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About UPMC and Graduate Medical Education

UPMC Graduate Medical Education

The Pharmacy Residents at UPMC McKeesport are subject to all UPMC Graduate Medical Education (GME) requirements in addition to the guidelines contained in this document for their educational experience.

All UPMC GME policies are located in GMEknows within Sharepoint, which can only be accessed through the UPMC secured intranet: https://scholar.shp.upmc.com/GMEknows/Portal/Policies.aspx

Pharmacy resident UPMC GME policies:
- Disabilities
- Grievance and Appeal
- Harassment
- Impairment
- Social Networking
- Termination
- Administrative Leave of Absence
- Family Medical Leave of Absence (FMLA)
- Personal Leave of Absence (PLOA)

Materials related to the Pharmacy Residency including but not limited to evaluations, training plans, and warning letters will be shared with the ASHP if requested, as part of the accreditation process.

UPMC Health System

UPMC is one of the leading nonprofit health systems in the United States. A $10 billion integrated global health enterprise headquartered in Pittsburgh, Pennsylvania. UPMC develops and delivers Life Changing Medicine by harnessing the power of technology, translating science into cures, and accelerating the pace of innovation worldwide.

As Pennsylvania’s largest employer, with more than 55,000 employees, UPMC is comprised of:

- More than 20 hospitals
- More than 400 clinical locations that encompass long-term care and senior living facilities
- A nearly 1.6-million-member health plan
- A growing international and commercial segment

A passion for innovation lies at the heart of UPMC’s success. UPMC’s unique strategy of combining clinical and research excellence with business-like discipline translates into high-quality patient care for both western Pennsylvanians and the global community.

UPMC is organized into three major operating units:

Provider Services, which includes a comprehensive array of tertiary, community, and regional hospitals; specialty service lines, such as transplantation, women’s health, behavioral health, pediatrics, UPMC Cancer Centers, and rehabilitation; in-home care and retirement living options; contract services, including pharmacy and clinical laboratories; and more than 3,000 employed physicians and associated practices.

Insurance Services, which offers health insurance to companies and their employees, as well as recipients of government programs such as Medicare and Medical Assistance; integrated workers’ compensation and
disability services; and coverage for behavioral health services to Medical Assistance beneficiaries in 35 Pennsylvania counties.

International and Commercial Services, which exports UPMC's medical expertise and management know-how internationally, pursues commercialization opportunities, and develops strategic partnerships with industry leaders. Closely affiliated with, the University of Pittsburgh Schools of the Health Sciences, UPMC continues to successfully develop internationally renowned programs in:

- Transplantation
- Cancer
- Neurosurgery
- Psychiatry
- Orthopedics
- Sports Medicine

By leveraging our clinical and technological expertise to create breakthrough products and services, UPMC is taking a leadership role in transforming the economy of the region by:

- Pioneering new information technology applications to link and integrate electronic medical records across multiple hospitals and care settings
- Nurturing the creation of new companies
- Developing strategic business relationships with some of the world’s leading corporations
- Expanding clinical services and state-of-the-art medical expertise into international markets, including Italy, Ireland, China and Japan
- Leading research initiatives in a variety of new fields, such as regenerative medicine and biosecurity
- Contributing more than $560 million in Fiscal 2010 to charitable organizations and community-based health improvement programs
- By creating new jobs, new businesses, and new models for health care delivery and community support, UPMC’s Life Changing Medicine is changing the medical world, as well as the whole wide world.

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 at the center of everything we do and creating a model that assures 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.
- 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.
- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout health care.
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

UPMC is an equal opportunity employer. UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.
UPMC McAdoo PGY1 Pharmacy Program Purpose and Description

PGY1 Residency Program Purpose
PGY1 Pharmacy Residency programs build on PharmD education and outcomes to contribute to the development of a clinical pharmacist 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.

UPMC McAdoo Program Description
The PGY1 Pharmacy Residency Program at UPMC McAdoo resides in a community teaching hospital with an emphasis on the underserved, including exposure to addiction medicine and behavioral health. The program provides the pharmacy resident with direct patient care activities in a variety of settings throughout the year, as well as the opportunity to integrate and enhance accumulated experiences and knowledge to improve drug therapy. UPMC McAdoo houses family medicine and internal medicine residency programs, which enables close collaboration for resident education. In addition to clinical activities, pharmacy residents gain teaching experience through informal and formal presentations to health care professionals, precepting pharmacy students, and teaching opportunities through the University of Pittsburgh School of Pharmacy. Pharmacy residents also develop research skills through practice and instruction as they complete a research project and participate in a research series with peers. Involvement in teaching opportunities and research allow for interaction with pharmacy residents in other UPMC training programs. Upon completion of the program, our residents are well-prepared to assume any of the following roles: patient care provider, clinical faculty member, or PGY2 resident in a focused area of practice.
Requirements and Selection of Residents

Obtaining a Residency Position

1. Applicants must be eligible for pharmacist licensure in the state of Pennsylvania. Applicants for a residency position must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). To apply for a first-year position, a graduate from a non-ACPE accredited program must have passed the NABPLEX (National Association of Boards of Pharmacy Licensing Exam) and satisfy all US immigration laws.

2. Applicants must fill out an application in PhORCAS, provide three letters of recommendation, and provide a full transcript of grades. After review by the Pharmacy Residency Director and recruitment committee, personal interviews will be arranged through the recruitment coordinator.

3. After completion of the interview day, all faculty, residents and staff that were involved with the applicant are asked to complete a Resident Applicant Evaluation Form.

4. A recruitment committee, chaired by the Pharmacy Residency Program Director, rank applicants based on the following criteria, including but not limited to:
   a. Academic record
   b. Communication capability, ease of interacting with the applicant
   c. Pertinent academic and professional experiences of the applicant
   d. Letters of recommendation
   e. Residency application
   f. Fit within program and department

5. PGY-1 residents are matched through the National Resident Matching Program.

Resident Licensure Requirements

Until the resident is licensed, he or she will function under the direct supervision of a preceptor.

1. The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning where they have matched for their residency program. The resident pharmacist is encouraged to take the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) prior to July 1, if possible.

2. The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam in the state and having an active pharmacist license) within 90 days of the beginning of the residency (September 30).

3. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
   a. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the RAC will allow a 30-day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.
      i. If approved:
         1. This extension will be noted in the RAC minutes and development plan.
         2. A mandatory referral to the Resident and Fellow Assistance Program (RFAP) will be placed for test taking strategies.

      ii. If this extension is not approved, the resident will be dismissed.
   b. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.

4. If a 30-day extension has been provided and the resident is still not licensed as a pharmacist at the end of the 30-day extension, the resident will be dismissed.

Commented [LN1]: Added 11/2022
Questions regarding licensure should be addressed to the Pennsylvania State Board of Pharmacy.

**Expectations of the Resident**

The resident will complete the ASHP Entering Interest Form prior to entering the residency program. Residents will also complete a self-assessment of their practice experiences or competencies prior to the initiation of the residency using the ASHP Objective -Based Self-Evaluation in PharmAcademic. **These assessments should be completed by July 31.**

The resident will complete a Self-Evaluation at least 3 times throughout the year. The self-assessment should include qualitative assessment including both strengths as well as areas for improvement. Residents will also complete an Evaluation of Learning Experience and Evaluation of Preceptor at the close of each learning experience. These are provided electronically in PharmAcademic.

The resident will conduct a self-assessment for an oral presentation and report verbally 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. 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.

**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 RPD has the authority to make additional requirements that fall outside the above weekday or weekend requirements. *(See duty hour's policy)*

**Requirements for Successful Completion**

Requirements for successful completion of the residency program are provided to the residency candidate during the interview as well as after successfully matching as part of the residency position acceptance process. Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP.

The items that must be completed and/or submitted to the Program Director to obtain the residency certificate are listed in Appendix A.

**Disciplinary Action, Dismissal and Leave**

**Disciplinary Action**

All disciplinary actions are subject to review by a committee consisting of the Pharmacy Residency Program Director, a representative from the UPMC McKeensport Pharmacy Department and Director of Pharmacy.

**Disciplinary Policy**

Disciplinary or remedial action may be undertaken if the resident:

1. Fails to comply with bylaws or policies of the hospital or residency.
2. Is disrespectful to staff or patients.
3. Demonstrates dysfunctional behavior patterns such that patient safety is jeopardized.
4. Exhibits signs of chemical abuse and/or dependency.
5. Fails to perform responsibilities of the residency.
6. Is unable to achieve Standard Progress of the goals and objectives of any educational experience.

**Disciplinary Procedure**

When disciplinary action is warranted, the Pharmacy Residency Program Director will:

1. Notify the resident and discuss the alleged offense.
2. Provide oral and written direction to the resident to correct the behavior leading to the offense.
3. Issue a warning letter that may be placed in the resident’s file specifying the expectations of the resident and remedial educational plan, if necessary.

**Other actions that may be taken include but are not limited to:**

1. Impose a term of probation of up to 180 days which may later be added to the time required to complete the residency.
2. Impose a requirement for consultation and treatment for medical, emotional, psychiatric, chemical dependency and/or abuse if appropriate for the situation.
3. Initiate dismissal of the resident from the residency if the resident fails to meet the expectations outlined in the warning letter.

Nothing in this policy or procedure shall limit UPMC’s right to take corrective action or discharge the pharmacy resident.

The pharmacy resident is also subject to the UPMC Fitness for Duty Policy HS-HR0721.

**Resident Evaluation, Promotion, Remediation, Suspension and Termination**

The pharmacy resident is subject to the UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-promotion, Remediation, Probation, Suspension and Dismissal Policy.

The pharmacy resident is expected to provide the necessary effort to perform at or above a satisfactory level in the Residency Program. The Resident Pharmacist’s performance will be evaluated regularly with periodic feedback provided. Resident Pharmacists who remain in good standing and, who produce at least satisfactory continuing performance as determined by the Program Director and Residency Program faculty may be eligible for promotion to the next level of responsibility.

Pharmacy residents who have performed at a lower than satisfactory level or fail to meet program requirements for progress approval as determined by the Program Director and Residency Program faculty, may be provided with an opportunity for remediation and performance improvement. Remediation may include, but is not limited to, referral to Resident and Fellow Assistance Program (RFAP) or repetition of the rotation or experience where unsatisfactory performance was determined.

Pharmacy residents who fail to improve after remediation may be required to extend their training or may be placed on probation, suspended, or terminated. Resident Pharmacists engaged in unacceptable or egregious misconduct, as determined by the Program Director in consultation with the Designated Institutional Official for UPMC ME and/or their designee, may be immediately suspended or terminated.

**Vacation / Sick Days / Paid Time Off (PTO) and Leave**

**Purpose:** In accordance with UPMC Medical Education Policy and Procedures, the Department of Pharmacy recognizes the need for residents to receive time off for vacation, sickness, and personal time, and to attend exams, conferences, or interviews for career progression. Leave for other reasons or beyond the allotted time are defined below. The following outlines the process for requesting paid time off.

i. **Paid Time Off (PTO)**
   a. Residents will receive up to 4 weeks days of paid time off (PTO) per the contracted year. A week is defined as 5 business days; thus twenty (20) days may be used as PTO. The PTO categories and procedure are as follows:
      1. All days are allotted at the start of the residency.
ii. PTO Days refer to the following: fifteen (15) personal days (for vacation, sick days and general personal time off) and five (5) professional days (for exams, conference attendance, and interviews).
   1. If residents need more professional days (exams, conferences, interviews), they may pull days from their personal time bank (vacation, sick, and personal time), but not vice versa.

iii. PTO do not include the following: bereavement time, jury duty, or military leave.

iv. Unused days will not be paid at the end of academic year or at completion of training.
   1. Residents may not request off more than 20% time of a required rotation (block and longitudinal). Residents may not request off assigned staffing holidays or weekends. Staffing shifts must be traded to ensure adequate staffing if an early departure is granted. It is preferred to trade a shift within the same pay period (weekend prior to or after assignment) in order to evaluate duty hours.
   2. However, residents may be required to take PTO to remain within duty hour requirements to make-up a staffing shift.
   3. Make-up shifts must be coordinated as outlined under pharmacy operations for the pharmacy area and must follow duty hour requirements.
   4. A missed holiday shift will be made up with another holiday shift, based on the availability of additional holidays during the residency year or a weekend shift as dictated by department needs.

v. PTO will not be granted during the last two weeks of the program.

vi. The last working day of the program is June 30 or as approved by pharmacy administration.

vii. Early departure from the residency program may be considered if the resident is moving from one post-graduate training program to another or to a position with a July 1 start date (maximum of two days). Staffing shifts must be traded to ensure adequate staffing if an early departure is granted. The same procedure applies as set forth above regarding missed assigned holiday or weekend shifts.

b. Sick days will be taken as needed. If available days needed exceed PTO days available, see Leave of Absence section below.
   i. The RPD and current preceptor must be notified as soon as possible if a sick day is taken. The preceptor should be called/paged and the RPD emailed. It is the responsibility of the resident as they are physically able to make sure all patient care and other responsibilities are covered during this time.
   1. If unable to do so due to illness the preceptor/RPD will make arrangements.
   ii. If greater than 20% of a scheduled required rotation (as defined above), are missed due to illness, the resident/fellow will refer to the Leave of absence section below. Residents who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift, therefore will not be assessed PTO for that day.

c. Residents will be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours upon approval and coordination with rotation preceptor.
   1. If time away is greater than 3 hours on a given ½ day, PTO may need to be utilized.

d. Professional days – Residents may use up to 5 paid days for professional activities, as defined below. Additional days for professional activities must be taken as PTO days.
   i. Licensure examination is a required step in practicing pharmacy and professional days may be utilized for preparation or time to take the exam.
   ii. Residents are encouraged to become active in their careers by attending professional meetings and networking.
   1. Resident is required to attend ASHP Midyear Clinical Meeting to assist with recruiting the next resident.
a. The day(s) of meeting attendance for recruitment or UPMC activities are not assessed paid time off or professional days as the time supports UPMC efforts. This must be agreed upon in advance with pharmacy department operations and the program director. Only days with required activities will apply.

b. Note that travel stipends are not guaranteed based upon annual budgets.

2. If a resident is interested in attending additional professional meetings for networking or accepted posters/presentations, the program director should be contacted to discuss this opportunity as soon as possible. The time off request process should be followed, and professional days paid time off will be utilized. Travel support is generally not available.

iii. Resident’s career progression requires time for interviewing.
   1. The resident must notify the preceptor and program director as soon as an interview date(s) is(are) determined as it may potentially affect the rotation.
   2. Paid time off professional days will be utilized. If interview days needed are beyond the available 5 professional days, PTO for personal time must be utilized.

e. Wellness Days - To encourage resident health and wellness. Wellness Days will be provided to residents on a case-by-case basis. Wellness days are defined as time off with no penalty that includes health maintenance (e.g., doctor’s office visits) and mental health days for residents at risk of burnout. Anyone interacting with the resident that identifies resident at risk of not maintaining health and wellness can bring to the attention of the RPD to initiate process of providing wellness day(s). These days will be awarded to residents by the RPD after discussing with the resident their current state and exploring alternatives, as needed. The number of wellness days provided by the RPD is dependent case-by-case, but not to exceed 10 days. If the maximum days are exceeded, the RPD will discuss further options with the resident (i.e., RFAP, leave of absence, extension of academic year if progression and/or rotation completion are impacted, etc.).

f. Paid Holidays for UPMC include Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and New Year’s Day, therefore the resident will not utilize PTO for these days. Each resident will work 2 holidays (resident will not staff on Independence day as it is too soon to the start of the residency year and the resident will not be adequately trained yet).

g. Non-UPMC holidays or days where the learning experience preceptor is on PTO or off site, are not off days for the resident.
   i. The resident is expected to be onsite at work.
   ii. If this is a day the resident would elect to take off from all residency activities, PTO must be utilized.
   iii. If the resident is found not to be engaged in residency requirements (service or office based) it will be considered unauthorized absence and PTO will be decremented, and disciplinary action may be warranted if not approved via proper process.

h. The above is subject to consideration of extenuating circumstances; deviations from the above will be considered on a case-by-case basis.

ii. Requesting time off service

a. To ensure the delivery of quality patient care, advance scheduling of PTO and professional days whenever possible is required. Requests should be submitted 14 or 60 days prior to the date requested, depending on the number of days off anticipated (see below). Residents will be given every consideration to accommodate the requests for PTO and professional days, but such requests cannot be guaranteed.
   i. The procedure to request PTO Days (both professional and personal days) is outlined below:
      1. Resident to contact the preceptor(s) during the affected learning experience prior to the learning experience if possible.
2. After preceptor(s) approve PTO days, resident will put in request into MedHub. All PTO must be documented within MedHub by the resident.
3. Residency Coordinator/RPD will review and approve/deny the requests.
4. Approval must be obtained at least 14 days in advance of the anticipated time off. If more than 3 consecutive days will be taken, the RPD must be notified at least 60 days in advance. There may be case-by-case exceptions provided as with sick days.
   ii. It is the resident’s responsibility to ensure that all practice, on-call, and teaching responsibilities are adequately covered during their expected leave.
   iii. Residents are required to keep an accurate log of days remaining for PTO and professional days. They must be able to provide documentation at any time of the approval of all days.
   iv. There will be strict enforcement of the submission date. No more than 20% of time for a required rotation will be granted time off for professional or personal days as defined above.

iii. Leave of absence
   a. Residents may require time away from the program for extended illness, family, or personal reasons.
      i. Residents should notify the RPD as soon as the need for leave is recognized.
      ii. If more than 20% of time for a required rotation, as defined above, of leave is required, the learning experience will be extended or repeated to meet the objectives or rescheduled. Given that the resident must complete a practice commitment with a minimum of 12 months, an extension up to 90 days will be granted depending on the circumstance (i.e. more than 1 learning experience is impacted or repetition/extension of the learning experience will not allow full evaluation of goals/objectives).
      iii. If a resident requires an extension to the program to meet requirements for completion, the program may be extended up to 90 days for the resident to successfully meet the requirements of the residency. The resident must complete the program with a minimum of a 12-month practice commitment and no more than a 90-day additional extension.
   b. Illness or family leave: Should a resident require leave for personal illness or maternity/paternity leave, the resident is permitted time through the UPMC HS policy HS-HR0719 Personal Leave of Absence (PLOA) and the UPMC HS Policy HS-HR0757 Paid Parental Leave of Absence (PPOA)
   c. Personal leave: Should a resident require time away from the program for personal reasons, the resident should refer to UPMC Administrative Leave Policy and UPMC HS Policy HSHR0719 Personal Leave of Absence (PLOA).
   d. Bereavement Leave: Should a resident experience a death in the family during the residency year the resident is permitted bereavement time per the UPMC HS Policy HSHR0729Funeral Leave. A resident requesting time beyond the allotted Bereavement days may utilize PTO.

iv. Unexcused Leave
   a. Any absence not approved by the RPD and properly documented within MedHub.
      i. Disciplinary or remedial action from an unexcused absence shall be at the discretion of the RPD.

Program Structure and Learning Experiences

Goals and Objectives
See ASHP Required Competency Areas, Goals and Objectives for PGY1 Pharmacy Residencies for the complete list of goals and corresponding objectives.

Required Experiences
The resident must first complete a required 5-week orientation period, with flexibility depending on the resident’s progression and comfort. After the orientation period, the program consists of 4 or 6 week required patient care learning experiences and longitudinal experiences. The four-week required experiences
include: Clinical Stewardship, Oncology Distribution, and Pharmacy Management. The six-week required experiences include: Addiction Medicine/Behavioral Health, Critical Care (at UPMC East), Family Medicine Hybrid, and Acute Care.

Additionally, Formulary Review is a learning experience that is a required indirect patient care experience scheduled to evaluate specific competency areas regarding management of formulary and medication use processes. This experience is scheduled at specific times throughout the year according to factors such as the Health System P&T Committee needs. The duration of this experience can vary from a one-time occurrence to a 4-week period.

**Longitudinal Experiences**

The following rotations are required longitudinal experiences, which include both direct and indirect patient care: The 9th Street Clinic, Inpatient Staffing, Presentations, and Residency Research. These experiences occur for the entirety of the residency program based on the experience (i.e., weekly for The 9th Street Clinic, monthly for presentations, bimonthly for staffing, etc.).

**Elective Experiences**

Electives are available based on resident interest and preceptor availability. Electives may range in duration depending on preceptor and site availability but consists on average of two four-week experiences. Residents may choose to attend a medical brigade to Honduras through Shoulder-to-Shoulder Pittsburgh for up to 2 weeks (space and availability as determined by the organization), repeat an on-site rotation with advanced independence, or in a specialty area available within the UPMC Health System.

**Resident Schedules and Work Hour Documentation**

The RPD or residency coordinator will enter resident schedules into the MedHub system as well as in PharmAcademic. MedHub will serve as a time log for duty hours and pay periods – therefore, it must be accurate. **Residents are expected to report hours in MedHub weekly. Corrective action may be necessary for resident who do not meet this expectation.**

Each resident’s schedule is devised based on the program requirements and each resident’s specific goals. Each resident will complete an **Entering Interests Evaluation** and **Entering Self-Evaluation** at the beginning of orientation in order to help create a schedule to accomplish his/her goals. Based on this information, an individualized plan is created of each resident at the beginning of the year and used as an assessment tool throughout the year (i.e., quarterly resident development plans).

Each resident will meet with the incoming and outgoing rotation preceptors and discuss 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. Preceptors will also communicate during rotation transition to identify the resident goals, strengths, and weaknesses.

**Orientation**

The UPMC McKeesport resident completes a standard orientation during the first month to ten weeks of their program. Orientation duration and activities will be modified to meet the resident’s strength, weaknesses, and interests. The program director and pharmacy staff will orient residents to the program’s purpose, applicable accreditation standards, designated learning experiences, and evaluation strategy. In addition, residents will be introduced to the various operational areas of the UPMC McKeesport Pharmacy Department and gain experience under the guidance of a full-time staff pharmacist. Residents will also attend a GME and a University of Pittsburgh School of Pharmacy orientation.

Orientation to the ASHP PGY1 Program Design and Conduct will be accomplished in the following manner:
• Provision of the following documents for residents to review: Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies, Accreditation Standards for PGY1 Pharmacy Residency Programs, and evaluation criteria definitions
• Provision of the UPMC McKeesport Pharmacy Residency Program Manual and Policies and Procedures, along with the University of Pittsburgh School of Pharmacy and Pharmacy Residency Programs Collaboration document

Other items to be addressed during orientation include:
• BLS training (and ALS if applicable)
• Orientation to each learning experience will be provided on the first day of the experience by the preceptor. The preceptor will review the description of the learning experience as well as resident responsibilities, all scheduled meetings, and the overall schedule. Finally, the evaluation schedule and expectations will be reviewed.

Patient Care
The specific patient care rotations and expectations are outlined in the Learning Experiences found in PharmAcademic.

Residency Research
Various residency-related projects are required throughout the year. One main residency project is required by ASHP. The resident and project advisors will follow the requirements addressed in the Residency Research Series section of the University of Pittsburgh School of Pharmacy and Pharmacy Residency Programs Collaboration document. The resident will prepare a manuscript of his/her research project suitable for contribution to a peer-reviewed journal.

Presentations
The resident will be provided with numerous opportunities to enhance their verbal and written communication skills in a variety of settings within UPMC McKeesport and the University of Pittsburgh School of Pharmacy. The pharmacy resident will give both formal and informal presentations during the residency year. The required presentations include, but are not limited to the following:
• Noon conferences for Internal Medicine Program
• Core lectures for Family Medicine Program
• In-services, in-patient teaching, and informal presentations for pharmacy and hospital staff as requested or at the discretion of the preceptor

Presentation procedure:
• July – December: practice presentations to be scheduled 1 week prior to presentation. Resident to take ownership of scheduling these.
• December RAC meeting: RAC to assess resident progress and determine if resident can move to next level of oversight.
  o Next level of oversight can include the following depending on resident progress and medical knowledge: send out slides at a minimum of 1 week in advance for review or no further review needed prior to the presentation. Oversight is also subject to change based on feedback. Determination to be documented in resident’s development plan. Will continue to reassess during next quarter and evaluate at next RAC meeting.

Teaching
Teaching activities are a part of resident formation and will occur in various settings and to a variety of health care professionals, including medical residents and staff, pharmacy staff, and pharmacy students.
The Teaching Mastery Program is offered to interested residents to provide a structured academic program in developing teaching skills. See the *University of Pittsburgh School of Pharmacy and Pharmacy Residency Programs Collaboration document* for additional details and requirements.

**Pharmacy Operations (Inpatient Staffing)**
To provide residents with model pharmacy practice experience, the resident will participate in service learning (i.e., distributive services) activities of the program. Residents will be provided with the [Pharmacist Orientation and Training Manual](#) during orientation. PGY1 service-learning commitment includes staffing in the Pharmacy Department and/or working on assigned projects within the department. Duties may vary year to year, depending on departmental initiatives. The resident staffs approximately *every other weekend, as well as one major holiday and one minor holiday.*

**Holiday Coverage**
The resident will be expected to be in the hospital during their staffing requirements, including holidays. The resident is required to work *one major holiday and one minor holiday*, as listed below:

- **Major holidays**: Thanksgiving Day, Christmas Day, New Year’s Day
- **Minor holidays**: Martin Luther King Jr. Day, Memorial Day, Fourth of July, Labor Day
  - *Resident is not subject to work Fourth of July given proximity to start of year*

Residents will be provided a schedule of their assigned staffing requirements throughout the year. Changes may be made to accommodate licensure status of incoming residents.

Schedule change requests must receive the approval of the Pharmacy Operations Manager. Residents who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift at the discretion of the Pharmacy Operations Manager.

In addition to required staffing shifts, residents may pick up extra shifts for moonlighting pay as outlined under the Duty Hours and Moonlighting Policy. This pay will be in addition to your usual take-home pay and is at the pharmacist hourly rate. Residents must receive approval from the Pharmacy Operations Manager and RPD and must be in accordance with the duty hours and moonlighting policies attached.

**Residency Advisory Committee**
The RPD is responsible for the program execution. The UPMC McKeosport Residency Advisory Committee (RAC) meets monthly and is comprised of the RPD, preceptors, and pharmacy leadership. Residents are asked to attend the beginning of the meeting to give project and research updates, schedule changes/conflicts, and report on yearly progress. The RPD is also a member of the University of Pittsburgh School of Pharmacy Residency Council.

**Evaluation and Assessment**
Evaluations of Preceptors and Evaluations of Learning Experiences should be reviewed by the Residency Advisory Committee (RAC) to identify opportunities to improve learning experiences and preceptor interactions. The RPD will also review these evaluations to identify need for urgent intervention.

**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:
  - Requires direct and repeated supervision, guidance, intervention, or prompting greater than 50% of the time
  - Makes questionable, unsafe, or non-evidence-based decisions
  - Repeatedly fails to complete tasks in a timely manner
  - Repeatedly fails to incorporate or seek out feedback
  - 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.
  - 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.
  - 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 Evaluation, Promotion, Remediation, Suspension and Termination section of the Manual.

**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:
  - Requires infrequent supervision, guidance, intervention, or prompting (50-79% of the time)
  - Makes appropriate, safe, or evidence-based decisions
  - Completes tasks in a time appropriate manner with limited prompting and guidance
  - Incorporates feedback from preceptors with minimal prompting
  - 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. 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) remediation 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 Evaluation, Promotion, Remediation, Suspension and Termination section of the Manual.

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 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 Objective marked achieved in at least 2 learning experiences
  o Objective marked as achieved in two or more evaluations of a longitudinal rotation
    ▪ Exceptions in which an objective will be completed once and then marked ACHR
      • Objective R2.1.1
      • Objective R2.1.2
      • Objective R2.2.4
  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.
Responsibilities of the Program to the Resident

Expectations of Preceptors
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, 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.

Preceptors will complete a Summative Evaluation of resident performance 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.

Preceptors should bring specific areas of concern directly to the attention of the RPD, via phone call or email.

Expectation of the Residency Program Director
The RPD is responsible for reviewing entering resident assessments (Interests, Self-Evaluation, Readiness Assessment) and creating a Development Plan specific to each resident. The RPD must meet with the resident to discuss the initial training plans as well as quarterly development plans. The development plans must be made available and updated quarterly in PharmAcademic.

The RPD will utilize preceptor evaluations, resident self-evaluations as well as other relevant information to assess resident progress on a quarterly basis.

Expectation of Non-Preceptor Pharmacy Personnel
Many members of the pharmacy staff will interact with the resident throughout the year and have opportunities to influence resident development. Pharmacy personnel should deliver both verbal and written feedback to the resident when appropriate, such as after presentations or during resident operational responsibilities. Pharmacy personnel should share both positive and negative feedback regarding the resident with the RPD.

Expectation of the Residency Program
The residency program must provide sufficient information to residents, preceptors and non-preceptor pharmacy personnel so that they may effectively participate in the Resident Assessment. Knowledge and understanding of purpose, outcomes, goals and objectives at both the residency and learning experience level are essential for participating.

Duty Hours (Clinical and Education Work Hours) and “Moonlighting”
UPMC McKeesport Residency Program follows the work and duty hours regulations in accordance with ASHP and GME. The UPMC Health System Pharmacy Residency Program Clinical and Educational Work Hours Policy and Procedure will be followed as below (also see Appendix C).

1. Purpose
Clinical and Educational Work hours policy and procedures are established to ensure program compliance with UPMC Graduate Medical Education (GME) and American Society of Health System Pharmacy (ASHP) work and duty hours regulations.

2. Duty hours Policy and Procedure
Effectively July 1, 2013 pharmacy residency programs must comply with the ASHP Accreditation Standard “Duty Hours Requirements for Pharmacy Residencies” from the ASHP Board of Directors, March 4, 2015.

Documentation of Duty (Work) Hours
All hours must be documented in MedHub weekly to ensure they are in compliance with the UPMC Graduate Medical Education (GME) standards. As of 2018, UPMC GME defines “duty” hours as work hours. For this document, duty and work hours are the same.

Definitions:

**Duty (Work) Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**Duty Hour Requirements:**

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients’ safety and residents’ well-being. Therefore, programs must comply with the following duty-hour requirements:

I. **Personal and Professional Responsibility for Patient Safety**

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
D. If the program implements any type of on-call program, there must be a written description that includes:
   • the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
   • identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. See section 3 below for UPMC Pharmacy Residency Specific Policy and Procedure on Moonlighting.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. In-House Call Programs:
   1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
   2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
      a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
      b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

C. At-Home or other Call Programs
   1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.

3. Program directors must define the level of supervision provided to residents during at-home or other call.

4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.

5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.

6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

3. 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 or during the pre-determined rotation hours (refer to individual learning experiences for our expectations).

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.
Residency Benefits

General
• Resident office with personal desk and phone line
• Personal tablet computer
• Free on-site parking
• Library services
• Pharmacy continuing education
• Business cards
• BLS/ACLS certification (optional)
• One lab jacket

Professional Meeting Expenses
Payment is made for the ASHP membership and Midyear Clinical Meeting registration. Appropriate reimbursement for travel expenditures, hotel accommodations (double occupancy), and meals at professional meetings (ASHP Midyear Clinical Meeting, Resident Research Conference) are provided.

Compensation
PGY-1 Stipend - $46,002 (PGY1)

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.

Resources
https://spis.upmc.com/psd/home/GMEknows/default.aspx - GME Knows

The Resident Fellow Assistance Program provides free assessment and short-term counseling and or referrals to appropriate community resources for personal, career, and job-related needs. Contact Robert LeBras in the GME office at 412-647-6340

Pagers
Each 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 either by their preceptor or by fellow resident. Each resident must return his/her pager to the Program Director as part of the completion of the residency program.
Please review this material and sign below if you accept the terms and conditions of the UPMC McKeesport Pharmacy Residency Program.

<table>
<thead>
<tr>
<th>Resident: Print Name</th>
<th>Resident: Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director: Print Name</td>
<td>Program Director: Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Appendices

Appendix A: Requirements for Successful Completion of the Residency Program
Appendix B: PTO Request Form
Appendix C: UPMC Pharmacy Residency Program Request for Moonlighting Privileges
Appendix A: Successful Completion of Program

Requirements for Successful Completion of the Residency Program

A residency certificate will be awarded when the following requirements are successfully completed according to the criteria defined in the residency program manual and documented on the attached form:

1. Residents must pass the exams for licensure as a pharmacist in the State of Pennsylvania by September 30th of the residency year.
2. Residents must complete all UPMCME pre-employment requirements including contract signature, completion of employment forms, completion of pre-employment medical clearance, and completion of the following clearances: Act 33 PA Child Abuse History, Act 34 PA State Police/Criminal Record Check, and ACT 73 PA FBI Fingerprint Record Check.
3. Residents must complete all orientation materials including university and hospital modules, UPMCME modules, and operational training requirements.
4. Residents must have attained a rating of "Achieved" for at least 80% of the goals and objectives established by the residency program as outlined in the ASHP 2014 Standards for a PGY1 Program.
5. Residents must complete the requirements of the individualized plans as developed by the resident and the resident program director (RPD).
6. Residents must successfully complete all of the learning experiences of their residency schedule.
7. Residents must complete all learning experience evaluations in PharmAcademic.
8. Residents must submit a proposal or abstract for a poster/presentation at ASHP Midyear Clinical Meeting.
9. Residents must complete a major project and present the results at a local or regional forum.
10. Residents must prepare a manuscript based on their major project that is suitable for publication. This must be provided to the RPD by June 30th of the residency year.
11. Residents must successfully meet the residency presentation requirements: 1 committee presentation and/or P&T Committee presentation, 1 medical staff (resident lecture series) presentation with IM and FM departments, and 1 pharmacy in-service.
12. Residents must complete a medication use evaluation and submit an article for a hospital or affiliated department-based Newsletter. Additionally, they will complete one of the following: formulary drug review, drug monograph, and/or treatment protocol.
13. Residents must complete all required weekend inpatient pharmacy staffing assignments.
The following items must be completed and submitted to the Program Director to obtain the residency certificate. In such cases where documents do not exist for submission (i.e., evaluations or information in Med Hub/My Hub), the resident will contact the RPD, and the item will be reviewed by the resident and RPD. These will be completed prior to June 30 of the residency year.

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>Licensure by September 30</td>
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<td>Completion of university, hospital and UPMC ME modules and confirmation that training was completed</td>
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<tr>
<td>Completion of a major project and presentation of the results at a local or regional forum</td>
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<td>Research manuscript (*this must be provided prior to the end of the residency year)</td>
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<td>Proposal submission at ASHP Midyear Clinical Meeting</td>
<td>Committee:</td>
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<td>Presentation requirements: 1 committee presentation, 1 pharmacy in-service, and 1 medical staff presentation with IM/FM, and (if applicable) teaching certificate requirements</td>
<td>Pharmacy in-service:</td>
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<td>Medical Staff:</td>
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<td>Teaching Certificate:</td>
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<td>Medication Use Evaluation</td>
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<td>Formulary Drug Review, Drug Monograph or Treatment Protocol</td>
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<tr>
<td>Article for hospital or affiliated department-based Newsletter</td>
<td>Topic(s):</td>
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<td>Date(s):</td>
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<tr>
<td>80% of objectives achieved</td>
<td>____ achieved out of 33 objectives (___%)</td>
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<td>If applicable: tentative journal submission or publication</td>
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<tr>
<td>Copy of updated Curriculum Vitae as of June 30</td>
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Please provide your contact information and position after graduation:
Address:  
Phone number:  
Email:  
Post-residency position:  

Resident Signature: ___________________________  Date: ____________________
Program Director Signature: ___________________________  Date: ____________________

Appendix B: Moonlighting Request Form

UPMC Pharmacy Residency Program
Request for Moonlighting Privileges

I have read the Pharmacy Residency Policy regarding moonlighting. In addition to the required program obligations, I am requesting the following internal and external moonlighting schedule.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours Worked</th>
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My current rotation: ___________________________________________

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

Resident Name

Signature

Date

Program Director Approval Date