



**PGY2 Pediatric Pharmacy Resident Manual  
Department of Pharmacy  
2025-2026**

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## Introduction

The residency manual is a compilation of information covering goals, responsibilities, and requirements of the residency. The manual outlines program design, performance evaluation methods, and other significant information relating to the UPMC Children's Hospital of Pittsburgh pharmacy residency which have been designed from the ASHP PGY2 program standards. It is our intention that this manual will serve to orient you and serve as a reference throughout the residency year. Information specific to each rotation is provided separately in the respective learning experience description which can be found electronically in PharmAcademic. Due to the continuous development and evolution of the pharmacy residency program in conjunction with the graduate medical education (GME), information in the manual is subject to change as needed. The residency program director (RPD) and/or residency program coordinator (RPC) will notify you of any changes.

## Welcome

The department of pharmacy services at UPMC Children's Hospital of Pittsburgh welcomes you as our PGY2 pediatric 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 clinical 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 pharmacy 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

### We're Transforming Lives

As employees of UPMC Children's Hospital of Pittsburgh, there is one goal that unites us all: transforming the lives of children through science and compassion. 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.

### Our Vision

To be the world leader in children's health.

### Our Mission

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

### Our 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.

### **UPMC Children's Hospital of Pittsburgh**

For more than 120 years, the UPMC Children's Hospital of Pittsburgh (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 in many pediatric specialties as one of the top 10 pediatric hospitals named by US World and News Report to its honor roll multiple years in a row. 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 main pharmacy is located on the 5<sup>th</sup> floor with an OR satellite on the 4<sup>th</sup> floor adjacent to the ORs. A chemotherapy/hazardous satellite is located on the 9<sup>th</sup> floor adjacent to the pediatric hematology oncology inpatient units and outpatient clinic. The pharmacy staff is collectively involved in a variety of clinical and distributive activities designed to improve patient safety and care.

Pharmacy provides 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, emergency medicine, and infectious diseases/antimicrobial stewardship. The clinical pharmacy team also provides 24/7 on-call clinical services to the medical and pharmacy staff. The pharmacy also serves as a training site for visiting UPMC pharmacy residents and many Doctor of Pharmacy candidates from the University of Pittsburgh and Duquesne University.

Commented [CA1]: changed from UPMC PGY1 visiting residents to how it displays

## Residency Program Overview

The PGY2 pediatric pharmacy residency program at CHP is a 52 week 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.

### Purpose Statement

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.

### ASHP PGY2 Pediatric Pharmacy Resident Competencies

By the end of the residency year, the Children's Hospital of Pittsburgh of UPMC PGY2 pediatric 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 PGY2 pediatric required competency areas, goals, and objectives document which serves as the foundation for their residency year and can be found online at: [Competency Areas, Goals, and Objectives for PGY2 Pediatric 2017](#)

- 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
- Competency Area R5: Management of Medical Emergencies

Commented [CA2]: Should I be referring to that link instead of this one? [PGY2 Pediatric CAGO and Appendices 2023](#) I get confused about the CAGOs and standards still

Commented [JS3R2]: @Carl, Ann - yes the PGY1 was the 2023 but the PGY2 peds is old and is still from 2016/2017 but plan to get updated in the next couple of years.

## Requirements (Pre-arrival)

### Pharmacist Licensure

- As per ASHP standards and program policy, the pharmacy resident must obtain Pennsylvania licensure prior to or within 120 days after the program start date. The UPMC Pharmacy Residency Pharmacist Licensing Guideline should be followed to help ensure the resident is able to successfully obtain their licensure before the deadline. To ensure timely licensure, **all residents must start the licensing process immediately after the match results**. Please complete the licensing process in the order shown below and keep all licensure documentation for your records. The resident should be studying for the Pennsylvania MPJE prior to starting residency and **be fully prepared to take the exam by no later than July 1<sup>st</sup>**. Questions regarding licensure should be addressed to the Pennsylvania State Board of Pharmacy.
- If licensure is not obtained by September 15th, the resident must provide the RPD/RPC with written documentation of progress toward licensure. If the resident does not pass the exam on the first attempt, they must retake at the earliest opportunity permitted by regulations. If the resident does not pass the MPJE after the 2<sup>nd</sup> attempt, they will be dismissed from the program. Residents who do not become a licensed pharmacist in Pennsylvania within 120 days from the start of the program will be dismissed unless there are extenuating circumstances. Until the resident is licensed, they will function under the direct supervision of a preceptor.

### Completion of PGY1 Residency Program

- To be eligible for a PGY2 residency, candidates have completed or be in the process of completing an ASHP-accredited or candidate-status PGY1 residency. The resident must provide the RPD/RPC a copy of their PGY1 residency certificate within 14 days but no later than 30 days from the start of the program. Failure to successfully complete their PGY1 residency program or provide documentation will result in dismissal from the program.

### **Responsibilities of the Resident**

The PGY2 pediatric pharmacy resident will be responsible for the following:

#### Professional Responsibilities:

- Follow all UPMC system, hospital, and department policies and procedures.
- Display the highest degree of professional conduct and attitude during all aspects of their daily practice.
- Treat all patients, families, and team members with dignity and respect.
- Arrive on time for scheduled activities and meetings.
- Attend all meetings and functions as required by the RPD/RPC and preceptors.
- Ask for clarity when needed for all rotation and longitudinal activities.
- Plagiarism will not be tolerated. Use of artificial intelligence may not be used to create text or images for any residency assignment. Use of artificial intelligence for idea development or topic research must be approved by the preceptors. Any use of artificial intelligence must be cited and/or disclosed from a reliable resource.

#### Rotation Responsibilities:

- Complete and send the pre-rotation planning form (in PharmAcademic) to the preceptor(s) at least 1 week prior to the start of the rotation. Discuss with the 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 learning experience PRIOR to the start of the rotation.
- Review and discuss the goals, objectives, learning activities, and required appendix topics for the learning experience with the preceptor(s).
- Discuss with the preceptor any additional goals or focus areas that the resident would like to have addressed during the learning experience. Make any adjustments to the evaluation tools as needed.
- Understand the preceptor's expectations for daily activities, services provided, and preferred method of preceptor contact.
- Understand and maintain the standards of practice established for the learning experience.
- Participate in all pharmacy functions (e.g., rounds, patient care conferences, lectures, medication distribution, drug information, etc.) associated with the specific learning experience.
- As outlined by the residency preceptor, provide a detailed account of the resident's activities and document clinical interventions/notes as they relate to the goals and objectives for the learning 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.



## Program Design

### Orientation (6 wk)

- The first six weeks are devoted to orienting the resident to the hospital, department, and residency program.
- The resident will spend most of the time acclimating and demonstrating proficiency in pharmacy operations responsibilities.
- The resident will be oriented to the electronic medical record, policies, resources, PharmAcademic, Medhub, and basic pediatric topic discussions/appendix items to successfully prepare for upcoming clinical rotations.
- The resident will be selecting and getting started on their longitudinal experiences such as research project, policy/guideline creation or update, and CE presentation.

Required Rotations* (4 wk unless noted)	Elective Rotations* (4 wk unless noted)	Longitudinal Experiences** (over 52 wk)
<ul style="list-style-type: none"><li>• General pediatrics</li><li>• Pediatric oncology</li><li>• Neonatal critical care/nutrition support</li><li>• Pediatric critical care</li><li>• Pediatric cardiac critical care</li><li>• Pediatric emergency medicine</li></ul>	<ul style="list-style-type: none"><li>• Pediatric infectious disease/antimicrobial stewardship</li><li>• Pediatric solid organ transplant</li><li>• Pediatric bone marrow transplant</li><li>• Precepting (5-6 wk)</li></ul>	<ul style="list-style-type: none"><li>• Major research/quality improvement project</li><li>• Medication use evaluation</li><li>• Inpatient pharmacy operations</li><li>• Clinical pharmacist on-call</li><li>• Masters of Teaching Program (optional)</li><li>• Presentations (CE, patient case, journal club, and clinical pearl, staff education)</li><li>• Creation/review of policy or guideline</li><li>• Formulary drug/class review</li><li>• Committee participation</li><li>• Professional development</li></ul>

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

\*\* See more details for each longitudinal experience below.

### Resident Schedule

After the results of the match are known, the RPD/RPC 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/RPC 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.

### Resident Electronic Portfolio

The resident must maintain an organized electronic portfolio in Microsoft Teams that will be used to determine progress and activities during each quarterly update. The resident is required to upload all final deliverables into the files of PharmAcademic. At the completion of the residency, the portfolio will be completed with all work related documents including projects, presentations, slides, certificates etc.

### Master List of Deadlines

The resident will participate in many longitudinal learning experiences. A master list of deadlines will be available for the resident in their electronic portfolio on Microsoft Teams.

### Resident Project

The resident is required to complete a major research/quality improvement 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/RPC. 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 poster and manuscript form prior to completion of the residency. If appropriate, JPPT guidelines may be used for manuscript preparation. The resident may participate in the University of Pittsburgh Pharmacy Resident Research Series. There are 5 main components which are the following:

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. Residents 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 statistics 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)*

Commented [CA4]: could this be defined? I don't see it defined previously and I'm not sure what this stands for

Commented [JS5R4]: @Carl, Ann - I agree. I just changed it to statistics. This was copied from the research series learning description.

### Inpatient Pharmacy Operations and Clinical On-Call

The resident will participate in the inpatient pharmacy operations longitudinal experience. All operation schedule changes must be cleared with the lead pharmacist who develops the pharmacist schedule and the RPD/RPC. 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.

- Pharmacy inpatient operations
  - Every 4th weekend (two 8 hr shifts over 52 weeks from July through June)
  - One evening shift per week (4 hr over 46 weeks)
  - One winter holiday (8 hr) (Thanksgiving Day, Christmas day, or New Years Day)
  - Memorial Day (8 hr)
- Clinical pharmacist on-call (during staffing weekend with back up preceptor from 8AM-8PM Saturday and Sunday (two 12 hr shifts over 52 weeks)
  - Please see resident clinical pharmacist on-call standard operating procedure in electronic portfolio.

**Masters of Teaching Experience (Optional)**

The resident will be provided with the 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.

**Resident CE Presentation Requirement**

The resident will present one formal ACPE-accredited presentation during the residency year. 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. The CE topic will be selected by the resident with guidance from at least one residency preceptor by no later than October 1<sup>st</sup> and should involve a therapeutic controversy or developing research area. 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 PowerPoint 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. 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 30-45 minutes in length. An example and the 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 PowerPoint may be needed only if the resident is presenting nationally.) The presentation should be 20-30 minutes in length. An example and the 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 evaluation form can be found in the resident portfolio.

**Pediatric Pharmacy Staff Education**

As needed based on departmental and rotation opportunities.

**Creation/Review of Policy or Guideline**

The resident is required to create or review a hospital or department policy or guideline throughout the residency year. A preceptor will be appointed to work on this with the resident and will be identified by no later than December 1<sup>st</sup>. The resident will take the policy or guideline through the appropriate committees for approval.

**Formulary Drug/Class Review**

The resident is required to prepare a formulary drug/class review during the residency year. A preceptor will be appointed to work on this with the resident and will be identified by no later than December 1<sup>st</sup>. The resident will take the monograph through the appropriate committees for approval.

**Committee Participation**

The resident will participate on multiple hospital and pharmacy department committees. This includes, but is not limited to:

- CHP Pharmacy & Therapeutics
- UPMC Pediatric Subcommittee
- CHP Clinical Team Meeting (depending on agenda)
- CHP Medication PI Meeting
- CHP Pharmacy Department Meetings
- CHP Antimicrobial Stewardship
- Others as desired based on interest

**Professional Development**

The resident is encouraged to maintain or obtain professional pharmacy membership (i.e. ASHP, PPA, ACCP) and participate in professional pharmacy organizations as desired. The resident is responsible for their professional membership dues.

**Well-being 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 some 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:

- [Resources - Wellbeing ASHP](#)
- <https://wellbeing.ashp.org/?loginreturnUrl=SSOCheckOnly>
- [https://upmchs.sharepoint.com/sites/infonet/Benefits/HealthandWellness/MyHealth/Documents/UPMC\\_Employee\\_Well-Being\\_Resources.pdf#search=wellbeing](https://upmchs.sharepoint.com/sites/infonet/Benefits/HealthandWellness/MyHealth/Documents/UPMC_Employee_Well-Being_Resources.pdf#search=wellbeing)

### Appendix Topics

The resident will demonstrate an understanding of the signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions listed in the PGY2 pediatric CAGO appendix topics. Appendix topics will be assigned during orientation, each learning experience, and as scheduled during regular lunch and learns. The resident is expected to use PharmAcademic appendix list feature to keep track of completion.

### Requirements for Successful Completion

Requirements for successful completion will be reviewed at least quarterly during the quarterly training plan discussion. The requirements for successful completion of the program are listed below:

- Completion of all UPMC pre-employment and orientation requirements.
- Obtain Pennsylvania pharmacist licensure prior to or within 120 days after the residency program start date
- Provide PGY1 residency certificate within 14 days but no later than 30 days from the start of residency
- Successfully achieve for residency (ACHR) 80% of the required ASHP PGY2 pediatric competencies, goals, and objectives
- Complete and provide documentation of the required pediatric appendix topics in PharmAcademic
- Complete the requirements of the individualized training plans
- Complete all rotation presentation requirements as outlined in the residency manual
- Complete all required pharmacy operations shifts as outlined in the manual
- Complete at least one drug/class review
- Complete a medication use evaluation and present as a poster presentation
- Complete a new or update a policy or guideline
- Successfully present a formal continuing education presentation
- Complete and present a large quality improvement/clinical research project as a platform presentation at a local or national conference
- Submit a manuscript suitable for publication
- Maintain an up-to-date electronic residency portfolio and upload files to support deliverables into PharmAcademic

### Resident Quarterly Training Plan

At least quarterly, a formal meeting to address the residents' progress will be conducted. The RPD/RPC, 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 RPD/RPC has the authority to schedule more frequent progress meetings of at least monthly if deemed appropriate for performance issues, disciplinary actions, additional directions, or other miscellaneous issues.

**Commented [JS6]:** @Carl, And - this is from the contract appendix. However, upon looking more at the standards, it can be MUE or policy/guideline and I think the policy/guideline is more valuable in PGY2. That's what I built into the rest of the manual and we can get the appendix list updated in the contract before it goes out. Is this ok with you?

**Commented [CA7R6]:** Yes, I agree that a policy or guideline would be more valuable than the MUE

## CHP PGY2 Pediatric Pharmacy Resident Learning Experience Evaluation Process

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

Commented [JS8]: I left off here to edit this section

Commented [CA9R8]: I reviewed through page 14. It looks amazing!

### Resident Self-Evaluation:

The resident will complete a self-evaluation using the summative evaluation form via PharmAcademic specific for the type of learning experience. The self-evaluations will be completed prior to the scheduled discussion with the preceptor. *Any objective marked NI or SP must have an actionable plan on how the resident plans to achieve this objective on future rotations.* The completed evaluation should be submitted after the discussion and all co-signs should be completed by no later than 7 days after the end of the rotation. For longitudinal experiences (> 12 weeks), evaluations will be completed at evenly spaced intervals and at the end of the learning experience but must be submitted by no later than 7 days after the due date.

### Resident Evaluation of Preceptor and Learning Experience Evaluations:

The resident will complete an evaluation(s) of the residency preceptor and learning experience for each learning experience via PharmAcademic. The goal of this feedback is to improve and maintain a quality experience for the resident and future residents. *At least one area for improvement must be included in the preceptor and learning experience evaluations.* The resident is encouraged to complete these evaluations prior to the discussion with the preceptor and share with the preceptor during the feedback discussion. It is understandable that the resident may wait to submit these evaluations until the preceptor has submitted the resident's final evaluation. For longitudinal experiences (>12 weeks), evaluations will be performed at the midpoint and at the end of the learning experience. However, all evaluations must be submitted by no later than 7 days after the due date.

### Preceptor Evaluation of the Resident:

While continuous verbal feedback should be occurring during a learning experience, written evaluations must occur during the learning experience. The preceptor(s) will complete the evaluation of the resident prior to the discussion with the resident using the programs customized abbreviated midpoint evaluation form and at end of the experience via the summative evaluation form in PharmAcademic. If there are multiple preceptors, all preceptors must complete the evaluation for their feedback to be pulled in by the primary preceptor. *Any objective marked NI or SP must have an actionable plan on how the resident can achieve this objective on future rotations.* The preceptor(s) and resident will review the content of the resident's self-evaluation form together and compare with the preceptor(s)' evaluation. For longitudinal experiences (> 12 weeks), evaluations will be completed at evenly spaced intervals and at the end of the learning experience but must be submitted by no later than 7 days after the due date.

**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 but is not yet able to perform at an independent level.
- **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 or at least once in a non-patient care rotation or longitudinal learning experience.

## **Responsibilities of the Residency Program Leadership**

### **Residency Program Leadership**

The residency program director (RPD) and residency program coordinator (RPC) are responsible for the overall coordination of the residency program. The residency program leadership, 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 pediatric clinical pharmacy practice. Additionally, the residency program leadership 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 residency program leadership serves as the primary liaison between the pharmacy management, preceptors, and the resident. The residency program leadership in conjunction with the pharmacy management onboards, dismisses (when necessary), ensures all requirements for successful completion are met, and certifies the resident's graduation from the program. The residency program leadership also attends and participates in the UPMC pharmacy residency advisory council (RAC) and are responsible for maintaining appropriate documentation for purposes of accreditation by the American Society of Health-System Pharmacists (ASHP) and UPMC Graduate Medical Education (GME).

To provide quality assurance of the training program, the residency program leadership will be responsible for appointing and ensuring preceptors meet the PGY2 preceptor qualifications. They will ensure preceptors have opportunities to enhance their precepting skills. Specifically, preceptors will be encouraged to take advantage of any preceptor conferences or webinars if able. All preceptor and learning experience evaluations will be reviewed by the RPD. On an annual basis, the residency program leadership 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 residency program leadership 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. The residency program leadership will distribute a graduate resident survey at the conclusion of each year to evaluate the strengths and weaknesses of the program.



### Responsibilities of Residency Preceptors

Each residency preceptor must be appointed by residency program leadership and meet/will meet the requirements for a PGY2 preceptor. The 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 be available to guide and monitor the resident's activity and service throughout the experience. The residency preceptor will provide ongoing summative evaluation of the resident's performance, with the goal of advancing the resident's competency on the specific goals and objectives assigned to the experience.

Specific responsibilities are to:

- Be appointed and maintain requirements of a PGY2 preceptor using the electronic academic and professional record (APR) in PharmAcademic.
- Develop and maintain residency learning experience documents per ASHP standards for their specific residency teaching experience(s).
- Understand the resident's ongoing activities and responsibilities of the residency program (through the pre-rotation planning form)
- Provide an overview 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., presentations, mini-projects that can be completed on the rotation.)
- Receive pass off from the prior preceptor.
- 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.
- Complete and discuss all evaluations as outlined in the evaluation section of the manual.
- Provide open communication with the residency program leadership regarding concern for the resident's rotation performance.
- Make efforts to attend and participate in resident presentations.
- Actively participate in the residency program's annual feedback session

#### CHP Pharmacy Residency Preceptors:

Meyer Aschkenas, PharmD, *Pharmacy operations*

Ann Carl, PharmD, BCPPS, *Inpatient pediatric solid organ transplant*

Elizabeth Ferguson, PharmD, BCPPS, *General pediatrics*

Serene Sheikh, PharmD, *Pediatric antimicrobial stewardship/infectious disease*

Shawn Meehl, PharmD, BCPPS, *Pediatric BMT*

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

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

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

Kevin Ordons, PharmD, BCCCP, *Pediatric/cardiac critical care*

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

Jordan Stork, PharmD, BCPPS, *Pediatric critical care*

Erin Tamulonis, PharmD, *Pediatric emergency medicine*

Beth Travers, PharmD, BCOP, *Pediatric oncology*

Patrick Watchorn, PharmD, *Pediatric critical care*

Chris Yang, PharmD, *Outpatient pediatric complex care*

## Benefits

**Start date:** July 1<sup>st</sup>

**Term of appointment:** 52 weeks

**Yearly stipend:**

- \$56,552 (2025-2026 paid monthly)
- \$58,249 (2026-2027 paid monthly)

**Benefits:** For additional questions, please visit <https://www.upmc.com/careers/gme/about/benefits>

- Includes medical, vision, dental insurance, and disability at no cost
- Food stipend (in both July & January pays)
- A travel stipend may be available as determined on an annual basis. The resident will not be required to attend a conference if unable to provide a travel stipend. Previous conferences have been limited to a maximum of \$2,000.

## 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 (includes personal, sick, interviews, non-required conference attendance).
- The resident is required to complete their PTO request forms using electronic form in their electronic residency portfolio on Microsoft Teams.

## Holidays

The resident will have the following five UPMC approved holidays off:

- Fourth of July
- Labor Day
- Martin Luther King Day
- 2 non-working winter holidays as described 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.
    - **Either** Thanksgiving Day **OR** Christmas Day **OR** New Year's Day (the resident should expect to staff for 8 hours during each of the shifts for the assigned holiday)
    - Memorial Day

## Parking

Parking is available at no cost in the designated attached UPMC parking garage.

## Pagers

The resident will be provided a pager on the first day of the residency. A mobile app (Spok) may be used in place of the physical pager. 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. The resident must return the pager to the RPD/RPC as part of the completion of the residency program.

**Office Space, Telephone and Keys**

The resident will be provided a designated working space and will be provided a computer with all necessary programs (i.e., Microsoft office and internet access) and access to the network printers. A key will be provided to each resident to access appropriate areas.

The office will have access to a personal phone and voicemail and use of a mobile app (Rainbow). The 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 first. Personal phone calls from the office phone is discouraged and long distance access is provided as a professional courtesy and should be used with discretion.

## **Residency Policy and Procedures**

### **Resident Attendance & Duty Hours**

The responsibilities of a resident do not coincide with a 40-hour work week. Residents should expect to be in the hospital from approximately 6:30am to 4pm Monday through Friday. A remote work option may be utilized after discussion with residency program leadership and the current preceptor if the resident is able to complete the rotation responsibilities for that day. Otherwise, PTO should be used if the resident is unable to perform rotation responsibilities. 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/coordinator 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.

The resident is required to record all required hospital duty hours via the GME MedHub system which will be detailed during orientation. Required rotation time spent when working remotely will be documented. Hours spent preparing presentations, topic discussions, etc. do not count towards duty hours. The residency program leadership will evaluate that duty hours are not exceeded by reviewing the resident's hours in MedHub. Pharmacy residency programs must comply with the ASHP Accreditation Standard "Duty Hours Requirements for Pharmacy Residencies" from ASHP. 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**

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 residency program leadership. 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 request to moonlight will not be approved if the resident has received an NI on a rotation evaluation, has missed a rotation or project deadline, is on an individualized performance improvement plan, or the residency program leadership has concerns about the resident's performance.
3. 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.
4. The residency program leadership must pre-approve through prior written notice of intentions to seek moonlighting experiences, both internal and external. Residents will follow the program procedures which include submitting via the moonlighting request form or the electronic process in MedHub as directed by the individual program. If at any time the residency leadership 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.
5. Residents must record all moonlighting experiences, internal and external, via MedHub Work Hours.

6. 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 6am-5pm.

**UPMC Pharmacy Residency Program  
Request for Moonlighting**

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 is as follows:

Date	Hours to be Worked	Moonlighting Location	Rotation Assignment

I attest that my scheduled duty hours, 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's electronic portfolio and the hours submitted in MedHub.

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**Name**

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**Signature**

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**Date**

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**Residency Program Leadership Approval Signature**

**Date**

**Resident Leave of Absence:**

Pharmacy residents are eligible to apply for a personal leave of absence (LOA) for compelling personal reasons or medical necessity as consistent with UPMC GME policy. The request for a leave of absence must be submitted in writing to the residency program leadership. Approval or denial of personal leave is at the sole discretion of the residency program leadership with input from the Residency Advisory Committee (RAC) and UPMC GME. The resident will be required to use all PTO before taking unpaid leave. Time away from the program may not exceed greater than 37 days. Residents requiring LOA and able to not exceed the 37 days away from the program, will be allowed to complete the residency program as originally scheduled provided they are able to meet the requirements for successful completion. For residents requiring > 37 days away from the program and still desiring to return to complete the residency program within 3 months from the date of LOA, the residency will be extended for an amount of time deemed appropriate by the RPD, Residency Advisory Committee, and GME needed to meet the requirements for successful completion. If the resident has not received the full 52 weeks 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 leadership and pharmacy management 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 residency program leadership in conjunction with the Residency Advisory Committee (RAC) and/or UPMC Graduate Medical Education (GME) will review the results of the investigation to determine the need to initiate a corrective action process. The residency program leadership 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:

- Verbal and written counseling including specific expectations for improved performance or behavior.
- Issuance of verbal and written warnings of the duration of probationary period associated with the corrective action process.
- 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.
- 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 residency program leadership, alone or in conjunction with the Residency Steering Committee (RAC) or Graduate Medical Education (GME) 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.

**Graduate Medical Education Policies and Procedures**

Policies pertaining to graduate medical education and trainees can be found electronically in GME MedHub. Not all policies are specifically pertinent to pharmacy residents. Those with which pharmacy residents should become familiar include:

- 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)