



**CarepathRx Pharmacy Services PGY1 Pharmacy
Residency Manual
2025-2026**

Table of Contents

I. Residency Program Description

- a. Site OverviewPage 3
- b. Program Structure Page 3
- c. CarepathRx Residency Purpose and Description Page 3

II. Residency Recruitment and Selection

- a. Recruitment Page 3
- b. Applicant Eligibility Page 3
- c. Applicant Review Page 4
- d. Interviewing and Ranking Page 4
- e. Post Rank Process Page 4

III. Residency Program Design and Requirements

- a. Program Schedule Page 4
- b. Goals Page 5
- c. Learning Experiences.....Page 5
- d. Staffing Commitment Page 5
- e. RequirementsPage 5

IV. Program Administration

- a. Residency Administration Page 7

V. Residency Assessment Strategy

- a. Expectations of the Resident Page 7
- b. Expectations of Preceptors Page 7
- c. Expectations of the Residency Program Director (RPD)Page 7
- d. Assessment Criteria Page 8
- e. Annual Review Page 9

VI. Residency Policies & Procedures

- a. Resident Attendance (Policy RES001)Page 10
- b. Pharmacy Licensure (Policy RES003) Page 10
- c. Resident Well-Being (Policy RES004) Page 10
- d. Duty Hours (Policy RES005) Page 10
- e. Moonlighting (Policy RES006) Page 10
- f. Remediation, Disciplinary Action, and Dismissal (Policy RES007) Page 10

I. Residency Program Description

a. Site Overview

CarepathRx is a leading provider of pharmacy solutions that drive better clinical and financial outcomes by partnering with academic medical centers nationwide. The CarepathRx-UPMC collaboration is exemplified by Chartwell Pennsylvania, LP, a prominent health-system-affiliated infusion and specialty pharmacy. CarepathRx operates with a patient-centered approach, where clinical pharmacists play an integral role in improving patient outcomes and supporting prescribers through telephonic patient assessments and home health collaboration. CarepathRx promotes optimal therapeutic outcomes by identifying potential adverse reactions, monitoring therapy response, and guiding therapy modifications.

b. Program Structure

The CarepathRx Pharmacy Services PGY1 Residency Program is designed to prepare residents to deliver high-quality patient care in settings such as home infusion and specialty pharmacy. The program, in collaboration with UPMC and the University of Pittsburgh School of Pharmacy, offers diverse clinical, operational, and academic learning experiences. The residency is designed to foster clinical expertise, leadership, and professionalism, with residents taking on significant responsibilities in improving patient care, population health, and therapeutic optimization.

c. CarepathRx Residency Purpose and Description

In alignment with ASHP's Accreditation Standard for Postgraduate Pharmacy Residency Programs, the purpose of the CarepathRx PGY1 Pharmacy Residency Program is to develop pharmacy residents into independent practitioners capable of providing patient care, managing pharmacy operations, leading teams, and educating others. This program will enable residents to become skilled in diverse patient care settings, clinical pharmacotherapy, practice management, leadership, and education. The program also prepares residents for board certification (BCPS) and post-graduate training opportunities, such as PGY2 residencies.

II. Residency Recruitment and Selection

a. Recruitment

CarepathRx seeks a diverse group of applicants to reflect the diverse patient populations we serve. The recruitment process is designed to be inclusive, fair, and equitable, ensuring a welcoming environment for all candidates. We participate in various recruitment events, and current PGY1 residents play an active role in the recruitment process.

b. Applicant Eligibility

To be eligible for the CarepathRx PGY1 Residency Program, candidates must:

1. Graduate from an ACPE-accredited pharmacy school or equivalent (e.g., FPGEC certificate).
2. Submit an application through PhORCAS, including:
 - Academic transcript
 - Curriculum vitae or resume
 - Letter of intent
 - Three letters of recommendation (at least one from a clinical preceptor)
3. Meet licensure requirements to practice in Pennsylvania (see Policy RES003).
4. Obtain the necessary work visa (if applicable).

c. Applicant Review

Applications are reviewed by the Residency Program Director (RPD), the Residency Advisory Committee (RAC), and selected reviewers. Applicants are evaluated based on their academic performance, leadership potential, clinical experience, and overall fit with the program using pre-determined objective criteria. Interviews are offered to top candidates based on the review of submitted materials.

d. Interview Evaluation and Ranking

The interview process evaluates candidates' clinical knowledge, communication skills, and leadership potential. The format (virtual or in-person) will be decided based on program needs and ASHP guidance. The interview includes a campus tour, program overview, pre-determined questions with the RPD and preceptors, mock clinical scenario, patient case, and schedule planning exercises. Candidates are scored on verbal/non-verbal communication, poise, maturity, response completeness, and program fit using a pre-determined, objective scoring system. After interviews, the RPD and RAC will compile scores and determine rankings, which are submitted to the National Matching Service by the specified deadline. If applicable, this process will be replicated for all subsequent phases of the Match.

e. Post Rank Process

The RPD will receive final Match notifications and share the results with the RAC and relevant stakeholders. The matched resident will be contacted with an offer letter to begin the hiring process with HR within 30 days. The resident must sign and return the offer letter, agreeing to all terms and conditions, no later than 14 days before the residency starts. If no applicants match in Phase I, the process may be repeated for Phase II. If no applicants match in Phase II, the position will be listed as unfilled and reposted for recruitment.

III. Residency Program Design and Requirements

a. Program Schedule

The residency program runs from July 1 to June 30 (52 weeks). The program is structured around core rotations (block and longitudinal), elective rotations, staffing commitments, and professional development activities.

- **Core Block Rotations** (4-6 weeks each):
 - Orientation
 - Home Infusion I & II
 - Infectious Disease
 - Nutrition Support
 - Oncology
 - Specialty Pharmacy
- **Core Longitudinal Rotations** (≥ 3 months):
 - Clinical Support – 40 weeks
 - Research – 44 weeks
 - Medication Use Evaluation (MUE) – 20 weeks
 - Pharmacotherapy Updates: Lecture Series & Continuing Education (PULSE) – 14 weeks
 - Staffing – 48 weeks
 - Medication Safety – 44 weeks
 - Management and Leadership – 24 weeks
- **Elective Rotations** (based on resident interests and preceptor availability – 4-6 weeks each):
 - Advanced Home Infusion
 - Advanced Specialty Pharmacy
 - Clinical Immunology (Virtual)
 - Clinical Telepharmacy (Virtual)
 - Advanced Practice

b. Goals

Residents are expected to achieve the ASHP-specific curricular goals and objectives, which are aligned with the key areas of patient care, practice advancement, leadership, and teaching (Appendix A).

c. Learning Experiences

Learning experiences are structured to ensure residents develop competencies in the following areas:

- Patient care services, including medication therapy management and clinical decision-making.
- Practice advancement, including process improvement and project management.
- Leadership, including personal development, team management, and organizational growth.
- Teaching, including developing and delivering educational content to healthcare providers and patients.

d. Staffing Commitment

Residents are required to complete a minimum of 200 staffing hours throughout the residency year. Residents will have staffing responsibilities supporting home infusion patients and will be paired with a mentor for training and ongoing oversight until they can be fully independent (~3rd quarter of the residency). The training process will include direct instruction, modeling, coaching, and facilitation to ensure professional growth and development. The schedule will consist of two 8-hour weekend shifts, and two 4-hour weekday evening shifts each month. Evening shifts will be onsite only and will not include at-home responsibilities. Residents must log all duty hours, including onsite evening and moonlighting hours (if applicable) in Pharm Academic. The Residency Program Director (RPD) and Residency Advisory Committee (RAC) will monitor duty hour compliance.

Holidays: Residents are expected to staff one major holiday (e.g., Thanksgiving, Christmas, New Year's) and one minor holiday (e.g., July 4th, Labor Day, Memorial Day), with holiday assignments determined by department needs and the Residency Advisory Committee (RAC). All other recognized holidays are paid.

e. Residency Completion Requirements (See Appendix B)

To successfully complete the residency, residents must meet the following criteria:

1. PA Licensure within 90 (120) days
2. Complete all learning experiences and associated evaluations.
3. Earn Achieved for Residency (ACHR) $\geq 80\%$ of program goals and objectives, with no "Needs Improvement" ratings.
 - i. ACHR is defined as
 1. If an objective is assessed more than five times, "Achieved" must be obtained on two separate summative evaluations. This excludes objectives evaluated during orientation.

2. If an objective is assessed five times or less, “Achieved” must be obtained on a single summative evaluation. Orientation objectives are excluded.
 4. Complete research project aimed at advancing pharmacy practice within CarepathRx, including:
 - i. Written manuscript suitable for publication, submitted to RPD by completion of program
 - ii. Presentation of findings at ≥ 2 clinical or research meetings (e.g. ASHP Midyear, NHIA, Pitt Pharmacy Resident Research Day)
 5. Deliver ≥ 3 journal clubs, ≥ 3 topic discussions, and ≥ 3 case presentations.
 6. Complete ≥ 1 medication use evaluation and present findings to leadership.
 7. Grand Rounds CE level presentation to pharmacy department staff
 8. Completion ≥ 200 staffing hours
 9. Submit a comprehensive residency portfolio to RPD.
-

IV. Program Administration

a. Residency Administration

The Residency Program Director (RPD) is responsible for the overall execution and management of the residency program. The RPD works closely with the Residency Advisory Committee (RAC) to ensure the program's success and to maintain high standards of resident development, learning experiences, and outcomes.

V. Residency Assessment Strategy

a. Expectations of the Resident:

The resident is expected to complete all required formal assessments and evaluations in PharmAcademic and review any formative feedback within 7 days of its entry or by the assigned due date, unless an alternative deadline is specified. The following will be required:

- i. Entering Interests and Preferences (prior to start of Residency)
- ii. ASHP Standard Form and Objective-Based Self-Evaluation (by completion of
- iii. Orientation rotation)
- iv. Resident Self-Evaluation (beginning/end of assigned core rotation(s) and quarterly for longitudinal rotations)
- v. Evaluation of Learning Experience (within 7 days after completion of each rotation)
- vi. Evaluation of Preceptor (within 7 days after completion of each rotation)

Written feedback from evaluators and attendees of oral presentations will be shared with the resident and documented in the Formative Feedback section of PharmAcademic. Any additional written comments on visual or written deliverables should also be uploaded using the Formative Feedback function in PharmAcademic. The resident is responsible for maintaining a portfolio of final drafts for all presentations completed during the academic year.

b. Expectations of Preceptors

Preceptors will provide both formative (ongoing) and summative (end-of-rotation) evaluations. Formative feedback will be provided regularly, at least once a week during core block rotations and monthly for core longitudinal rotations and documented in PharmAcademic. Summative evaluations, based on assessment criteria and evidence, will be given verbally and electronically at the end of each rotation and every 12 weeks for longitudinal rotations. Written feedback from evaluators and presentation attendees will be archived in PharmAcademic, with any additional written feedback on presentations or materials also uploaded.

c. Expectations of the Residency Program Director (RPD)

The Residency Program Director (RPD) oversees the program's structure, preceptor selection, scheduling, and continuous quality improvement. The RPD will review incoming resident assessments, provide program orientation, and create an individualized development plan for each resident. The RPD will meet with the resident initially and quarterly to review and update the development plan, which will be documented in PharmAcademic.

d. Assessment Criteria

The following assessment criteria will be used to evaluate resident performance:

Rating	Definition/Criteria
Needs Improvement (NI) -	<ul style="list-style-type: none"> Deficient in knowledge/skills in this area Often requires assistance to complete the objective Unable to ask appropriate questions to supplement learning <p>Examples:</p> <ul style="list-style-type: none"> Recommendations are incomplete, poorly researched, and/or lack justification Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues
Satisfactory Progress (SP)	<ul style="list-style-type: none"> Adequate knowledge/skills in this area Sometimes requires assistance to complete the objective

	<ul style="list-style-type: none"> • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation <p>Examples:</p> <ul style="list-style-type: none"> • Able to answer questions of the team and provide complete response with some preceptor prompting or assistance • Sometimes struggles with more complex recommendations or difficult interactions • Should continue to identify supporting evidence to assist with difficult recommendations
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; no supervision required • No further developmental work needed <p>Examples:</p> <ul style="list-style-type: none"> • Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting • Consistently makes effort to teach team members the rationale for therapy recommendations and follows up on patient care issues without prompting
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • For objectives taught and evaluated more than 5 times, requires having an evaluation of “achieved” on two separate evaluations. • For objectives evaluated 5 times or less, may be marked ACHR after a one-time evaluation of “achieved” <p>Once resident reaches ACHR, that objective does not require further assessment unless the preceptor marks “NI” in that objective on a subsequent evaluation.</p>

Additional Requirements:

- The resident must maintain a minimum of "Satisfactory Progress" on all objectives throughout the residency year.
- A "Needs Improvement" rating is considered a failure and requires a corrective action plan. This may include adjustments to the current rotation, repeating the current rotation, or incorporation of the objective into an upcoming rotation if appropriate. Additionally, this rating may necessitate changes to the resident's development plan.
- If a "Needs Improvement" rating is received during the final evaluation of the last rotation, the rotation may be extended by two weeks to allow the resident additional time to meet program expectations pending approval by RPD, RAC, HR and leadership.

e. Annual Review

All CarepathRx employees, including residents, will undergo reviews at 30, 60, and 90 days to assess their progress, conducted by the Residency Program Director (RPD) and their immediate supervisor. In addition to these evaluations, residents will participate in an annual review process, which includes a self-evaluation. Residents are not eligible for a merit increase during their PGY1 residency. Upon successful completion of the PGY1 program, and if the resident continues full-time employment with CarepathRx, they will be eligible to participate in subsequent annual review and merit processes in accordance with organizational policy.

VI. Residency Policies & Procedures

a. Resident Paid Time Off and Leave of Absence (Policy RES001)

Residents are expected to adhere to attendance policies, including punctuality for rotations, meetings, and scheduled events.

b. Resident Licensure (Policy RES003)

Residents must obtain licensure in Pennsylvania within 90-120 days of the start of their residency.

c. Resident Well-Being (Policy RES004)

Resident well-being is a priority. The program provides support through mentoring, wellness activities, and access to counseling services.

d. Resident Duty Hours and Moonlighting (Policy RES005)

The residency follows ASHP's Duty Hour requirements. Residents must comply with work hours, including staffing shifts and on-call services. Residents are permitted to moonlight only under conditions approved by the RPD and in compliance with ASHP guidelines.

e. Resident Dismissal and disciplinary Action (Policy RES007)

If a resident receives a "Needs Improvement" rating or fails to meet program requirements, remediation will be initiated. In severe cases, disciplinary actions, including dismissal, may occur.

Appendix A:

Goals and Objectives for Program Planning	
Site: CarepathRx Pharmacy Services	
Program: PGY1 - Pharmacy 23954	
Report Generated: 06/30/2025 12:46 PM	
PGY1 Pharmacy Required (2024) – Required	
R1 Patient Care	
	R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)
	R1.1.1 Collect relevant subjective and objective information about the patient.
	R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.
	R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
	R1.1.4 Implement care plans.
	R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
	R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
	R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
	R1.2.1 Collaborate and communicate with healthcare team members.
	R1.2.2 Communicate effectively with patients and caregivers.
	R1.2.3 Document patient care activities in the medical record or where appropriate.
	R1.3 Promote safe and effective access to medication therapy.
	R1.3.1 Facilitate the medication-use process related to formulary management or medication access.
	R1.3.2 Participate in medication event reporting.
	R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.

	R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).
	R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.
R2 Practice Advancement	
	R2.1 Conduct practice advancement projects.
	R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
	R2.1.2 Develop a project plan.
	R2.1.3 Implement project plan.
	R2.1.4 Analyze project results.
	R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
	R2.1.6 Develop and present a final report.
R3 Leadership	
	R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
	R3.1.1 Explain factors that influence current pharmacy needs and future planning.
	R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.
	R3.2 Demonstrate leadership skills that foster personal growth and professional engagement.
	R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.
	R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
	R3.2.3 Demonstrate responsibility and professional behaviors.
	R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.
R4 Teaching and Education	
	R4.1 Provide effective medication and practice-related education.
	R4.1.1 Construct educational activities for the target audience.
	R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

	R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
	R4.1.4 Assess effectiveness of educational activities for the intended audience.
	R4.2 Provide professional and practice-related training to meet learners' educational needs.
	R4.2.1 Employ appropriate preceptor role for a learning scenario.

APPENDIX B

Completion Requirements
ACHR of 80% of required objectives: No objectives with a final rating of NI
PA Licensure within 90 (120) days
Completion of all required learning experiences and associated evaluations.
Completed medication-use evaluation and presentation to leadership (R2.1.1)
Final write-up of major practice-related project. (R2.1.6)
Presentation of major practice-related project at regional/national residency conference. (R2.1.6)
Three journal club (JC) presentations. (R4.1.3)
Grand Rounds CE level presentation to pharmacy department staff (i.e., pharmacists/technicians). (R4.1.2, R4.1.3) • Include audience assessment questions in residency portfolio
In-services to members of the healthcare team (at least THREE (3) patient cases and THREE (3) topic discussions by the conclusion of the program). (R4.1.3)
Completion \geq 200 staffing hours
Completion and submission of FINAL resident notebook/portfolio