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UPMC Health System Mission, Vision, and Values

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

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

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

Our Values

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.

Standard 1: Recruitment and Selection of Residents
The process for recruitment and selection of residents is designed to comply with both the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (PGY1-Standard-Guidance-Document-March2019-COC-EDITS-2018-0302 (ashp.org)) and the Rules for the ASHP Pharmacy Resident Matching Program (ashpmatchrules.pdf (natmatch.com)).

1. Recruitment of Resident Candidates
Recruitment of resident candidates primarily consists of attendance to various health system and school of pharmacy residency open house events, as well as conferences.

To promote diversity and inclusion among recruitment, outreach will occur to schools of pharmacy with a higher number of students underrepresented in the profession of pharmacy. The breakdown of diversity among recent classes of pharmacy can be found here: fall-2019-pps-enrollments.pdf (aacp.org). Additionally, there is a health system residency subcommittee committed to increasing diversity and inclusion among recruitment and selection of candidates.

2. Review of Residency Applicants
The Resident Applicant Screening Tool is the primary resource used for review of applicants and accounts for several factors including leadership, letter of intent, letters of recommendation, work experience, etc. The rubric was designed in effort to remove any implicit bias that may occur during the application process. There is an extra section at the end of the rubric to account for unique experiences and backgrounds that may not be captured within the rubric. Additionally, the rubric prompts the grader to ensure that the applicant’s institution is ACPE accredited or in process of accreditation.

Given there is a section relating to GPA on the rubric, this section would be omitted in an applicant whose institution is pass/fail. In this case the total score would be increased proportionally to account for this omitted section (i.e., the new total score would be out of 22 instead of 25. Then the total score without the GPA section would be multiplied by 25/22 to the final score used to compare to other applicants’ scores.)

The RPD and preceptor review the applications independently and score each applicant on the Resident Applicant Screening Tool. Once completed independently, they meet to discuss any discrepancies in scoring for individual applicants. Discrepancies are discussed and resolved. Then applicants’ scores are compared, and the top scoring applicants are invited to an interview. The number of applicants to be interviewed is determined based on the number of available positions and time available for preceptors to interview.

3. Interview Process
Interviews are conducted virtually and consist of various group interviews and a case presentation. There are three sections of group interviews with the following staff: management group (director of pharmacy, clinical manager, clinical pharmacist, and RPD), unit-based/clinical pharmacists, and the current residents. Each group of
interviewers has a preset list of questions for the candidate to ensure candidates are assessed consistently. Rubrics used to score the interview section remain the same among all groups on interviewers.

Regarding the case presentation, the candidate is given a fixed amount of time to review and identify interventions for a patient case, and then present the patient case to the staff. Rubrics are predetermined for this section and include numbers of interventions identified and clinical rationale for them.

4. Ranking Process
Following the interviews, all rubrics are collected, and scores are averaged for each interview section. These averages are then used to calculate a final score assigned to each candidate. The item and weight of each portion of the candidates final score is as follows: Applicant Screening Tool (30%), average of management interview scores (25%), average of clinical pharmacist interview scores (25%), average of current resident interview scores (10%), and average of case presentation scores (10%).

The rank list is then determined by listing the candidates’ final scores from highest to lowest. If any candidates displayed concerning behavior during the interview, the interviewers will meet to discuss if the candidate should be included in the rank list or not.

5. Phase II Process
The Phase II Process remains largely unchanged from the Phase I process, except for the length of the interview. The RPD and preceptor will review candidates to determine which are appropriate for interview. From there, a virtual interview will take place with all managers and clinical pharmacists who are able to attend. Candidates will be asked a predetermined list of questions and use the original interview rubric to score the candidates’ abilities.

For determining this rank list, candidate’s applications and the scores from the abbreviated interview will both be worth 50% of the candidate’s final score. The rank list is then determined by listing the candidates’ final scores from highest to lowest. If any candidates displayed concerning behavior during the interview, the interviewers would meet to discuss if the candidate should be included in the rank list or not.

Standard 2: Program Requirements and Policies
Program requirements and policies are designed to align with the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (PGY1-Standard-Guidance-Document-March2019-COC-EDITS-2018-0302 (ashp.org)) and the ASHP Duty Hours Requirements for Pharmacy Residencies (Duty-Hour Policy (ashp.org)).

1. Term of Resident Appointment
The minimum term of resident appointment is 52 weeks. The residency year will start annually on July 1st, or the soonest business day after July 1st.
2. **Requirements for Licensure**
   All residents should aim to obtain pharmacist licensure in Pennsylvania within 90 days of starting the residency program (by the end of September). Until the resident is licensed, they will function under the direct supervision of a preceptor. If the resident does not pass the exam(s) on the initial attempt, they should retake it at the earliest opportunity permitted by regulations. Residents who do not become licensed within 120 days after the program start date will be dismissed from the program.

3. **Maximum Time Away from Program**
   Time away from the residency program may not exceed a combined total of 37 days per 52-week training period. Time away from the program includes the following: vacation, sick, interview, and personal days; conference and/or education days; holidays; religious time; jury duty; bereavement; military leave; parenteral leave; leaves of absence; and extended leave.

   Training will need to be extended to make up any absences that exceed the allotted time. If time does need to be made up, the additional time should be equivalent to the competencies and time missed (i.e. if excess time from a clinical rotation is missed, the resident should make up time in that area). If the program is not able to be extended, the resident will not be eligible to receive a residency completion certificate.

4. **ASHP Duty Hour Requirements for Pharmacy Residencies**
   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 and every other weekend for staffing requirements. Time commitment may vary with individual learning experiences, committee meetings, and staffing commitments. The resident is responsible for prompt attendance to all clinical rotations and other activities outlined by a preceptor/RPD that may be outside of these hours. The preceptor/RPD has the authority to make additional requirements that fall outside the general weekday or weekend requirements.

   Though the responsibilities of residency can be very demanding of time, it is the responsibility of the program to provide residents with a sound training program that prioritizes the well-being of the resident. To ensure this, resident duty hours must comply with the ASHP Duty Hours Requirements for Pharmacy Residencies linked above.

5. **Documentation and Attestation of Hours**
   There are two different ways in which hours must be documented by the resident:
   1. **Documentation of number of hours in MedHub**
      a. Submitting accurate hours on a timely basis is the responsibility of the resident. Access to the documentation platform is provided on a two-week rolling basis after which lockout occurs (lockout occurs at 12:00am Sunday morning for the previous week).
      b. Trainees who fail to record their hours within the given time frame will need their RPD to log the activity on their behalf.
      c. Refer to the ASHP Duty Hours Requirements for Pharmacy Residencies to differentiate between duty/work hours and other hours dedicated to residency-related items.
   2. **Attestation of hours in PharmAcademic**
a. Residents will receive an email notification on the last day of each month that a task has been assigned in PharmAcademic to complete an ASHP Standard Duty Hours form.

b. The resident should refer to their documented duty/work hours in MedHub to ensure correct completion of this form.

In instances of non-compliance, the resident should notify the RPD immediately and actions will be taken to avoid future instances of non-compliance.

6. Paid Time Off Policy
All leave must be approved by the RPD at least 14 days in advance of the anticipated time off. There may be case-by-case exceptions provided. To request paid time off (PTO), residents should complete the PTO Request Form in Appendix 1. All preceptors, where the time-off affects that rotation, must be made aware of leave prior to the start of rotation.

- Residents are required to keep an accurate log of days remaining
  - Twenty total days of PTO are allowed by year, which includes vacation, sick and professional days
  - PTO does not need to be utilized for holidays in which the resident is not scheduled to work

No more than one week (defined as five days) of PTO per rotation will be granted. In the case of extended illness, the scheduled learning experience may need to be extended.

Early departure from the residency program may be considered if the resident is moving from one post-graduate training program to another (maximum of two days). Otherwise, residents will not be granted PTO in the final two weeks of the residency year. Additionally, residents may not request PTO on days they are assigned a staffing shift. In these cases, the resident would need to trade with another resident or staff member.

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

Sick Days
The RPD and current preceptor must be notified as soon as possible if a sick day is taken. The preceptor should be notified by phone and the RPD by email. It is the responsibility of the resident to make sure all teaching and patient care responsibilities are covered during this time. If a resident requires an extended period of leave due to sickness or family emergencies, the program can be extended until September for the resident to successfully meet the requirements of the residency. If the program must be extended beyond the original term of appointment, the resident may not be compensated for that time.

*If greater than five working days on any given rotation are missed due to illness, the resident will be subject to repeat that rotation.*

Residents who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift. 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. Make-up shifts must be coordinated as outlined under pharmacy operations for the pharmacy area and must follow duty hour requirements. Residents may be required to take PTO to remain within duty hour requirements in order to make-up a staffing shift.

Professional Days
Residents are encouraged to become active in their careers by attending professional meetings and networking. Residents are required to attend the ASHP Midyear Clinical Meeting, so PTO will not need to be utilized for this time. If a resident is interested in attending additional professional meetings for networking or accepted posters/presentations, the RPD should be contacted to discuss this opportunity as soon as possible.

The resident must notify the program director and preceptors of interview and conference dates as soon as these are known, since they could potentially affect the resident’s rotation.

7. Moonlighting Policy
UPMC Medical Education (ME) 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 requirements of the educational program and associated assignments. 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.

In addition to required staffing shifts, residents are permitted to pick up extra shifts for moonlighting pay as outlined below. Residents will be paid at a rate equivalent to that of a new starting pharmacist. This pay will be in addition to the resident’s predetermined salary.

In alignment with the ASHP Duty Hours Requirements for Pharmacy Residencies and UPMC ME Moonlighting and Clinical Skills Enhancement Policy the following shall apply:

1. Moonlighting shall not compromise the primary 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. The RPD must receive prior written notice of intentions to seek moonlighting experiences, both internal and external, and are to issue written and limited approval regarding the resident’s academic schedule before the resident can initiate the experience.

3. The RPD must pre-approve and monitor periodically resident moonlighting within the UPMC facility. A prospective written statement of permission from the RPD is required and is to be made part of the resident’s file. This form can be found in Appendix 2. If at any time the RPD determines that moonlighting is adversely impacting the resident’s performance in the training program, the RPD may withdraw permission to moonlight.

4. Residents must record all moonlighting experiences, internal and external, via MedHub when documenting duty/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.

6. Internal and external resident moonlighting hours may not exceed 80 hours total per week, averaging over a four-week period.

8. Remediation and Disciplinary Policy
Refer to the UPMC ME Policy addressing Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal.

In cases of remediation, the program may be able to be extended up to September to allow for completion of required items at the discretion of the RPD and UPMC ME. If the program must be extended beyond the original term of appointment, the resident may not be compensated for that time.

9. Travel and Business Expenses Policy
Refer to the UPMC Travel and Business Expenses Policy: Systemwide policy: Travel and Business Expenses (HS-AC0500) (sharepoint.com).

Expenses for ASHP Midyear will be covered considering this is a mandatory requirement for completion of the program. Travel and attendance to additional conferences may not be covered. Residents should notify the RPD as soon as possible if they are interested in attending an additional conference.

Prior to confirming any travel accommodations, residents should review the policy above and complete the required ULearn module.

10. Other UPMC ME Policies
Policies pertaining to graduate medical education and trainees can be found electronically on Medhub. Not all policies are specifically pertinent to pharmacy residents. Those with which pharmacy residents should become familiar include:

1. UPMC ME Policy - Grievance and Appeal
2. UPMC ME Policy - Parental Leave of Absence
3. UPMC ME Policy - Resident and Faculty Well-Being and Fatigue Management
4. UPMC ME Policy - Resident or Fellow Grievance (Non-Academic Issues)
5. UPMC Disability Accommodations
6. UPMC Policy - Electronic Meeting Recording
7. UPMC Policy – Family Medical Leave of Absence (FMLA)
8. UPMC Policy – Fitness for Duty
9. UPMC Policy – Harassment-free Workplace
10. UPMC Policy – Personal Leave of Absence
11. UPMC Policy – Social Networking

11. Requirements for Completion of Residency Program
A residency certificate will be awarded when the following requirements are completed according to the criteria defined in the corresponding sections of the residency manual:

<table>
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<th>Required Items</th>
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Completion of all orientation requirements (i.e. modules, main pharmacy training checklist, etc.)

Obtain pharmacist licensure in Pennsylvania no later than 120 days after the start of the residency year

Completion of all learning experiences (including longitudinal) and associated evaluations
1. Includes completion of operations learning experience, including weekend, evening, and holiday staffing requirements

Meets "ACHR" on 80% of required objectives with no "needs improvement" on any objectives at end of program

Completion of one medication use evaluation and poster presentation at ASHP Midyear

Completion of major research project and presentation at University of Pittsburgh Resident Research Day

Completion of a research certificate and teaching certificate

Completion of residency portfolio, followed by upload into PharmAcademic, including the following required components created by the resident:
1. Drug class review, monograph, treatment guideline, or protocol
2. Medication use evaluation ASHP Midyear Poster
3. At least two presentations from learning experiences of varying types (i.e. one case presentation, one disease state presentation)
4. Written communication used to disseminate knowledge (i.e. email to pharmacists or group of pharmacists)
5. Presentation that included assessment of audience knowledge

Progress and completion of these requirements will be documented quarterly in the resident’s development plan.

Standard 3: Structure, Design, and Conduct of the Residency Program
The structure and conduct of the residency program is designed to align with the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (PGY1-Standard-Guidance-Document-March2019-COC-EDITS-2018-0302 (ashp.org)).

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

The structure of this residency program supports the purpose listed above and facilitates achievement of all required objectives (see CAGOs section below). Residents will gain experience and independent practice with a variety of disease states and conditions and a diverse range of patients’ medication treatments and health-related needs.

2. Resident Schedule
The residency year is comprised of a combination of required and elective block learning experiences. There are several required longitudinal learning experiences as well that occur in addition to block learning experiences.
The following must be considered when creating a resident learning experience schedule:

- Orientation of the resident to the residency program must occur at the beginning of the residency.
- All required objectives must be assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for achievement.
- At least half of the residency year must be scheduled in required learning experiences and at least two-thirds or more of the program should be spent in patient care activities.
- No more than one-third of the direct patient care learning experiences in a twelve-month residency program may focus on a specific disease state or population.
- Learning experiences may be extended due to conferences, vacations, interviews, or other time away from the learning experience.

3. Learning Experiences

The resident must complete all required learning experiences as outlined for the individual program and complete all required associated evaluations. Specific experiences are outlined in the program specific appendix.

**Required Block Learning Experiences:**
- Antimicrobial Stewardship (5 weeks)
- Critical Care (5 weeks)
- Inpatient Oncology I (5 weeks)
- Internal Medicine I (5 weeks)
- Neonatal ICU (5 weeks)
- Nutrition Support* (4 weeks)
- Orientation (5 weeks)

**Required Longitudinal Learning Experiences:**
- Research and Teaching (12 months)
- Management (12 months)
- Operations (12 months)

**Elective Learning Experiences**:**
- Emergency Medicine* (4 weeks)
- Infectious Disease (2-4 weeks)
- Inpatient Oncology II (4-5 weeks)
- Internal Medicine II (4-5 weeks)
- NICU II (4-5 weeks)
- Oncology* (4 weeks)
- Project Management (2-4 weeks)
- Toxicology* (4 weeks)
- Transitions of Care (2 weeks)
*Indicates off-site rotation
**Other experiences are available based on resident interest and preceptor availability

4. Operations (Staffing) Requirements

Residents provide scheduled pharmacy services within the central pharmacy department to provide patient care as well as fulfill learning requirements of individual residency
programs. Residents will be assigned a primary preceptor for the Operations learning experience associated with the provision of pharmacy services.

Service expectations are two eight-hour shifts every other weekend (rotating shifts), a four-hour evening shift every other Friday, and holidays as defined below. Staffing independently usually begins early-mid September pending resident licensure and continues through the end of the residency year.

Residents may be required to staff up to one major and two minor holidays (as defined by the department of pharmacy). Resident staffing is scheduled to comply with the duty hours policy.

- **Major holidays**: Thanksgiving, Christmas Day, New Year’s Day, Fourth of July
- **Minor holidays**: Memorial Day, Martin Luther King Day, Labor Day
- **Other minor non-holidays**: Good Friday, Easter Sunday, Christmas Eve, Thanksgiving Friday

Residents who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift. 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. Residents may be required to take PTO to remain within duty hour requirements to make-up a staffing shift.

5. **Competency Areas, Goals, and Objectives (CAGOs)**
   Refer to the ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) here: [PGY1 Required Competency Areas (ashp.org)](https://ashp.org).

6. **Resident Development Plans**
   Development plans are resident-specific high-level summaries of resident performance and progress throughout the year. Development plans are designed to also support interests, career development, and resident well-being and resilience, as well as track objective and requirement completion.

   Plans must be prepared and uploaded quarterly to PharmAcademic, with the first plan being completed within the first 30 days of the start of residency. The initial development plan is based on the results the ASHP Resident Entering Self-Assessment Form completed by the resident and the RPD’s assessment of the resident’s skills.

   Later development plans will be based on residents’ self-assessment relating to the following areas: progress on areas of improvement, identification of new strengths, changes in interests and career goals, and a current assessment of their well-being and resilience. The RPD will use this self-assessment to develop the development plan for the next quarter. Once the development plan is finalized and discussed with the resident, it will be uploaded to PharmAcademic and shared with preceptors.

7. **Criteria and Definitions for Evaluations**
   The following scale will be used by residents, preceptors and the RPD when evaluating resident performance:
8. Evaluation of the Resident
The schedule of evaluations of the resident for each learning experience will vary based on preceptor preferences. At a minimum an evaluation of the resident by the preceptor must occur at the end of every block learning experience, and quarterly for longitudinal learning experiences lasting greater than 12 weeks. If more than one preceptor is assigned to a learning experience, all preceptors should provide input into the resident evaluation. Additional evaluations, including self-evaluations and evaluations completed by the preceptor, may be scheduled at various times throughout the learning experience.

Documented evaluations should include qualitative written comments describing the extent of the resident’s progress toward assigned objectives. The preceptor and resident should discuss in-person each summative evaluation of the resident that is completed. **All evaluations must be submitted into PharmAcademic within 7 days of the stated due date.**

It is encouraged that all feedback be uploaded into PharmAcademic. This can be done through the feedback tab under the resident profile, or the feedback may be included in the corresponding learning experience evaluation.

9. Evaluation of the Preceptor and Learning Experience
Residents will complete a *Learning Experience Evaluation* and *Preceptor Evaluation* for each preceptor assigned to that rotation at the end of each learning experience. These are provided electronically in PharmAcademic. **All evaluations must be submitted into PharmAcademic within 7 days of the stated due date.**

10. Review of Program
An annual survey will be completed at the end of the residency year to assess potential opportunities for improvement of the program. This survey will include preceptor and resident input, review of evaluations of preceptors, assessment of recruitment methods, etc.

**Standard 4: Requirements of the Residency Program Director and Preceptors**
Requirements of the RPD and preceptors align with the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (PGY1-Standard-Guidance-Document-March2019-COC-EDITS-2018-0302 (ashp.org)).
1. **Residency Program Director Eligibility and Qualifications**

   **Eligibility:** PGY1 RPDs are licensed pharmacists from the practice site who:
   - completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience; or
   - completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience; or
   - has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.

   **Qualifications:** RPDs serve as role models for pharmacy practice and professionalism as evidenced by:
   - Contribution to pharmacy practice; and
   - Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise; and
   - Ongoing professional engagement; and
   - Modeling and creating an environment that promotes outstanding professionalism.

2. **Expectation of Residency Program Director**

   The RPD is responsible for reviewing resident assessments and developing a learning experience schedule and development plan specific to each resident. The RPD must meet with residents to discuss the initial development plans as well as quarterly training plans.

   Additionally, the RPD reviews all evaluations submitted by preceptors and residents and assist with continuous program improvement. The RPD will be responsible for the coordination of recruitment and application processes, and will have involvement in preceptor development activities.

   Most importantly, the RPD is available to provide support to the resident and allow the resident to gain the most from their residency year.

3. **Preceptor Eligibility and Qualifications**

   **Eligibility:** a PGY1 Preceptors must be licensed pharmacists who:
   - have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
   - have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
   - have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

   **Qualifications:** Preceptors must demonstrate the ability to precept residents’ learning experiences as evidenced by:
   - Content knowledge/expertise in the area(s) of pharmacy practice precepted; and
   - Contribution to pharmacy practice in the area precepted; and
   - Role modeling ongoing professional engagement.
4. **Expectations of Preceptors**
   Preceptors are responsible for coordinating schedules and learning activities for their learning experiences, as well as for providing feedback to the resident regarding their performance. Feedback can be delivered and discussed in a variety of ways: during or after rounds, weekly summation of performance, after completion of presentations, etc. Feedback should be provided on a weekly basis at a minimum and should be documented in PharmAcademic.

5. **Expectation of Non-Preceptor Pharmacy Staff**
   Many members of the pharmacy staff will interact with residents throughout the year and have opportunities to influence resident development. Pharmacy personnel should deliver both verbal and written feedback to residents when appropriate. Pharmacy personnel should also share both positive and negative feedback regarding residents with the RPD.

6. **Program Oversight**
   The Director of Pharmacy and the Residency Program Director (RPD) are responsible for the program execution. The Resident Advisory Committee (RAC) meets up to monthly but no less than quarterly and is comprised of the RPD and residency preceptors. The RPD is also a member of the UPMC/PittPharmacy Resident and Fellowship Council.

7. **Appointment and Reappointment of Preceptors**
   Decisions relating to appointments and reappointments will be discussed and voted on by the Residency Advisory Committee (RAC). The requirements listed below were discussed with RAC members, including the Residency Program Director, and were agreed upon with the goal of expanding precepting opportunities among pharmacist staff while also ensuring preceptors provide high quality learning experiences for residents.

   **Initial Appointment**
   Any pharmacist who meets eligibility criteria to be a preceptor as per the ASHP Accreditation Standards and who serves in a position that aligns with the structure and experiences of the residency program may be considered for appointment. To be initially appointed as preceptor, the following items must be completed:
   - Review of the pharmacist’s eligibility to serve as a preceptor by the RPD. Per ASHP, licensed pharmacists must meet one of the following criteria to be eligible as a PGY1 preceptor:
     - Completion of an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted
     - Completion of an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency program and a minimum of six months of pharmacy practice experience in the area precepted
     - Three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
   - Completion and submission of ASHP’s Preceptor Academic and Professional Record (APR) Form, followed by review of qualifications by the RPD as outlined in the ASHP Accreditation Standards
   - The final decision regarding appointment will be voted on during RAC Meetings by the RAC and the RPD. At least 50% of the RAC must be present AND in favor of
preceptor appointment for a decision to be made. Decisions regarding appointment will be documented in the RAC Meeting Minutes.

Reappointment
The standard reappointment cycle of preceptors will be every four years, as agreed upon by the RAC. To be reappointed, the following process must be followed:

• Completion and submission of an updated APR Form, followed by review of qualifications by the RPD as outlined in the ASHP Accreditation Standards
  • If a preceptor no longer meets full qualifications of being a preceptor as defined by the ASHP Accreditation Standards, the RAC will discuss a plan to assist preceptor in meeting these qualifications.
• Completion of at least two hours of preceptor development by the preceptor is required every year of the four-year cycle
  • The RPD will review documented preceptor development activities.
  • Preceptor development may be completed independently or may consist of sessions organized or presented by other RAC members. Additionally, preceptors are encouraged to take part in any preceptor development that is geared towards resilience and wellbeing.
• A yearly review of preceptor evaluations completed by residents will be conducted by the RPD to identify any lapses in precepting abilities. An individual preceptor development plan may be created as a result at the discretion of the RPD.
• The final decision regarding reappointment will be voted on during RAC Meetings by the RAC and the RPD. At least 50% of the RAC must be present and in favor of preceptor reappointment for a decision to be made. Decisions regarding appointment will be documented in the RAC Meeting Minutes.

Benefits

Health and Other Benefits
Information regarding enrollment of benefits can be found here:
80607_gme_benefits_new_hire_letter_.pdf. Benefit elections may be made in HR Direct, under Me > Benefits > Benefit Summary > Enter your coverage effective date > UPMC Benefits. Residents are not able to elect benefits until their first day of work and should submit their elections within the first week.

A summary of 2023 GME benefits can be viewed below:

• The Advantage Platinum plan for the trainee and eligible dependent(s) is provided.
• Dental insurance, life insurance, paid short-term disability, and long-term disability insurance coverage are also available.

Lisa Meadows, the pharmacy residency benefits team member, can be reached at 412-647-5819 or meadowsl@upmc.edu for questions.

Life Solutions
Life Solutions is an employee assistance program available to employees and members of their household for no cost. Resources provided are private and confidential with the goal to help employees balance their work, life, and well-being.

Services encompasses in the Life Solutions benefits include but are not limited to: Skill Builder Online Courses, short-term counseling, legal and financial consultations, grief and loss resources, Mindfulness Sessions, and more. To access, search “Life Solutions” on Infonet.

Parking
Parking is available at a UPMC designated lot by lease. The cost is automatically deducted from the resident’s paycheck.

Office Space, Telephone, and Keys
Each resident will be provided with a designated working space and a computer with all necessary programs and linked to a network printer. A key will be provided to each resident to access appropriate areas.

Phone Access
Each resident will have access to phone services for in-house, local, and long-distance (US) calls. All phone calls made are logged within the communications department and reported back to the management of this department. To access an outside line, you will need to press “9” first to dial out, then dial the corresponding phone number.

Personal phone calls while on distribution services are discouraged. Long-distance access is provided as a professional courtesy and should be used with discretion.
Appendix 1: Paid Time Off Request Form

To ensure the delivery of quality patient care, advanced scheduling of PTO and professional days whenever possible is required. Requests using this form must be submitted 14 days prior. Residents and fellows will be given every consideration to accommodate the requests for PTO and professional days, but such requests cannot be guaranteed.

Name: ___________________________________ Request Date: ___________________________

Date(s) Requested Off: ___________________________

<table>
<thead>
<tr>
<th>Reason for Scheduling Time Off</th>
<th>Number of Days</th>
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<tbody>
<tr>
<td><strong>Paid time off (20 days eligible)</strong></td>
<td>This is a total of ____ day(s) of PTO. I will have ____ day(s) remaining that are unused.</td>
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<tr>
<td>• Vacation</td>
<td></td>
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<tr>
<td>• Professional days (conferences excluding Midyear, interviews)</td>
<td></td>
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<tr>
<td>• Sick leave**</td>
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</table>

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<tr>
<th>Approval</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Rotation Preceptor</td>
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<td></td>
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<tr>
<td>Program Director</td>
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</tbody>
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**For expected sick leave, form must be completed and approved at least 14 days prior to leave.**

**For unexpected sick leave, form must be filled out within five days of return and rotation preceptor must sign form. A request form should be filled out for distribution/staffing sick days and signed and signed by the director of pharmacy or designee.**

All forms must be submitted to the residency program director, who will document paid time off in Medhub.
Appendix 2: Moonlight Request Form

I have read the attached UPMC ME Moonlighting and Clinical Skills Enhancement Policy. In addition to the on-call nights scheduled by the training program, my additional service time for this month is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours Worked</th>
<th>Location</th>
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</table>

Current rotation: ________________________________

Number of hours on duty per week: ________________

Number of hours on call per week: ________________

I attest that my scheduled duty hours, on-call assignments, and additional moonlighting/CSE activities conform to the UPMC ME Moonlighting and Clinical Skills Enhancement Policy.

Resident name

Signature ___________________________ Date _______________

Residency Director Approval:

Signature ___________________________ Date _______________
Appendix 3: Documentation of Agreement of Manual Contents

Please review this material and sign below if you accept the terms and conditions of the PGY1 UPMC Magee-Womens Hospital Residency Program.

Resident name ______________________________  Resident signature ______________________________  Date ____________

RPD name ______________________________  RPD signature ______________________________  Date ____________