feedback to move to *satisfactory progress* (SP) (see "Evaluation and Criteria" below).

Expectation of the Residency Program Director
1. The RPD is responsible for reviewing entering resident assessments (Interests, Self-Evaluation, Readiness Assessment) and developing an individualized Development Plan specific to each resident. The RPD must meet with residents to discuss the initial development plans as well as quarterly development plans. The individualized Development Plans must be made available and updated quarterly in PharmAcademic. The RPD will also review Duty Hours as part of the preparation for the quarterly updates.
2. The RPD will utilize preceptor evaluations, resident self-evaluations as well as other relevant information to assess resident progress on a quarterly basis.
3. RPD will chair and hold RAC for their program etc…

Expectation of Non-Preceptor Pharmacy Personnel
Many members of the pharmacy staff will interact with residents throughout the year and have opportunities to influence resident development. Pharmacy personnel should deliver both verbal and written feedback to residents when appropriate, such as before and at Pharmacotherapy Updates: Lecture Series & Continuing Education (PULSE) or during resident operational responsibilities. Pharmacy personnel should share both positive and negative feedback regarding residents with the appropriate preceptor.

Expectation of the Residency Program
1. The residency programs must provide sufficient information to residents, preceptors and non-preceptor pharmacy personnel so that they may effectively participate in the program. . Knowledge and understanding of purpose, outcomes, goals and objectives at both the residency and learning experience level are essential for participating.
2. Educational Components include Resident Orientation, New Preceptor Orientation and Preceptor and Staff Refresher. At least two sessions of preceptor development will be delivered through the year.
3. Evaluations of Preceptors and Evaluations of Learning Experiences should be reviewed by the RPD on a quarterly basis in order to identify opportunities to improve learning experiences and preceptor interactions. The RPD may discuss with the RAC where systematic changes are needed during the year. The RPD and RAC will conduct a yearly quality review of the program.

Resident Evaluation Criteria, Definitions and Remediation:
Summative Evaluations (ASHP Formal Evaluation)
Standard definitions of progress toward achieving goals and objectives will allow for reliable interpretation and help provide consistent assessment and subsequent feedback across all programs. The following definitions will be used for all PharmAcademic evaluations: needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR). All NI and SP will provide criteria-based feedback that is actionable, forward facing and include specific examples for improvement. Timeliness of feedback is important to allow for correction and growth. Evaluations should be completed by the end of the rotation and no later than 7 days after the due date.

NI = Needs Improvement
- Definition: Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting 1 or more of the following characteristics:
  o Requires direct and repeated supervision, guidance, intervention, or prompting greater than 50% of the time
  o Makes questionable, unsafe, or non-evidence-based decisions
  o Repeatedly fails to complete tasks in a timely manner
  o Repeatedly fails to incorporate or seek out feedback
  o Acts in an unprofessional manner
- Preceptor Action: The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing detailed example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD early in the learning experience if resident performance concerns are noted that would lead to a NI evaluation. The preceptor should discuss with the resident why the current performance requires improvement and provide formative feedback on how to reach SP by the end of the experience. The resident's progress should be communicated to the RPD in a timely fashion and subsequently with the RAC to reinforce further development.
- Remediation of learning objective: When a NI is assigned to an objective for the learning experience, the RPD should determine when and how to reevaluate the objective that for which a NI was assigned. This remediation plan will be discussed with the resident and outlined in writing with resident acknowledgment. The RPD will document progress and program changes within the development plan.
  o This plan may include but is not limited to the following: 1) identification of an existing learning experience already assigned the goal/objective; 2) addition of the objective in an upcoming learning experience; 3) remediating an activity outside of learning experience; or 4) repeating the learning experience.
  o Progress from NI to SP for the identified objective should occur by the end of the following quarter and may necessitate a change in resident schedule. If an NI remains at the end of the following quarter, see Resident and Fellow Remediation and Dismissal Policy.

SP = Satisfactory Progress
- Definition: Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:
  o Requires infrequent supervision, guidance, intervention, or prompting (50-79% of the time)
  o Makes appropriate, safe, or evidence-based decisions
  o Completes tasks in a time appropriate manner with limited prompting and guidance
  o Incorporates feedback from preceptors with minimal prompting

- o Acts in a professional manner
- Preceptor Action: The preceptor is required to document in PharmAcademic criteria-based, qualitative written comments that are specific and actionable. Feedback should provide the resident with examples and direction to move from SP to ACH for the identified skill/objective.
- Feedback should acknowledge the resident's skill progression within PharmAcademic. Residents are required to reach ACHR on 80% of goals/objectives for graduation (some programs also require 100% for patient related goals/objectives). RPDs will review progression during each development plan session. If a goal/objective that is evaluated multiple times remains at SP, the RPD may work with preceptors to develop a plan to focus on moving this goal/objective to ACH. This plan may include but is not limited to the following: 1) identification of an existing learning experience already assigned the goal/objective; 2) addition of the objective in an upcoming learning experience; 3) remediating an activity outside of learning experience; or 4) repeating the learning experience. For residents that fail to progress from SP to ACH for those identified by the program as required for graduation, see Resident Remediation and Dismissal Policy.

ACH = Achieved
- Definition: Resident is consistently meeting expectations. Resident is independently performing at or above the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:
  - o Consistently makes appropriate, safe, or evidence-based decisions on an independent basis seeking appropriate guidance when needed. (>80% of the time)
  - o Independently and competently completes assigned tasks
  - o Consistently demonstrates ownership of actions and consequences
  - o Accurately reflects on performance and can create a sound plan for improvement
  - o Acts in a professional manner
- Preceptor Action: The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.

ACHR = Achieved for Residency
- Definition: Resident demonstrates sustained performance of independently meeting the goal/objective through the following criteria:
  - o For objectives that are evaluated in more than on learning experience
    - Objective marked achieved in at least 2 learning experiences
    - Objective marked as achieved in the final scheduled evaluation
  - o For objectives are tare evaluated only once
    - Objective marked as achieved
  - o Any previous NI have been resolved for the objective
- Once a goal is marked as ACHR, further comments need not be provided unless a new item for feedback arises on subsequent experiences.
- The RPD will determine ACHR through review of summative assessments, feedback from preceptors and advisors (where applicable). Documentation (within PharmAcademic) of a resident's achievement of a goal/objective for the residency program will be the responsibility of the RPD. This can be done at any point throughout the year, ideally in coordination with a formalized process for resident evaluation such as quarterly evaluations/development plans.
- If a resident regresses in performance after a goal is marked as ACHR, it may be unchecked by the RPD. Documentation of the reason for regression, an actionable plan on how to again meet ACHR should be shared with the resident and documented within the development plan.

	Documentation	Completed by	Reviewed By	Entry	Completion	Review
				Review of Assessment Components		
Resident Objective Based Self-Assessment	Pharmacademic	Resident	RPD	X		Upon entry
Resident Development Plan	Pharmacademic	RPD	RPD Preceptors	X	Quarterly	Quarterly
Resident Readiness Assessment, when available	Written documentation	PGY1 Residents	RPD	X – within first 8 weeks of residency	End of residency	As completed
Orientation	Pharmacademic	Resident Preceptor	RPD		End of Orientation	As completed
Evaluation of Resident	Pharmacademic	Resident Preceptor	RPD		End of Learning Experience; Quarterly, if longitudinal	End of Learning Experience Quarterly
Evaluation of Learning Experience	Pharmacademic	Resident	RPD		End of Learning Experience	Quarterly
Evaluation of Preceptor	Pharmacademic	Resident	RPD		End of Learning Experience	Quarterly
Feedback	Pharmacademic and Verbal	Resident Preceptor pharmacy personnel	RPD		Minimum – weekly	Quarterly
Resident Research	Pharmacademic Written documentation	Resident Mentor	RPD		Quarterly	Quarterly
Resident Teaching	Pharmacadmeic Written Verbal	Resident Mentor	RPD		Quarterly and after activity	As completed
PULSE and Clinical Pearl (when assigned)	Written Verbal	Resident Preceptor Attendees	RPD		After Presentation	As completed
Medication Use Evaluation (when assigned)	Pharmacademic Written document	Resident Preceptor	RPD		As Assigned	As completed
Formulary Review (when assigned)	Pharmacademic Written document	Resident Preceptor	RPD		As Assigned	As completed

Residency Goals

See Program Specific Appendix for complete list of program goals and corresponding objectives.

Resident Experiences

Resident Attendance

The responsibilities of a resident do not coincide with a 40-hour workweek. Residents may expect to be on the premises in general from 7:30-5pm Monday-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. The preceptor and/or program coordinator has the authority to made additional requirements that fall outside the above weekday or weekend requirements. (See duty hour's policy).

The residency coordinator will enter pharmacy resident schedules into the MedHUB system. RPDs will send the resident schedule to the residency coordinator for entry into the system. This will serve as a time log for pay periods and GME funding – therefore, it must be accurate. **Residents are required to report hours weekly. Corrective action may be necessary for residents who do not meet this expectation. See Policy and Procedures RXPS-11057 Tracking of Duty Hour Procedures below.**

Scheduling

Each resident's schedule is devised based on the program requirements and each resident's specific goals. Each resident will complete the Pre-Residency Interest Survey which may be amended to the ASHP Entering Resident Survey to determined career goals and interest in certain experiences/rotations. This should be completed upon entering the program and must be completed no later than mid-June to help create a schedule to accomplish his/her goals. Based on this information, an individualized development plan and schedule is created for each resident at the beginning of the year and used as an assessment tool throughout the year.

Each resident must provide their preceptor with specific goals and objectives in writing at the beginning of each rotation. These goals should reflect the specific rotation, the resident's interest and/or identified areas of weaknesses.

Patient Care

The specific patient care learning experiences are outlined within the program specific appendix.

Teaching

Teaching activities are a part of resident development. There are a multitude of opportunities to teach in various settings within UPMC and PittPharmacy. The exact requirements for teaching are delineated in the program specific appendix. The University of Pittsburgh School of Pharmacy is committed to supporting the development of pharmacy residents as they seek knowledge and opportunities to further abilities in teaching. The Teaching Mastery Program is offered to interested residents of affiliated programs to provide a structured academic program in developing teaching skills. See the individual program appendix for required teaching activities and the PittPharmacy Residency Affiliation Agreement for information on the Teaching Mastery Program.

Project / Research
All residents will be provided with a list of project / research ideas upon their arrival and choose an idea of interest by the designated deadline. The resident and project advisors will follow the requirements addressed in the Residency Research Series section or their individual program's longitudinal research program of the PittPharmacy Residency Affiliation Agreement.

Professional Presentations
All residents will provide presentations as part of professional development and present at least one Pharmacotherapy Updates: Lecture Series & Continuing Education (PULSE) as outlined below. Requirements for presentations outside PULSE are outlined within the individual program appendix.

Residents are assigned to present during Pharmacotherapy Updates: Lecture Series & Continuing Education (PULSE). PULSE is a weekly, ACPE-accredited, departmental continuing education series for pharmacists. Sessions are provided in a lecture format, with Q&A session at the end. Active learning strategies are encouraged, for example, interactive questions, periodic assessments with the audience, or case-based teaching. The purpose of PULSE is to provide the residents with an opportunity to give a formal presentation for faculty, peers and students that could be used during an employment interview or platform presentation at a professional meeting. Residents receive immediate feedback from preceptors and mentors.

Pharmacy Operations
Pharmacy residents provide scheduled pharmacy services within the Department of Pharmacy to provide patient care as well as fulfill learning requirements of individual residency programs. Residents will be provided with a pharmacist training manual during orientation. Residents will be assigned a primary preceptor for the learning experience associated with the provision of pharmacy services.

Exact service expectations may differ slightly by residency program and hospital regarding holiday and on-call requirements. Pharmacy operation requirements for each program is provided within the hospital department policy and procedures as outlined below.

Requirements for Obtaining Residency Certificate

A list of specific requirements is found on the last page of the Program Specific Appendix. A general summary follows.

Learning Experiences
The resident must successfully complete all learning experiences (ie no Needs Improvement) as outlined for the individual program and complete all required associated evaluations. Specific experiences are outlined in the program specific appendix.

Resident Performance
The resident must reach Achieved for Residency (ACHR) on 80% of overall program goals and objectives. The resident cannot have any objectives with Needs Improvement that has not been resolved (ie. Obtained a subsequent SP or ACH) by the end of the program. Individual program may outline certain goals that must be 100% achieved such as those related to patient care. See individual program appendix for specific goals and objectives and requirements for program completion.

Completion of Research/Quality Improvement/Research Project
The resident must present findings of research or quality improvement project at the PittPharmacy Resident Research Day. The resident should have a completed manuscript completed within 2 weeks of the end of the program. However, if extenuating circumstances out of the resident's control do not allow for the manuscript to be completed by end date of the program and all other program requirements are met, the resident may receive his/her certificate as long as a written plan is in place with a timeline for completion of the manuscript within 60 days of the program completion. The resident will recognize that if they fail to provide the manuscript in the agreed upon timeframe, the project mentor may then submit the work for publication and the resident will forgo the right of primary author.

Completion of Teaching Experiences
Requirements for individual residency programs and denoted in program specific appendices.

Presentations
Requirements for individual residency programs and denoted in program specific appendices.

Pharmacy Residency Policy and Standard Operating Procedures

The Standard Operating Procedures (SOPs) for the Department of Pharmacy Presbyterian Shadyside provide oversite to the residency program in addition to the general residency policies of Graduate Medical Education (GME). Where there are similar GME policies, the pharmacy SOPs incorporate and/or refer to these policies. Where there are similar Business Unit or Enterprise Wide policies, the pharmacy SOPs incorporate and/or refer to these policies The SOPs are reviewed at least yearly by the Residency Leadership Committee and pharmacy management. Prospective candidates and residents during orientation will be provided an appendix with the files for ease of review. The department SharePoint contains the current approved and official pertaining to UPMC PUH/SHY department of pharmacy activities and employees which includes residents. Any changes to the policies during the resident year will be brought to the attention of the resident by the RPD. The resident related SOPs are outlined below with the correlated link to the documents within the department SharePoint.

Western Psychiatric Hospital residents abide by the same operating procedures and can be found within the WPH Department of Pharmacy. To avoid duplication of content are not included below. WPH operations is outlined as the only variation.

Access to all department of pharmacy policy and procedures can be found at:
[Policy and Procedure Manuals - All Items (sharepoint.com)](sharepoint.com)

Pharmacy Licensure
RXPS-11058 [Policy and Procedure Manuals - UPMC Pharmacy Resident Licensure (sharepoint.com)](sharepoint.com)

Tracking of Duty Hours
RXPS-11057 [Policy and Procedure Manuals - UPMC Pharmacy Resident Tracking of Duty Hours (sharepoint.com)](sharepoint.com)

Resident Moonlighting
RXPS-11060 [Policy and Procedure Manuals - UPMC Pharmacy Resident Moonlighting (sharepoint.com)](sharepoint.com)

Resident Paid Time Off and Leave
RXPS-11064 [Policy and Procedure Manuals - UPMC Pharmacy Resident Paid Time Off (sharepoint.com)](sharepoint.com)

Resident Well Being
RXPS-11061 [Policy and Procedure Manuals - UPMC Pharmacy Resident Well-Being (sharepoint.com)](sharepoint.com)

Resident Staffing
RXPS-11059 [Policy and Procedure Manuals - UPMC Pharmacy Resident Staffing (sharepoint.com)](sharepoint.com)

Resident Remediation and Dismissal
RXPS-11075 [Policy and Procedure Manuals - UPMC Pharmacy Resident and Fellow Remediation and Dismissal (sharepoint.com)](sharepoint.com)

Verification of Completion of PGY1 (for incoming PGY2 Residents)
RXPS-11045 Policy and Procedure Manuals - UPMC Residency Verification of Completion of PGY1

Resident Early Commitment for PGY2
RXPS-11074 Policy and Procedure Manuals - UPMC Pharmacy Resident and Fellow Early Commitment (sharepoint.com)

Resident On-call Staffing (Presbyterian Inpatient Programs)
RXP-21026 SOP Resident On-call Staffing Shifts.pdf (sharepoint.com)

Graduate Medical Education Policies and Procedures

Policies pertaining to graduate medical education and trainees can be found electronically on the MedHub site → Resource and Documents →UPMC ME Policies and Guidelines.

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

UPMC Administrative Leave Policy
UPMC Disability Accommodations
UPMC Employee Health Policy
UPMC Family Medical Leave of Absence (FMLA) Policy
UPMC Fitness for Duty Policy
UPMC Funeral Leave Policy
UPMC Harassment-free Workplace Policy
UPMC Institutional DEA Regulations
UPMC Paid Parental Leave of Absence (PPLOA) Policy
UPMC Professional Conduct Policy
UPMC Social Networking Policy
UPMC Vendor Management Policy
UPMC ME Policy - Disaster or Interruption in Patient Care
UPMC ME Policy - Grievance and Appeal Policy
UPMC ME Policy - Institutional and Program Level Agreements
UPMC ME Policy – Non-Compete Policy
UPMC ME Policy – Parental Leave of Absence Policy
UPMC ME Policy - Resident Fellow and Faculty Well-Being and Fatigue Management Policy
UPMC ME Policy - Resident and Fellow Visa Policy
UPMC ME Policy - Resident or Fellow Grievance (Non-Academic Issues)
UPMC ME Policy - Supervision and Progressive Responsibility Policy
UPMC ME Policy – Transition of Care Policy

For the Following Policies refer to the corresponding Pharmacy Specific Policy
UPMC ME Policy - Clinical and Educational Work Hours: See Pharmacy SOP Duty Hours
UPMC ME Policy – Moonlighting, and Clinical Skills Enhancement Activities: See Pharmacy SOP Moonlighting
UPMC Personal Leave of Absence Policy
UPMC ME Policy - Trainee Appointment, Renewal, Non-Promotion, Remediation, Probation, & Dismissal

Benefits

Health Benefits
Fringe benefits effective July 1, through June 30 for full-time residents.

- A health insurance plan for the trainee and his/her eligible dependent(s) is provided. Enrollment forms were provided prior to July so that coverage will be in effect July 1st.
- Dental insurance, life insurance, paid short-term disability, and long-term disability insurance coverage are provided; details should be discussed with Human Resources as to eligibility.

For additional questions, please speak to Graduate Medical Education (GME) Office at 412-647-6340.

Wellness Resources

The Resident Fellow Assistance Program through *LifeSolutions* provides free 24/7 access to wellness resources including free assessment and short-term counseling and or referrals to appropriate community resources for personal, career, and job-related needs. Contact 412-647-3669 or www.lifesolutionsforyou.com (login code:RFAP).

The UPMC Graduate Medical Education WELL (Well-Being, Environment, Living and Learning) Subcommittee focuses on resident engagement activities. Activities and information available through MedHub and https://gmewellness.upmc.com/.

Resources

Parking
Parking is available at a UPMC designated lot either by lease or by prepaid debit account.

Work space and access
Each resident will be provided a designated working space and will be provided a computer with all necessary programs (i.e., eRecord, Microsoft Office, Health System Library, Internet access, etc.) This may be a desktop and/or laptop.   Residents issued laptops will be responsible for maintaining good condition during the year and will be returned upon completion of the program.

UPMC Employee Badge will be coded for access appropriate office, pharmacy, and patient care areas. It is the resident's responsibility to have the badge with them at all times.

Communications

UPMC Phones
Each resident will have access to phone services for in-house, local, and long-distance (US) calls within their work space. . All phone calls made are logged within the communications department and reported back to the management of this department. Each resident will receive an individual number that should be kept confidential. Personal phone calls while on distribution services are discouraged. Long distance access is provided as a professional courtesy and should be used with discretion. Inappropriate use will result in a loss of outside phone privileges.

Personal Cell Phones
Residents may utilize a personal cell phone to facilitate business needs in accordance with Health System and Pharmacy policies (see RXPS-12753 SOP Personal Electronic Devices). Such needs include checking email and utilizing teams through appropriate platforms and communicating with preceptors. HIPAA applies to all written communication via text, thus is discouraged and should only be used when immediate needs are present and not able to be communicated in another way. Any onsite photo and video recordings must follow must be done in compliance with UPMC and HIPAA policies. Cell phones should be silenced and not disruptive to patients or coworkers.

Pagers
For institutions that provide pagers for communication, the resident will be provided a pager on the first day of the residency.. The expectations of availability are outlined by the individual program's appendix. The resident is responsible for maintaining the pager in good condition during the year and return at the end of the year..

Email and Microsoft Teams
All residents will be provided UPMC Email and Teams access.

Program Specific Appendix