

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

ULH Pharmacy Residency Programs Manual & Training Agreement 2018-2019

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Pharmacy Residency Programs
University Medical Center, University of Louisville Hospital
Louisville, KY

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University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY MISSION AND VISION STATEMENT

MISSION:

To deliver optimal, accessible, and affordable medication management every time.

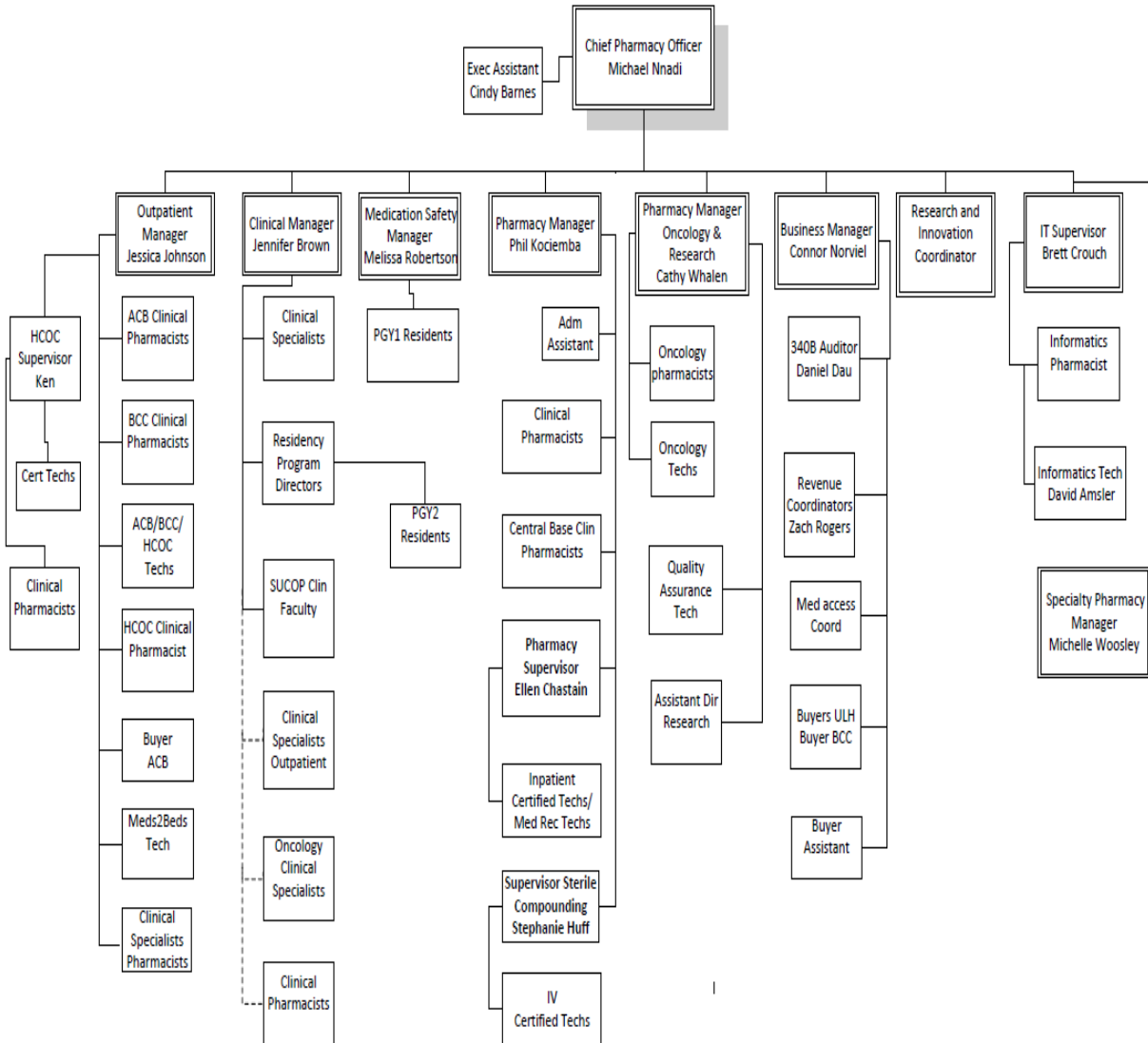
VISION:

World class pharmacy care recognized for excellence, innovation, training, and research

DEPARTMENTAL ORGANIZATION

UofL Pharmacy Organizational Chart

UofL Hospital | BCC Pharmacy Organizational Chart



FACILITATORS OF THE RESIDENCY PROGRAM

CHIEF PHARMACY OFFICER – Director, Pharmacy Services: Michael Nnadi, PharmD.

The Director of the Department of Pharmacy Services is responsible for the overall character and direction of the residency programs. He is administratively responsible for the development, maintenance, and execution of the program's content and structure. He is also responsible to ensure the residency is sufficient to meet or exceed the standards for accreditation set by the American Society of Health-System Pharmacists. The Director accepts or rejects applicants, dismisses enrollees if necessary, and certifies enrollees' completion of the program. The Director may delegate any of these responsibilities to the individual Residency Program Directors. The Director also selects individuals on staff to serve as Residency Program Directors and preceptors for portions of the residency training based on their areas of responsibilities and practice.

PHARMACY RESIDENCY DIRECTORS:

PGY1 Program: Melissa Robertson, PharmD, BCPS

PGY2 Ambulatory Care: Cathy Spencer, PharmD, BCPS, BCACP, AAHIVP

PGY2 Critical Care: Mark Cox PharmD, BCPS, BCCCP

PGY2 Emergency Medicine: Lynn Lamkin PharmD, BCPS

PGY2 Internal Medicine: Vanessa Vanarsdale, PharmD, BCPS

PGY2 Oncology: Mika Kessans Knable PharmD, BCOP

The Pharmacy Residency Director oversees the operation of their respective Residency Program within the Department of Pharmacy Services. The Director's primary function is to assist the resident in gaining the best educational and practical experience from the residency program. The Residency Director will:

- Maintains policies, procedures and guidelines for residency training
- Arrange for the incoming residents' orientation to the Department of Pharmacy Services and the residency program.
- Schedule the residents' rotations and assist in the development of a plan for special rotations and duties.
- Continually monitor each rotation to ensure that the preceptors are maintaining a high level of education.
- Assist in the resolution of problems or difficulties in which the resident incurs.
- Keep the Director of Pharmacy/Clinical Manager informed of the activities and progress of the residents.

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- Maintain an open line of communication between the residents and other members of the Department of Pharmacy Services.
- Confirm that the Preceptor and the resident hold the end of rotation evaluation sessions with appropriate qualitative feedback and that all pertinent materials are forwarded to the Residency Director for review.
- Meet initially (within the first 30 days) to provide a resident initial development plan and then quarterly for director meetings to ensure goal/objective achievement and/or progression, tracking of program goals and completion requirements, completion of all evaluations and customization of schedule.
- Coordinates all central documentation of residency activities and files sufficient for operation and accreditation of the PGY1/PGY2 residency program.
- Attends and coordinates residency retreat activities for all residency preceptors.
- Actively participates in the recruitment and interviewing of residency applicants.

RESIDENCY MENTORS:**Mentor responsibilities are as follows:**

- To provide general guidance and support to the resident.
- To assist the resident in developing his/her career goals and objectives.
- To be involved in planning a desirable elective rotation schedule for the resident.
- To meet regularly (at least quarterly) and review the progress of the resident.
- To assist with resident development plan. Coordinates with the residency program director documentation within the quarterly resident development plan including: goals, strengths, weaknesses, areas of needed development, activities to assist with development, effectiveness of changes, action plan, customization, calendar, etc.
- To assist the resident in selection of a research project.
- To serve as a sounding board for problems and frustrations with the program.
- To help ensure timely completion of assigned projects (i.e., research, MUE, resident seminar, etc.).

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- To provide guidance in preparing for the Midyear (CV preparation, career objectives, interviewing, etc.).

ROTATION PRECEPTORS - Multiple

Preceptor responsibilities are as follows:

- Develop goals and objectives for the rotation in conjunction with the Residency Director.
- At the beginning of each rotation, develop a plan for meeting the goals and objectives of the rotation with the Resident and based on the individual Resident's experience.
- Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the rotation. The Preceptor will meet with the Resident on a regular basis to determine progress.
- Each Preceptor will develop and maintain an appropriate reading library or bibliography of readings for each Resident, which will aid in the attainment of the competencies for the rotation.
- Keep the Residency Director and the Resident's Mentor apprised of any difficulties that a Resident may be having in a rotation, or in the overall residency.
- Provide the resident with continuous verbal feedback during the rotation and use the formative evaluation strategies as needed for specific activities (draft revision, immediate feedback within Pharmademic, presentation/JC evaluations, etc).
- Complete the Summative Evaluation of Resident at the conclusion of the rotation (within 7 days) and review/discuss with the Resident.

PROJECT PRECEPTOR - Multiple

Project Preceptor responsibilities include:

- Advising the resident in the choice of a project that will be able to be completed in one year.
- Assist in the design and write-up and review of the protocol.
- Coordinate the contact of a statistician to review and advise in protocol design, and determining the number of patients needed if applicable.
- Assist in obtaining IRB approval.

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- Ensure that the resident is completing the project according to the program's timeline
- Assist with data collection. Of note that the majority of the data collection will be performed by the resident.
- Guiding the data analysis, and assisting in the preparation of the final manuscript.
- Report to the Residency Director, that the project has been completed, and the resident has fulfilled the project obligation of the program.

ULH Residency Program Definitions of NI/SP/ACH/ACH-R

- **Needs Improvement (NI):** *Resident's skills not progressing as expected. Knowledge base may be lacking, resident shows little **OR** no motivation to grow professionally, or preceptor must provide directed questioning, or extensive or consistent prompting to facilitate completion.*
- **Satisfactory Progress (SP):** *Resident is progressing at rate expected for new practitioner with minimal experience (performs within expectations with minimal supervision). Resident does not consistently meet, **OR** requires occasional prompting to complete, objective. Resident would benefit from additional learning experience.*
- **Achieved (ACH):** *Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, **AND** proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required.*
- **Achieved for Program (ACH-R):** *Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, **AND** proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required. Pharmacy Education Committee decision, no longer a need for further evaluation within program.*
 - RPD and/or designee will be responsible for discussing ACH-R at the monthly Residency Advisory Committee (RAC) once the resident has successfully earned an ACH on 2 monthly and/or longitudinal rotations, or as deemed by preceptor and RAC evaluation. If deemed to be ACH-R, the RPD will then assign ACH-R for the goal/objective within Pharmacademic.

RESIDENT SALARY AND BENEFITS

Pharmacy residents receive a salary from the Department of Pharmacy Services. Paychecks are distributed bi-weekly on Fridays. In addition to the salary, residents receive the following:

1. **Benefits:** Our residents receive University Medical Center employee benefits including: medical, dental, vision, 401(k) retirement, flexible spending account, and life insurance.
2. **Travel / Interviews:** Residents attend ASHP-MCM & Great Lakes Pharmacy Residency Conference and additional meetings at RPD/preceptor discretion KSHP meetings (cost of attendance/travel dependent upon travel stipend). Interview leave is granted at the discretion of the residency director.
3. **Holidays:** Residents will staff 2 holidays per year. Decisions on staffing will be made by the PGY1 residents and PGY1 Program Director.
4. **Sick/Flex Time:** Residents will accrue paid time off (PTO) at the normal hospital rate. Residents are permitted to take 7 days of PTO and the remainder will be paid out to the resident pending successful completion of the program. See PTO policy.

CALL IN/OFF DAY PROCEDURES

1. Process for communicating absenteeism or tardy
 - a. Phone or text immediate supervisor (or preceptor)
 - b. Phone or text RPD
 - c. Phone or text any preceptor who is overseeing a project, presentation, meeting that will be missed or delayed
2. Choosing and posting “off days” on the schedule
 - a. Discuss preferred “off days” with your immediate preceptor prior to or on the first day of the scheduled rotation. For example, your preceptor may request that you do not take Tuesdays off due to scheduled meetings or their own schedule, etc.
 - b. Communicate the “off days” schedule in an email to be sent to the preceptor and RPD for confirmation.
 - c. Make sure that “office days” are communicated to the inpatient pharmacy.
 - d. Communicate all PTO days to department secretary, clinical manager and PGY1 RPD for scheduling and payroll purposes.
3. Scheduling changes
 - a. Please communicate any future changes in your schedule (leaving early, doctor’s appt., coming in late, holiday change, weekend trade, etc.) in the following manner:
 - i. First, receive approval from your immediate preceptor.
 - ii. Communicate directly to RPD
 - iii. Change on master schedule posted in IP pharmacy after approval by immediate preceptor and RPD

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- iv. Communicate any changes which affect your pay (sick time, flex/vacation time, badge error, etc.) to Michele by and RPD via email.
4. Process for requesting vacation days
 - a. First, receive approval from your immediate preceptor. See vacation policy regarding maximum number of vacation days which may be taken during a core or elective experience.
 - b. Email RPD for approval.
 - c. RPD will verify approval and email resident. At which time vacation can be scheduled in CVS or documented on write in sheet for Michele.
 - d. Refer to resident PTO policy

ASHP MCM

Travel and expenses to the ASHP Midyear Clinical Meeting in December of each year will be provided for the resident. In exchange, the residents will have responsibilities at the Midyear including, but not limited to recruiting future residency candidates, poster presentation, required attendance at dinners/receptions and educational events, and interviewing candidates if needed through PPS.

GREAT LAKES RESIDENCY CONFERENCE

This conference, representing the Great Lakes Region of the United States, is held annually in April or May, in Lafayette, IN. Each PGY1 resident (some PGY2—see program details) is expected to attend and make a formal presentation at the conference. Residents will practice and arrange to give their presentations beforehand to the Pharmacy Department. Online presentations using PowerPoint™ are the appropriate visual aids to use in the presentation. Family members do not generally attend or accompany residents during this conference. Generally, the resident's research project is the topic for the presentation.

REIMBURSEMENT

When the resident uses his/her own funds to cover expenses associated with travel or recruitment and has been pre-approved for reimbursement, the following guidelines should be followed:

1. All receipts should be itemized (meals, hotels, etc).
2. Alcohol or gift items are NOT items that can be reimbursed
3. Procedures should be followed within myULH to request and submit reimbursement requests.

RESIDENT JOBS (Pending Review)

There are multiple resident jobs that must be filled each year

- Journal Club Coordinator
 - 1 PGY1 Resident
- Student Case Conference Coordinator
 - 1 PGY1 Resident
- Resident Interview Coordinator
 - 1 PGY1 Resident
- Travel/End of Year Party Coordinator
 - 1 PGY1 Resident

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- Resident CE Coordinator
 - 1 PGY2 Resident
- Community Service Coordinator
 - 1 PGY2 Resident
- Pharmacy Rx for Safety Newsletter Coordinator
 - 1 PGY2 Resident
- Meds to Beds/Transition of Care Coordinator
 - 1 PGY2 Resident
- University Medical Center P&T Newsletter Coordinator
 - 1 PGY2 Resident
- Code Response Coordinator
 - 1 PGY2 Resident
- Drug Shortage Coordinator
 - 1 PGY2 Resident
- Chief Resident (PGY2 only)

(See Resident Job Descriptions on the shared N-drive folder for specifics)

RESIDENT PORTFOLIO

The Resident's portfolio serves as a record of all activities undertaken while a resident is at University of Louisville Hospital. Additionally the below materials can be uploaded within Pharmacademic as well. The portfolio (stored on the N-drive) should include:

- Overall resident goals
- Scanned, signed LE from pre-rotation meetings
- Calendars
- Any projects/presentations/in-services
- Drafts of posters/manuscripts
- Resident development plans
- Tracking/progress reports
- RAC Progress reports

RESIDENCY ROTATIONS

During their 12-month appointment, pharmacy residents will gain experience in both hospital pharmacy and clinical pharmacy practice primarily through organized rotations within the various areas of the Department of Pharmacy. The goals and competencies of each rotation are developed by the preceptors, in conjunction with guidelines from ASHP. The activities and projects in which the resident is involved in each rotation will be determined by the resident and Rotation Preceptor prior to and during the rotation. These objectives are all tracked and monitored within Pharmacademic.

The activities and projects will be directed toward fulfilling the needs of the individual resident (based on his/her previous experiences) and also the needs of the clinical service at that particular time. Each rotation will be organized in such a manner that the educational benefits to the resident and the service benefits to the Department are mutually satisfied.

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During the rotation the resident will interact closely with the rotation preceptor and is responsible for keeping him/her updated on all rotation-related activities and projects. Likewise, the rotation preceptor is expected to work closely with the resident to provide instruction and to assist him/her in accomplishing the goals of the rotation. During activities such as rounding, communicating with physicians and nurses, and patient presentations, the resident will be supervised by a knowledgeable pharmacy staff member capable of guiding the resident's efforts.

ASHP AND KSHP MEMBERSHIP

Residents are required to be members of the national organization American Society of Health-System Pharmacists (ASHP) and are recommended to join the state organization, Kentucky Society of Health-System Pharmacists (KSHP). Pharmacy residents are required to attend the ASHP Midyear Clinical Meeting in December of each year to present a poster and/or help with recruitment of new residents or look for post graduate position. Pharmacy residents are encouraged to attend either the spring/fall KSHP meeting or present if possible.

ADDRESS AND PHONE NUMBERS

Each resident is responsible for maintaining a local address and telephone number on file with the program director, pharmacy department secretary, and main inpatient pharmacy dispensing area of the Department of Pharmacy.

LONG DISTANCE PHONE CALLS

Long distance phone calls related to patient care and or other departmental business may be made at the pharmacy department expense. Personal long distance phone calls should be made on the resident's cell phone or home phone.

PLACEMENT SERVICES

Residents planning on enrolling in the ASHP Personnel Placement Service and to participate in employment seeking interviews at the ASHP MCM should enroll in advance of the meeting. Participation is at the resident's expense.

ULH RESIDENCY SHOWCASE AT ASHP MCM

All residents in attendance at the ASHP MCM, unless otherwise assigned program director, are required to attend the residency showcase booth for recruitment purposes.

RESIDENT PERSONAL RESPONSIBILITIES

- A. To develop a personal program of learning to foster continued professional growth with guidance from the professional staff.
- B. To participate in supervised patient care commensurate with my scope of training and licensure.
- C. To participate fully in the educational and scholarly activities of the training program; to meet all program requirements; to demonstrate the knowledge, skills, and attitudes defined by the program; and to assume responsibility for teaching and supervising other residents and students as required.
- D. To adhere always to the highest standards of integrity, professionalism and ethical conduct for the profession.
- E. To participate appropriately in hospital and staff activities, and to adhere to established practices, procedures and policies of the hospital in which I am training. Included is maintenance of and successful completion of hospital and department competencies within the specified time frame.
- F. To be compliant with all electronic evaluations in PharmAcademic™ within the timeframe of the specific learning experiences as defined by the preceptors, the program and ASHP (5 business days, 1 week).
- G. To report to the program director use of any medication taken, or still having an effect, during duty hours that could adversely impact my cognitive ability, judgment or ability to perform clinical and educational duties. Examples of reportable medication include, but are not limited to, opioids, benzodiazepines, barbiturates and sedatives/hypnotics.
- H. To maintain required training qualifications for practice and to obtain re-certification in a timely manner, if needed. The resident will be required to obtain pharmacy licensure by the Commonwealth of Kentucky (Kentucky state board of Pharmacy) by September 1st of the residency year. The resident is subject to termination and release from the PGY1 pharmacy residency program for failure to obtain Kentucky licensure. Until licensure is obtained, the resident will be required to have all pharmacist-initiated orders and notes be co-signed by a licensed pharmacist and all order entry activities be completed in an unverified state.

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- I. To comply with hospital, department, and residency specific policies as outlined during orientation.

- J. Maintain resident portfolio and departmental N-drive folder with all applicable residency documentation.

HR REQUIREMENTS

- Apply for position on-line (will be provided job number by Residency Program Director)
- Sign/date formal offer letter from HR
- Sign/date formal contract (copy provided to HR and Residency Program Director)
- Sign/date residency manual, policy verification page and return to Residency Program Director
- Schedule an appointment with HR representative to complete all new hire paperwork
- Complete drug screening (instruction sent via email from HR department)
- Complete physical (instruction sent via email from HR department)
- Immunization/PPD documentation
- Obtain licensure
- Obtain pharmacist liability insurance

RESIDENCY POLICIES

PHARMACY LICENSURE 712-0300

LICENSURE

POLICY STATEMENT:

The Department of Pharmacy will maintain current licenses and permits as required by law

GUIDELINES:

All practicing pharmacists will become licensed as a pharmacist by the Kentucky Board of Pharmacy at the earliest date possible. If eligible for licensure reciprocity from another state, pharmacists will immediately initiate all necessary procedures for transfer of licensure to Kentucky. Failure to obtain licensure from the Kentucky Board of Pharmacy within the first 60 days of employment will result in disciplinary action up to and including termination of employment.

Pharmacy residents must obtain licensure by September 1st and all dismissal and/or deadline extensions will be handled by the Residency Executive Committee (REC) as outlined in the Corrective Action/Dismissal of Pharmacy Residents policy (see 712-1620).

The Pharmacy will have the following on display:

1. A current, valid state pharmacy permit.
2. A current, valid Drug Enforcement Administration controlled substance registration certificate.
3. A current, valid license for all practicing pharmacists
4. A current, valid registration card for all practicing pharmacy technicians
5. A current, valid certification card for all practicing pharmacy technicians

REVIEWED/REVISED: 05/83; 01/04; 08/05; 11/09; 07/14; 03/15; 11/15; 07/17

PHARMACY RESIDENCY PROGRAMS POLICY 712-1600

PURPOSE:

To establish criteria for the training and education of residents in the fundamentals of exemplary contemporary pharmacy practice.

POLICY STATEMENT:

A pharmacy residency is an organized, directed, postgraduate training program that centers on development of the knowledge, attitudes, and skills needed to pursue rational drug therapy.

GUIDELINES:

- A. PGY-1 Program Director:** The Director of Pharmacy appoints a clinical pharmacist who has a Doctor of Pharmacy to serve as the PGY-1 residency program director. The residency program director must have demonstrated a sustained contribution and commitment to pharmacy practice in addition to meeting the requirements set out by the residency accrediting body.
- B. PGY-2 Program Director:** The Director of Pharmacy appoints a clinical pharmacist who has a Doctor of Pharmacy and expertise or training in a specialty area to serve as a PGY-2 residency program director. The

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residency program director must have demonstrated a sustained contribution and commitment to pharmacy practice in addition to meeting the requirements set out by the residency accrediting body.

- C. Preceptors:** The residency program directors shall have authority to delegate preceptorial responsibilities for specific segments of their respective residency programs to other pharmacy practitioners. In addition to meeting the requirements set out by the residency accrediting body, preceptors must have demonstrated a sustained contribution and commitment to the respective area of pharmacy practice.
- D. Duties:** Both the program director and preceptors have specific responsibilities to the pharmacy residents. These duties shall include:
1. To provide residents with a residency specific orientation to University Hospital, the pharmacy department, and the ASHP Residency Program Design and Conduct (RPDC).
 2. To develop a plan and training schedule, in cooperation with resident, to achieve the predetermined goals and objectives for the residency program. The plan shall be evaluated regularly and modified accordingly.
 3. To develop rotation specific goals and objectives and present them to the resident at the beginning of each rotation.
 4. To provide an optimal learning experience for the residents.
 5. To promote continuous feedback and communication among the preceptors and residents.
 6. To provide training to the residents that creates competence in the following areas:

PGY-1 Pharmacy Residency

Critical Care	Infectious Disease	Pharmacy Administration
Oncology	Drug Information	Internal Medicine
Ambulatory Care	Research	Pharmacy Distribution
Informatics	Teaching	
Special Populations (BMT, Neuro ICU, Emergency Medicine, Neonatology)		

PGY-2 Oncology Residency

Medical Oncology	Gynecological Oncology	Palliative Care
Bone Marrow Transplant	Ambulatory Care	Research
Anti-neoplastic Distribution		

PGY-2 Critical Care Residency

Emergency Medicine	Neurosurgical ICU	Surgical ICU
Medical ICU	Informatics	Research
Education/Training	Stroke	

PGY-2 Ambulatory Care Residency

Internal Medicine	Urgent Care/First Care	Anticoagulation
Outpatient Oncology	HIV/AIDS	Research
Diabetes	Teaching	Administration
Medication Therapy Management		

PGY-2 Internal Medicine Residency

Internal Med 1 & 2	Cardiology	Infectious Diseases
Medical ICU	Teaching/Education	Research
Drug Policy/Administration	Geriatrics Workforce Educational Program	

PGY-2 Emergency Medicine Residency

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Emergency Med 1, 2, & 3	Emergency Med Transitions of Care	
Emergency Med Jewish	Management	Medical ICU
Surgical ICU	Research	Staffing
Teaching, Drug Info, & Outreach	Toxicology	

- To assure the residency program is aligned with and conforms to the standards set by ASHP to maintain accreditation.
- To provide the resident, upon successful completion of the program, a certificate of completion.

REVISED: 05/99; 06/05; 09/09; 2/13; 11/15

PAID TIME OFF POLICY 712-1610

PURPOSE:

To provide fair and consistent guidelines on the approval process of PTO for pharmacy residents.

POLICY STATEMENT(S):

- Residents must follow the vacation policy guidelines below to request PTO.
- Both the affected residency director and the preceptor must approve requests for PTO.
- Requests may be denied for residents that have outstanding deadlines not met or if the PTO taken during the educational rotation would significantly diminish the resident's learning experience.

DEPARTMENTS AFFECTED: Pharmacy

DEFINITION:

Paid time off (PTO) is a combination of sick, vacation and holiday hours an employee accrues to be used as needed. The hours balance appears on the employee's biweekly direct deposit pay voucher within Ultipro. Full-time and part-time employees accrue PTO hours each pay period based on the scheduled hours they are paid each pay period.

GUIDELINES:

Residents are permitted to take a maximum of 10 days of PTO during the residency year. Any days that are not used will be paid out to the resident pending successful completion of the program.

Any request for 3 days or longer in duration must be approved before beginning the residency program. This will enable the pharmacy residency director to schedule rotations to accommodate the time requested such that it will not affect the length of core rotations. Time off may have to be subtracted from time allotted for elective rotations/projects.

The residency director and the appropriate preceptor must approve requests for PTO. No more than 3 days may be taken during any given "core" or "elective" rotation period, unless prior approval is obtained. Requests will be denied for a resident whose work is not up to date or if time off will significantly diminish the learning experience.

To request time off, the resident must email the Residency Program Director and/or designee. The RPD and/or designee will then communicate the decision, with the resident, preceptor and office secretary/scheduler.

Consistent with the PTO policy for pharmacists, PTO days will not be approved for scheduled weekends and holidays. These days must be traded with another pharmacist / resident. In addition, the residency director must approve the trade prior to the occasion. PTO may be limited or not approved during the weeks of Thanksgiving, ASHP Midyear Clinical Meeting (early December), Christmas, KSHP Spring meeting (mid April), Great Lakes Pharmacy Residency Conference (late April), and the last two weeks of the program.

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PTO that is not taken during the residency period will be paid out to the resident pending successful completion of the program. Residents who leave the program prior to the end of their residency year may not be eligible for flex-time payout.

In the event of an approved, extended medical leave by the resident, the Residency Executive Committee (REC) and RPD will adjust the end date of the residency program and contract to allow resident to complete the required 12-month experience and program requirements.

Appeals may be made to, and granted at the discretion of the Residency Advisory Committee (RAC).

REVISED: 06/01; 06/05; 09/09; 11/12; 09/15

DUTY HOUR POLICY-PHARMACY RESIDENTS 712-1605**PURPOSE:**

To set forth duty hour requirements in pharmacy residency programs for the benefit of patient safety, provision of fair labor practices, minimization of the risks associated with sleep deprivation and to meet the American Society of Health-System Pharmacists (ASHP) duty hour requirements for pharmacy residencies.

POLICY:

1. Residents will document hours spent in their residency programs to assure that the ASHP requirements are met.
2. Pharmacy residents will not be on-site at University of Louisville Hospital for more than 80 hours per week.
3. Postgraduate year 1 residents are not permitted to moonlight, internally or externally.
4. Postgraduate year 2 residents may be permitted to moonlight, internally or externally at the Resident Executive Committee's (REC) discretion. The resident must be in good standing with the programs requirements and moonlighting hours will be documented and counted towards duty hours.

DEPARTMENTS AFFECTED: Pharmacy

GUIDELINES:

Pharmacy residents will not be on-site working for greater than 24 continuous hours. Adequate time for rest and personal activities is provided. This adequate time consists of at least a 10-hour time period provided between all daily duty periods. Pharmacy residents will be off-site (completely out of the hospital) for at least an average of 1 day every 7 days over a 4-week period.

Documentation:

1. Postgraduate year 1 (PGY1) residents and Postgraduate year 2 (PGY2) residents will document compliance with these standards monthly by completing a Duty Hour Attestation within Pharmacademic.
2. Any variation from the requirements outlined must be documented in this same area.
3. Any unsolicited reports from any means suggesting unreported variances will be formally investigated by the REC.
4. False documentation of compliance will be handled in accordance with the progressive disciplinary procedure (i.e. warning, suspension, or termination) outlined by the Corrective Action/Dismissal of Pharmacy Resident policy.
5. The Pharmacy Residency Director(s) will keep a report of all variances for each residency year. Variances will be reported to the REC, RAC, and Director of Pharmacy.

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6. For PGY2 Residents that are approved to moonlight it will be the resident's Primary Preceptor and their respective Program Director's responsibility to evaluate the resident's performance and/or judgment while on scheduled duty periods via verbal conversations and review of the resident's written documentation of patient care.
7. If residents' participation in moonlighting affects their judgment and/or performance while on scheduled duty periods, it will be formally investigated by the REC and moonlighting privileges will be suspended and/or revoked.

REFERENCE

1. ASHP. (2015, March 4) *Duty Hour Requirements for Pharmacy Residencies*. Retrieved from <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

CORRECTIVE ACTION/DISMISSAL OF PHARMACY RESIDENTS POLICY 712-1620**PREAMBLE:**

The resolution of work related problems should be facilitated through consistent use of open communication between residents and the residency Program Director(s), Pharmacy Management, and residency preceptors and/or mentors. When situations arise that require attention and change, a progressive system of corrective action is determined by the Residency Executive Committee (REC) which includes the following: Residency Program Director(s), Pharmacy Manager(s), Director of Pharmacy, and resident mentor(s).

PURPOSE:

To establish guidelines to provide corrective action that is consistent with the University of Louisville Hospital's fair and equitable treatment of employees while also providing opportunities to improve performance. To provide a consistent and fair mechanism for corrective action and/or dismissal of pharmacy residents.

POLICY STATEMENT(S):

The pharmacy resident must abide by all provisions of the Pharmacy Resident Appointment Agreement (contract). Pharmacy residents are subject to probation or dismissal based on failure to meet obligations of the residency program and expectations as defined in the appointment agreement. Further, the resident will sign a copy of this policy stating that they have reviewed and understand the policy at the time that they sign their contractual agreement of employment with the residency program. Dismissal for failure to meet requirements of the residency program will be determined by the REC. Prior to dismissal, the REC will provide the resident on probation with specific guidelines and deadlines to fulfill and meet requirements. Failure to meet the adjusted deadlines will result in the dismissal of the resident from the program.

If the pharmacy resident fails to successfully complete the Kentucky Pharmacy licensure examination by the deadline indicated in the residency contract (September 1st), the resident may be terminated from the program. Dismissal for the failure to obtain licensure by the deadline will be enforced by the REC. Only in the event of extenuating circumstances (long term illness, death, etc) will the REC reserve the ability to adjust the deadline. If a deadline adjustment is granted, the REC will provide the resident with specific guidelines and deadlines for fulfillment of the requirement. To complete residency training residents must be licensed for a specified length of time in direct patient care areas as determined by the programs (PGY1 & PGY2 programs: 8 months). Failure to meet the adjusted deadline will result in termination of the resident employment.

The pharmacy resident is also subject to the dismissal process that applies to all hospital employees regarding adherence of all hospital, pharmacy and residency policies.

DEPARTMENTS AFFECTED: Pharmacy, Human Resources

GUIDELINES:

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant Hospital and Residency Program policies.

Disciplinary action will be taken if a resident:

1. Does not present him/herself in a professional manner
2. Failure to obtain licensure by September 1st (or REC approved adjusted deadline)
3. Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, lecture, seminar, satisfactory progress on any of the residency goals and/or objectives)
4. Does not follow policies and procedures of the hospital, Department of Pharmacy Services, or Residency Program
5. Engages in gross negligence
6. Does not complete the required 50 of 52 weeks. Residents will be allowed to make arrangements to complete up to 8 weeks in the event of hospital approved non-FMLA leave.
7. Consistent failure to meet deadlines for major resident projects (research, drug information, CE or committee presentations, didactic lectures, etc).

Disciplinary action will depend on the facts pertaining to the situation and will be determined by the REC. Corrective action procedures may include:

- Verbal warning
- Written corrective action (Corrective Counseling Record Form)
- Final written corrective action which may include suspension
- Termination

Resident Grievance

If a resident has a grievance, he/she should first attempt to resolve it by consulting with his/her mentor and with the Program Director. If unable to resolve it at that level, the resident may present, within 30 days of the initial complaint, a written complaint to the Residency Advisory Committee (RAC). The committee shall conduct a thorough investigation and provide input regarding an action plan, which will be communicated with the REC to ensure that it is consistent with the goals and policies of the department and the hospital. The final decision will be then discussed with the resident in a scheduled meeting between the resident and the REC.

Verbal Warning

Residents may be initially provided a verbal warning by the residency director for actions outlined above in 1-7. The resident and director will sign a document that describes the action and documents that the warning has occurred. However, at the discretion of the REC and pharmacy management, verbal warnings are not required before probation or corrective counseling is issued if the concern regarding the individual's performance places others in harm.

Corrective Counseling

It is the duty of the Program Director for each residency to establish a mechanism for evaluating the performance of the trainees, including verbal and written evaluations to the residents. In the event a resident's clinical or educational performance is found to be inadequate, the Program Director and resident mentor should meet with the resident at the earliest possible date, outlining in writing the deficiencies, how they are to be corrected, and the time in which this correction is to occur. Copies of this written corrective counseling record will be shared with the REC and will be placed in the residents' employee file. Any opportunities for improvement or remedial action can be shared with the future preceptors and/or RAC. If after a pre-determined amount of time progress has not been made, the Program Director will initiate a second written corrective counseling record and a meeting with the REC will be scheduled within 1 week to place the resident on probation with a documented action plan/follow up.

Probation

Probation follows when a resident is notified that his/her progress, performance or professional development has been deemed to be inadequate and that continuation in the program is at risk. Where there is concern that a resident's performance fails to meet the standards set for the training program, and upon receipt of the second written corrective counseling record, the resident will be placed on probationary status by the REC. Notice of probation and the reasons for the decision will be discussed and documented with written acknowledgement at the meeting scheduled with the REC. If unable to meet, notice of probation and reasons for the decision will be delivered to the resident within 1 week of the second written corrective counseling record. The notice will be delivered by certified

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

mail, Return Receipt Requested, to the resident at their residence. There should be clear documentation that the specific areas of concern about the performance of the resident have been identified, and the Program Director should outline, to the degree possible, a specific remedial plan. (e.g. If the resident is unable to complete activities or assignments during a “core” learning experience due to an unlicensed status [i.e. function as an independent licensed pharmacist in the inpatient or outpatient pharmacy], the designated preceptor will notify the residency program director for a plan that supports the resident revisiting that learning and/or staffing requirement when he or she has obtained appropriate licensure.)

The Program Director shall provide both a time and mechanism for re-evaluation. As a rule, a minimum of 30 calendar days will be allowed for the resident to correct the identified deficiencies. However, some probationary periods may be for shorter or longer periods of time as determined by the REC. If at the end of the probationary period, the REC determines that the resident has not corrected the identified deficiencies, then the resident may be dismissed from the program. If at the end of the probationary period, the REC elects to dismiss the resident, the hospital’s termination procedures will be followed. If the REC is satisfied that the resident has corrected the identified deficiencies and any other deficiencies which may have arisen during the probationary period, then the resident will be notified in writing that the probationary status has been lifted.

However, at the discretion of the REC and pharmacy management, a resident may be placed on probation at any time without prior corrective counseling, if the concern regarding the individual’s performance places others in harm.

Dismissal

Upon recommendation of the REC, and with the approval of the Director of Pharmacy, a resident may be dismissed during the term of the residency for unsatisfactory performance or conduct. Examples include, but are not limited to the following:

1. Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
2. Unethical conduct;
3. Illegal conduct and/or criminal behavior;
4. Excessive tardiness and /or absenteeism;
5. Unprofessional conduct;
6. Job abandonment;
7. Failure to obtain Kentucky licensure in a timely manner;
8. Mental impairment caused by mental disorder or substance abuse;
9. Failure to meet residency program requirements for graduation;

The recommendation to the Director of Pharmacy for dismissal shall be in writing, outlining the areas deemed unsatisfactory and the reasons for the dismissal.

REVISED: 09/02; 06/05; 08/09; 09/10; 01/11; 11/15

PGY2 RESIDENT EARLY COMMIT POLICY 712-1630**PURPOSE:**

To define the process of early commitment to a Postgraduate year 2 (PGY-2) pharmacy residency program by Postgraduate year 1 (PGY-1) residents at University Medical Center/University of Louisville Hospital. To delineate the responsibilities related to the early commitment process for residents and residency program directors.

POLICY

Residency directors, residents and the Residency Advisory Committee (RAC) will abide by the early commitment process established by the National Matching Service Inc. (NMS) and the accrediting body for pharmacy residency programs, the American Society of Health-System Pharmacists (ASHP). These standards have been established for the benefit of the resident(s) and residency program(s) and the provision of fair labor practices.

DEPARTMENTS AFFECTED Pharmacy

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 
REQUIREMENTS

1. The University of Louisville pharmacy residency programs will inform the current residents of those PGY-2 pharmacy residency positions available for the following residency year during the September and October RAC meetings.
2. The PGY-2 programs offering early commitment will register all available PGY-2 positions with the National Matching Service before the annual deadline established by NMS.
3. The PGY-1 resident is NOT required to enroll in the resident matching program with the National Matching Service to participate in the early commitment process.
4. The procedure and selection process of PGY-1 residents applying for promotion to a PGY-2 residency program is as follows:
 - a. Resident(s) will provide a formal signed hardcopy letter expressing interest for the PGY-2 residency to the applicable PGY-2 program director, PGY-1 pharmacy residency director, Clinical Pharmacy Manager and the Chief Pharmacy Officer by November 15th. Eligibility of PGY-1 pharmacy residents expressing interest in a specialty residency will be assessed by the PGY-2 program director, PGY-1 program director and resident mentor. Eligibility of a PGY-1 resident will be determined by the following criteria:
 - i. Applicant is a current PGY-1 resident at University Medical Center/University of Louisville Hospital.
 - ii. Applicant has an active pharmacy licensure and is in good standing with the Kentucky State Board of Pharmacy
 - iii. Resident must be in good standing within the current PGY-1 program, good time management skills with no outstanding deadlines, and not on a corrective action plan; if a resident has had a previous corrective action plan, all disciplinary concerns must be resolved at time of application to be eligible for consideration for early commitment to a PGY-2 pharmacy residency program.
 - iv. Applicant illustrates good character, work ethic and professionalism.
 - b. An interview will be carried out by the PGY-2 residency director and a panel of preceptors using the peer interview process previously established by University Medical Center/University of Louisville Hospital pharmacy residency programs. When there are more early commit candidates than positions in a given PGY2 program the interview will be utilized to rank candidates and determine an offer decision.
 1. Members of the RAC will be informed of the status of the PGY-2 residency position offer via email by the end of November.
 2. Residents that do not meet eligibility criteria or are deemed unacceptable after the peer interview process will be declined an offer for residency by formal signed hardcopy letter from the PGY-2 residency director to the resident, PGY-1 residency director, Clinical Pharmacy Manager and Chief Pharmacy Officer by the end of November.
 3. Residents declined an offer for PGY-2 residency training during the early commit process may then re-apply for the PGY-2 residency program in the normal application process within PhORCAS.
 - c. Residents offered a PGY-2 residency position in the early commitment process will be provided a signed formal hardcopy letter of appointment by the residency director and a letter of agreement (available at <http://www.natmatch.com/ashrmp>) must be signed by the resident and PGY-2 residency director by the end of November (copy of appointment letter will be sent to PGY-1 residency director, Clinical Pharmacy Manager and Chief Pharmacy Officer).
5. The offer for a PGY-2 residency position is contingent upon successful completion and receipt of PGY-1 residency certificate.
6. No solicitation or discussion of early acceptance offer status to applicants and ranking for PGY-2 positions will be discussed with residency program personnel or applicants outside of the PGY-2 program interview process.

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DOCUMENTATION

8. PGY-1 resident(s) and PGY-2 residency program director(s) will document compliance of these standards by signing and retaining a copy of the residency agreement and a copy of the PGY-2 residency acceptance letter.
9. A copy of letter of agreement signed by both parties will be sent to the National Matching Service by the deadline set by the NMS each year.
10. The PGY-2 residency director will pay a non-refundable fee to the National Matching Service for each position committed to a resident through the early commitment process.
11. All grievances should be discussed by the resident with their respective mentor. If resolution is not possible and further investigation is necessary, the resident must submit the grievance in writing to the PGY-1 residency director, PGY-2 residency director and clinical pharmacy manager within 7 business days following receipt of offer letter. The grievance will be evaluated and resolved according to the process as described in policy 712-1620.
12. Any violation of this policy must be brought before the RAC and pharmacy administration for review.

PHARMACY RESIDENCY INTERVIEWS POLICY 712-1631**PURPOSE:**

To provide structure and format to the pharmacy residency interview processes for incoming resident applicants.

DEPARTMENTS AFFECTED: Pharmacy

PROCESS:

Required Application Components: All components listed below must be received within PhORCAS (Pharmacy Online Residency Centralized Application), by the appointed application deadline date, which is usually set in early January.

1. Applicant demographics (address, phone, email, citizenship, GPA, etc)
2. Applicant letter of intent
3. Extracurricular and professional activities
4. Curriculum vitae
5. Three completed references within PhORCAS; additional letters will be accepted at the discretion of each individual program
6. Official transcript from an accredited College of Pharmacy; transcripts will be accepted from Colleges of Pharmacy who have been awarded Candidate accreditation status by the Accreditation Council of Pharmacy Education (ACPE)
7. National Matching Service (NMS) applicant code
8. Qualified to be employed at University of Louisville Hospital: citizens and nationals of the United States, lawful permanent residents, and aliens authorized to work
9. Eligible for pharmacy licensure within the state of Kentucky as defined by the Kentucky Board of Pharmacy

Application Screening Process:

1. Residency Program Director (RPD), Pharmacy Residency Preceptors, and pharmacy residents may review each complete application packet and score each candidate using a scoring rubric developed by the respective residency program
2. Scores for each candidate are entered into PhORCAS. RPD or representative determines cutoff score value. Candidates whose average scores are above the cutoff value are sent an invitation for an on-site interview. Those with scores falling below the value are sent letters of denial for on-site interview.
3. If a resident candidate cancels their scheduled on-site interview, the next highest scoring applicant will be sent an email invite for on-site interview.
4. Resident candidates will be notified via email of the date and time for their scheduled on-site interview at least 2-3 weeks in advance. A detailed itinerary for the day will be sent via email within a week of the interview.

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Interview Layout: At least 3 of the interviewers are peer-interview trained and questions asked at the interview are pursuant with the University of Louisville Hospital's peer interview process.

1. The interview team will consist of the Residency Program Director(s), Pharmacy Manager(s), and a selected number of residency preceptors.
2. A maximum of 4 resident candidates will be interviewed each day.
3. Upon arrival at the University of Louisville Hospital, the resident candidates will meet with the RPD and discuss specifics about the program, staffing, benefits, etc.
4. During the interview, resident candidates may be asked to present a topic or patient case presentation of their choice.
5. Resident candidates are asked questions throughout the interview sessions that are derived from the Pharmacy Resident Peer Interview Matrix in accordance with the department's peer interview process. Resident candidates will be scored by each member of the interview team based on their responses to the above outlined questions.
6. Resident candidates may also be required to complete a short-written exercise and a SOAP note/ patient case to assess written communication skills and baseline clinical knowledge.
7. All resident candidates will be given a tour of the campus (University Hospital, James Graham Brown Cancer Center, Ambulatory Care Building and Healthcare Outpatient Center).
8. All resident candidates will be given time to meet with the current resident(s) to ask any additional questions they may have.
9. To conclude, the resident candidates will meet with the RPD or representative for a wrap-up session for an opportunity to obtain answers to any additional questions they may have.
10. Candidates may be asked to complete an anonymous interview survey after the interview for quality improvement and assessment of the residency program interview process.

Resident Candidate Ranking/Match Process: The ASHP Resident Matching Program (the "Match") places applicants into pharmacy residency training positions in the United States. The Match is sponsored and supervised by the [American Society of Health-System Pharmacists \(ASHP\)](#). The Match is administered on behalf of the ASHP by [National Matching Services Inc.](#) The University of Louisville Hospital Pharmacy Residency Programs comply with all requirements of ASHP and National Matching Services.

1. All resident candidate interview scores will be entered into a password protected database by the RPD. Average scores will be tabulated in an excel spreadsheet based on the Resident Candidate Evaluation Tool designed by the Residency Advisory Committee (RAC) for each specific residency program. Current residents also complete the tool and submit their scores for entry to the spreadsheet.
2. Each individual interviewer and the residents will be provided their individual averaged rank list as well as a de-identified rank list including all interviewers and a combined group rank list.
3. Current residents and the interview team will meet and discuss the rank order for resident candidates. The group will finalize the rank list for submission to NMS. The rank results and discussions occurring during the rank meeting will not be discussed outside of this group.
4. The RPD will enter and submit the finalized candidate rank list onto the NMS website immediately following the meeting.

Post Match Results:

1. An email will be sent out to all pharmacy staff and the newly matched resident candidates on the day that the NMS match results are made available.
2. Matched residents, in addition to the email, will receive a formal letter of acceptance into the University of Louisville Hospital Pharmacy Residency Program within 1 week of the NMS match results.
3. By early May, prior to the start of the residency program, matched residents will receive communication(s) regarding Kentucky State licensure, the resident contract, all pharmacy residency-related policies, and will be contacted by the University of Louisville Hospital Human Resources department to schedule a time and date to complete required hiring documentation.

PRECEPTOR DEVELOPMENT POLICY 712-1640**PURPOSE:**

To provide a preceptor development program which is an integral part of providing consistent and quality pharmacy training programs.

DEPARTMENTS AFFECTED: Pharmacy

PROCESS:Preceptor Performance and Development:*Developing Clinical Skills:*

1. Each preceptor will complete CE courses (web based, workshops, etc) that are relevant to their areas of practice.
2. New preceptors or preceptors starting new services will be supported by management to attend traineeship programs when available.
3. Each preceptor is encouraged to acquire board certification or additional credentialing in his or her specialty area of practice, where certification is available.

Developing Research Skills:

4. Preceptors participating in research will complete required ULH IRB training and CITI training. (i.e. privacy, good clinical practice, data security etc).
5. Preceptors who have not completed resident research projects in the past will be required to be a co-preceptor with a more experienced project preceptor initially.

Developing Teaching and Precepting Skills:

6. The RPD will provide all preceptors with an annual survey to identify the teaching and precepting educational needs of the preceptor group. The areas of focus for preceptor development will be determined annually by the results of this survey.
 - a. The RPD will arrange a minimum of one hour of continuing education for the preceptor group each year to meet the stated needs.
 - b. The RPD will help preceptors find resources for self-study on topics that may be of interest to only a few or one preceptor.
 - c. Resources may include, but are not limited to:
 - i. Pharmacists Letter preceptor's CE
 - ii. ASHP Preceptor's Handbook
 - iii. ASHP National Residency Preceptor Conference
 - iv. Staff Development for Pharmacy Practice
 - v. ASHP self-study CE
 - vi. Sullivan University Teaching Certificate Program
 - vii. Annual Preceptor Development Program provided through the University of Kentucky and Sullivan Colleges of Pharmacy
7. Preceptor evaluations completed by the residents are available for preceptor viewing on the pharmacy-shared drive (N drive) and/or Pharmacademic.
 - d. Preceptors are encouraged to review the evaluations annually to better assess their strengths and weaknesses. These evaluations may be kept in a teaching portfolio if the preceptor so desires.
 - e. The student program coordinator will share with each preceptor their individual and site evaluations completed by the students (as available from the Colleges of Pharmacy).
8. The RPD will review preceptor and rotation evaluations completed by the residents to identify deficiencies or opportunities for preceptor improvements.
 - f. The RPD will discuss with preceptors if the negative evaluations from the residents is repeatedly expressed.

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- g. Performance issues will be communicated to the Director of Pharmacy if the preceptor is grossly negligent.
 - h. The evaluations may be used as part of the annual evaluation process for all preceptors involved with student and resident training.
9. The RPD will work with the Director of Pharmacy to advocate for preceptors to attend conferences and workshops that offer preceptor development programs. Examples of such programs may include but are not limited to:
- i. ASHP National Preceptors Conference
 - j. Great Lakes Residency Conference
 - k. ASHP Midyear Clinical Meeting
 - l. Specific Conferences in areas of practice expertise
10. When feasible, new preceptors will be assigned to co-precept with more experienced preceptors to facilitate skill development.
11. RPD will facilitate discussion at monthly Residency Advisory Committee (RAC) meetings to determine if there are any immediate needs for preceptors and a preceptor will share a teaching pearl with the group.
- m. Example #1: If one preceptor is having a challenging time with one resident, they can discuss with the group potential solutions to the problem. (This should only occur if the preceptor has already discussed methods for improvement with the resident and the RPD and the resident has not shown signs of improvement).
 - n. Example #2: Preceptors can share a moment or "teaching pearl" with the group to illustrate a time where they were able to successfully provide feedback to a resident that helped the resident.

Understanding RLS/RPDC and ASHP-Accreditation Standards

12. The RPD will give a full orientation to RPDC and the ASHP residency Accreditation Standards to all new preceptors of the residency program.
13. The RPD will present one section of the ASHP accreditation standards each year at the annual residency retreat.
- a. Preceptors are encouraged to review the pre-survey questionnaire or ASHP standards documents as independent study.
 - b. The RPD will conduct a brief review of the ASHP evaluation and RPDC process on a bi-annual basis.
 - i. If/When RPDC and standards change, each preceptor will be required to attend training discussing the updates.
14. RPD will encourage preceptors to attend RPDC training if they are attending a conference where the training is being conducted.
15. The RPD will schedule ad hoc education sessions for any major changes in RPDC or evaluation process (i.e. new standards or evaluation tool, pharmacademic).

Maintaining Minimum Qualifications to be a Preceptor:

16. Each preceptor will be surveyed by the RPD to determine his or her rank and level of interest in precepting on an annual basis.
17. Each preceptor, in addition to the RPD, will review his or her academic and professional record on an annual basis. This will facilitate timely record of their achievements for the year as well as providing documentation to include in their annual self-evaluation for their annual performance appraisal.
- a. After review of the academic and professional record, the preceptor and RPD will determine if they meet minimum qualifications required to be a preceptor.
 - b. The preceptor will save the academic and professional record in the pharmacy shared drive (N drive) for the RPD to review.
 - c. If the preceptor(s) are not fully meeting the minimum qualifications required to be a preceptor, they will be required to have documented preceptor in training development plan.
 - i. The preceptor in training plan will include the following:
 - 1. Preceptor mentor
 - 2. Date of training period
 - 3. Checklist of activities, training to further develop preceptor skills.
 - d. All preceptors are encouraged to select a personal professional goal even if they are meeting the minimum qualifications required to be a preceptor.

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- i. Preceptors not in peril of meeting their minimum preceptor qualifications will rank the individual importance of the qualifications defined by ASHP to determine which qualifications they will work to further development in the following 12 months.
- e. Annually, preceptors will complete a self-assessment and obtain a peer evaluation using the AACP preceptor evaluation form to identify opportunities for continual improvement.

Residency Program Improvement

1. Program improvement is an ongoing agenda item at each Residency Advisory Committee (RAC) and each annual individual program residency retreat.
2. Program improvement ideas from preceptors and residents are placed on the agenda for the next RAC meeting as they are received by the RPD.

REV: 08/10; 02/11; 11/15

RESIDENT RESEARCH POLICY 712-1650**PREAMBLE:**

Pharmacy resident research projects typically involve policy/outcomes and educational/survey research. Through addressing the multiple components involved in a residency project, the following outlines a structure by which pharmacy residents will conduct and complete successful research projects.

PURPOSE:

To provide structure by which pharmacy residents will conduct successful research projects.

POLICY STATEMENT(S):

The Residency Research Committee (RRC) will solicit and develop potential PGY1 research project topics. The RRC ensures that all project topics are feasible to complete in one year and are in line with the organization's goals. Each PGY1 resident will have their own research committee which will be responsible for overseeing the progress of the individual resident's research.

PGY1 residents shall be provided a project timeline at the beginning of their residency that will include deadlines for proposal identification and development, presentations, abstract and manuscript submissions, and committee report.

At a minimum, each resident shall submit a proposal for presentation at the American Society of Health-System Pharmacists Midyear Clinical Meeting and shall present their project results at the Great Lakes Pharmacy Resident Conference.

Each individual PGY2 residency program will coordinate the development of research questions/topics, research project timeline, and overall execution of the resident research project. Each PGY2 program will determine the location(s), and timeline for resident presentation or publication(s) of project results.

DEPARTMENTS AFFECTED: Pharmacy

GUIDELINE:

1. Organization of Residency Research Committee (RRC)
 - a. Consists of the Outcomes Research Longitudinal Preceptor and at least one other PGY1 preceptor.
 - b. Meets on an as needed basis to aid in its mission to support PGY1 resident research.
 - c. Responsible for soliciting and developing potential PGY1 research project topics.
 - d. Charged with ensuring research project topics are feasible to complete in one year and in line with the organization's goals.
 - e. Serves a supporting capacity to the resident and the research committee for PGY1 Outcomes Research projects.

PROCEDURE:

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

1. Selection of PGY1 residency projects
 - a. Each department member proposing a PGY1 residency project for the upcoming residency year must submit a brief research proposal to the RRC.
 - b. The RRC will screen each submission for feasibility, suitability for publication, and the proper supervision offered to the resident.
 - c. Residents may select research topics from an approved menu of eligible projects or pursue a topic of their own interest that has been approved by the RRC committee.
2. Selection of research committee
 - a. Each PGY1 resident will have their own research committee which is responsible for overseeing the progress of the resident's research. This research committee will be comprised of, at a minimum:
 - **Research Mentor:** Functions in a dual role as research supervisor and co-principal investigator. Directly oversees the initiation, development, and completion of the research project. Provides official committee responses to proposals and committee updates, as well as other committee communications. In addition, the research mentor is ultimately responsible for assuring the resident has satisfactorily completed the research requirements of the residency program in the prescribed timeframe.
 - **Associate Investigators:** Collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. Also participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the manuscript, and perform any other functions of a collaborator.
 - **Outcomes Research Longitudinal Preceptor:** May serve in a committee support capacity, or as investigator. Also, responsible for completion of quarterly evaluations of the resident for the Outcomes Research Longitudinal rotation.
 - b. Once the research proposal is finalized, the resident must make periodic progress reports to their committee as identified in the research timeline.
 - c. Committees may request more frequent updates as necessary.
3. Research Timeline
 - a. A specific timeline for research activities will be developed by the Outcomes Research Longitudinal Preceptor and RRC each year.
 - b. The timeline will include proposal identification and development, presentations, abstract and manuscript, and committee report deadlines.
4. PGY1 Residency Research Requirements
 - a. Present their research project as a poster at the ASHP Midyear Clinical Meeting.
 - b. Present their research project results at the Great Lakes Pharmacy Resident Conference.
 - c. Complete a manuscript of their research project as determined by the resident's research committee and RRC.
 - d. Comply with all deadlines and major research activities as denoted in the research timeline.
5. Authorship Requirements:
 - a. *The Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication* (International Committee of Medical Journal Editors, November 2003; www.icmje.org) should be utilized in determining authorship for poster presentations and publications (referred to hereafter as final work).
 - b. In general, each author should have participated sufficiently in the project to take public responsibility for relevant portions of the final work. Minimally, the resident and research mentor should take responsibility for the entire project, from topic identification to final work.
 - c. Other research collaborators should receive credit for authorship only if each of the following criteria is met:
 - a. Substantial contributions to project conception and design, data collection, or data analysis and interpretation
 - b. Drafting or critically revising the final work

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- c. Final approval of the published work.

EDUCATION DAYS/TRAVEL POLICY

POLICY STATEMENT:

To outline guidance on travel and support for post graduate year one and two pharmacy residents.

GUIDELINES:

1. Pharmacy residents will be provided funding to support attendance to required meetings as determined by the specific pharmacy residency program. Additional meeting attendance will be encouraged and approved at the discretion of the Residency Program Director (RPD), Residency Advisory Committee (RAC), and Pharmacy Management. Additional approval will also be required from rotation preceptor.
 - a. In the event that residents choose to travel to multiple national and/or regional meetings, a maximum amount will be covered by the department. This amount will be determined by the pharmacy management team on an annual basis.
 - b. Residents will be made aware of this amount each year during recruitment and orientation to the specific program.
 - c. Residents will be responsible for all expenses beyond the maximum amount.
2. Pharmacy residents will be reimbursed, up to the maximum allowable amount, for the following in addition to the educational days:
 - d. Meeting registration fees
 - e. Hotel expenses
 - f. Travel expenses: Airfare and/or mileage
 - g. Taxi fare to/from meeting, hotel, and/or airport
 - h. Meals
3. All eligible expenses must be accompanied by itemized receipts. Alcoholic beverages are not eligible for reimbursement and should be excluded from total amounts. Additionally, if multiple employees are accounted for on receipt, list of names must also be included.
4. Resident travel may be denied for residents that have outstanding deadlines not met or other probationary action plans in place.

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

Pharmacy Residency

Policies & Training Agreement

By signing this document, I am agreeing that I have read the ULH Pharmacy Residency Manual and all applicable Appendices. I acknowledge receipt and understanding of all residency requirements and program specific requirements required for successful completion of residency training. I have read and agree to abide by all applicable hospital, departmental, and pharmacy residency policies while I am employed as a Pharmacy Resident at the University Medical Center, University of Louisville Hospital.

Resident Signature

Date

Residency Program Director Signature

Date

APPENDIX A

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

**PGY1 Pharmacy Residency Manual and Training
Agreement Appendix
2018-2019**

Melissa Robertson PharmD, BCPS

Revised July 2017

PGY1 PHARMACY RESIDENCY PROGRAM

The PGY1 pharmacy residency at University Medical Center, University of Louisville Hospital is accredited by the American Society of Health-System Pharmacists (ASHP) and offers a complete experience in both acute and ambulatory care.

The program is structured according to ASHP's Residency Program Design and Conduct and is designed to be flexible and individualized to the resident's professional goals and interests.

PGY1 PURPOSE STATEMENT

The PGY1 Pharmacy Residency program at University of Louisville Hospital builds on Doctor of Pharmacy (Pharm.D) education and outcomes to contribute to the development of clinical pharmacists 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.

PGY1 MISSION STATEMENTS

The fundamental goals of this residency program are to develop clinical practitioners who are capable of:

1. Delivering pharmaceutical care to patients in several specialized areas with a focus on providing clinical pharmacy services in a proficient and compassionate manner.
2. Educating patients, students, and health care providers.
3. Functioning as an effective member of the health care team.
4. Demonstrating professional leadership, confidence, and effective communication skills.
5. Improving individual practice by self-evaluating one's skills in providing pharmaceutical care.

PGY1 PROGRAM STRUCTURE

The PGY1 program is a 12-month training program that begins around mid to late June and ends 30th of June of the following year. The completion of the program and receiving a certificate is dependent on successful completion of all competencies defined for the program (see program completion requirements); All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Core Rotations:

- **Orientation** (5-6 weeks): Orientation to the hospital, pharmacy, drug distribution systems, computer systems, unit dose and IV admixture programs. Resident will also be oriented to the clinical services, policies/procedures, evaluation process within Pharmacademic, residency jobs, graduation requirements, and the drug information/research timeline. This will include multiple meetings with preceptors for focused topic discussions (research pearls, TPN, chemo preparation, crash cart, study medication process, IV pumps, etc). Residents will also be recertified (if needed) in BLS and obtain ACLS.
- **Internal Medicine** (1 month): Orientation to patient care areas and provision of pharmaceutical care for patients on general medicine floors, rounding with an internal medicine team, patient counseling, vaccine screening, pharmacokinetic drug monitoring, in-service physicians and nurses, medication reconciliation, clinical intervention documentation, attend medical group rounds, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.
- **Critical Care** (1 month, Medical, Surgical or Neuro ICU): Participate in the interdisciplinary care of patients in the medical, surgical or neuro intensive care units while rounding with the MICU, Trauma or Neuro-anesthesia teams, actively monitor antibiotic use as part of the Antimicrobial stewardship team, extensive pharmacokinetic drug monitoring, presentations to physicians and nurses, clinical intervention documentation, medication reconciliation, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.
- **Medical Oncology** (1 month): Participate in daily patient care rounds with the Medical Oncology service (attending physician, 1-2 oncology fellows, medical residents, pharmacist, and medical students), actively monitor antibiotic use, provide pharmacokinetic drug monitoring, identifying and resolving and medication related issues for patients on the medical oncology service, provide in-services to physicians, nurses, pharmacists, become familiar with the primary literature related to the common chemotherapy regimens, learn to review and verify chemotherapy orders, assess and make recommendations regarding nutritional needs, vaccine screening, medication

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reconciliation, clinical intervention documentation, and provide medication or discharge counseling when needed.

- **Ambulatory Care** (1 month): Focus on outpatient primary care and transitions of care. Function independently in the outpatient pharmacy area including prescription processing and patient counseling, understand prescription drug programs for the un/under-insured population, lead patient visits in the anticoagulation and diabetes management clinics, independently monitor drug therapy and patient adherence to drug regimens, provide tailored patient education about disease states and therapeutic plans.
- **Administration** (1 month): Participate in staff planning activities, learn process of developing pharmacy budget, effective leadership strategies and communication techniques, understand available technology and automation in regards to safe medication use processes, trending of adverse drug events/medication errors, exposure to various management strategies, develop skills to create a new service within the organization, and multiple opportunities to interact with department and institution administration teams.
- **Infectious Diseases** (1 month): Participate in daily academic rounds with the Infectious Diseases consult service at ULH that provides consultative services to patients within the entire hospital, actively monitor antibiotic use for drug appropriateness, dosing, duration, route, monitoring and efficacy, communicate ongoing patient information/labs to team on a daily basis, extensive pharmacokinetic drug monitoring, pharmacodynamic dosing adjustments, clinical intervention documentation, vaccine screening, and patient/physician medication-related education as needed.
- **Elective Rotations** (4, 1 month): Residents may choose from the following: Emergency Department, Stroke, Outpatient Infectious Diseases (HIV/Hep C), Pharmacy Informatics, Neonatal Intensive Care Unit, Bone Marrow Transplant, Outpatient Oncology clinics, DM MTM, Inpatient Psychiatry, EM/Toxicology or additional experience designed per resident interest. Of note repeat rotations require learning experience approval and must be different goals/objectives and activities from the original rotation. Additional elective opportunities are available at off-site locations: Academia, Cardiology, Solid Organ Transplant, Pediatrics, and Managed Care. Off site rotations must be arranged as early as possible to allow for communication and scheduling purposes and are limited to 2 months (Ex. Academia, SUCOP).

Longitudinal Rotations: (Throughout the year)

- **Drug Information:** Provided in all rotations, continuous documentation of drug information provision (written and verbal), participation in the P&T committee, completion of medication use evaluation including development of criteria, collection, analysis of data and presentation of results, development/revision of policies, formulary monograph preparation and presentation, development of an organized system for staying current with pertinent literature, evaluating usefulness of biomedical literature,

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documentation of direct patient care activities, and providing concise, applicable and comprehensive medical writing.

- **Resident Research Project:** Residents will gain experience in the design, department education and implementation of a new medication study and/or in-depth evaluation of medication use processes. Residents will complete a year, long residency research project, submit the project proposal to the Residency Research Advisory Committee, obtain approval from the hospital Institutional Review Board (IRB), collect and analyze data, prepare a poster for presentation at ASHP MCM, present the final project results at the regional residency conference, and prepare a final manuscript suitable for publication.
- **Teaching & Learning:** Residents assist with teaching/precepting of Pharm.D. students during core rotations and student case conferences. Residents participate in a Teaching Certificate Program (Sullivan University College of Pharmacy). Additional activities include: providing lectures for Sullivan University College of Pharmacy, leading small group discussions/sessions, and presenting CE lectures at Sullivan University, College of Pharmacy Grand rounds and to the University of Louisville pharmacy department.
- **Staffing/Service Commitment:** Residents will learn to effectively staff the inpatient pharmacy by learning to prepare and dispense medications according to facility requirements, staffing every 3rd weekend (clinical and distributive), one 4-hour Mon-Fri evening shift every 6th day (3-7pm) and 5-6 (8 hour) shifts during December Research/Office month. Residents will hone their prioritization skills while integrating information systems into their daily practice, learning Chapter 795/797/800 clean room guidelines, drug informational skills when fielding questions from physicians/nurses, staff supervision skills, dispensing systems, automation/robotics, clinical documentation, decentralized order entry to ensure safe and appropriate medication therapy for patients.
- **Antimicrobial Stewardship:** This longitudinal experience is designed to provide an introduction of key infectious diseases (ID) concepts and syndromes, while exposing the resident to antimicrobial stewardship practices that benefit the patient and the healthcare system. The resident will perform real-time audits of patients in the acute care setting at University of Louisville Hospital (ULH) to evaluate and determine appropriate antimicrobial therapy. The goal of this learning experience is to optimize patient care while minimizing unintended consequences of antimicrobial use. The resident will gain antimicrobial awareness and knowledge throughout each quarter. Additionally, the resident will be exposed to key duties and responsibilities of the antimicrobial stewardship team to gain insight into the multi-disciplinary strategy for optimal outcomes.

PGY1 Evaluation Strategy & Pharmacademic

- Residents will receive additional teaching of the Residency Program Design and Conduct (RPDC) from the Residency Program Director during Resident Orientation, within the first 2 weeks of starting the program.
- At the end of the orientation period, the program director and/or designee will thoroughly review the orientation summative evaluation, allowing residents to demonstrate their level of understanding of the evaluation process and the resident and preceptor responsibilities regarding provision of feedback.
- The program director and/or designee will conduct an in-depth discussion session with each resident in which all questions about the evaluation process and Pharmacademic™ are answered and all misunderstandings are rectified. Residents are encouraged to share their experiences with their preceptors in relationship to the use of the system. The discussion will be designed to enable the residents to leave the discussion fully equipped to use continue to use the evaluation process and Pharmacademic™ throughout the year. If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the evaluation process and/or Pharmacademic™. The program director and/or designee will monitor for possible preceptor difficulties with proper use as well. When needed, the preceptor will be scheduled for further coaching and/or mentoring.
- **Resident Evaluation Schedule:**
 - **Orientation**
 - **Verbal feedback daily from preceptors**
 - **Midpoint:** Resident self-evaluation
 - Preceptor will focus on discussion of building solid self-evaluation and improvement skills (R3.1.2) by providing discussion of self-evaluation vs. preceptor feedback from orientation
 - **Final (End of rotation):** Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation
 - **Preceptor & Learning Experience:** Resident at the end of rotation
 - **Core Rotations:**
 - **Verbal feedback daily from preceptors**
 - **Midpoint (~50% through rotation):** Preceptor verbal evaluation
 - Meeting to discuss progress, strategies for improvement, commentary on resident strengths
 - **Final (End of rotation):** Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation
 - **Preceptor & Learning Experience:** Resident at the end of rotation
 - **Longitudinal Rotations:**
 - **Verbal and/or written feedback from preceptors, ongoing**
 - Projects, drafts, presentation evals, any documented feedback serve as specific documentation of the evaluated goal/objective; These are saved on the shared N drive and uploaded into Pharmacademic
 - **Quarterly (End of Sept, Dec, March, June):** Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation

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- Teaching/Staffing: 1st & 2nd Quarters only resident self-evaluation (R3.1.2)
 - **Preceptor & Learning Experience:** Resident at the end of the year
- **Elective Rotations:**
 - **Verbal feedback daily from preceptors**
 - **Midpoint (~50% through rotation):** Preceptor verbal evaluation
 - Meeting to discuss progress, strategies for improvement, commentary on resident strengths
 - **Final (End of rotation):** Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation
 - **Preceptor & Learning Experience:** Resident at the end of rotation
- **Preceptor Hours:**
 - **Monthly Rotations:** Preceptor completes at the end of the rotation
 - **Longitudinal:** Preceptor completes at the end of each quarter
 - **Mentor:** Preceptor completes at the end of each quarter
- **Duty Hour Attestation:**
 - **Residents complete monthly to attest to duty hour compliance with ULH Duty Hour policy and submit monthly hours.**
- **All resident evaluations (preceptor, resident, RPD) and end of rotation meetings must be completed within 5 business days (1 week) from the end of the rotation.**
 - Pharmacademic™ tracks the timeliness of evaluations and is used by ASHP when surveying to ensure that per the ASHP standards, timely evaluations are occurring consistently.

PGY1 PROGRAM COMPLETION REQUIREMENTS

Residents, to obtain a certificate of PGY1 completion, must have successfully completed and provide documentation of the following:

1. The resident has documented core, longitudinal, and elective goals.
2. The resident has successfully completed all required program core rotations, longitudinal rotations, and elective rotations.
3. The resident has successfully completed and “Achieved” >80% of required and elective ASHP goals/objectives with no active “Needs Improvement”.
4. The resident has completed self-evaluations for orientation, staffing and teaching (quarter 1 & 2) longitudinal rotations.
5. The resident has completed all preceptor and learning experience evaluations for monthly and longitudinal rotations.
6. The resident has successfully completed residency research project. (data collection, abstract, MCM poster, GLPRC presentation, final write-up, manuscript finalized and appropriate for submission and publication).
7. The resident has successfully completed BLS and ACLS certification.
8. The resident has successfully completed teaching certificate program and teaching portfolio. (see certificate)
9. The resident has completed all staffing/service commitment responsibilities.
10. The resident has attended and participated in required resident meetings (staff meetings, Residency Advisory Committee (RAC), Subcommittee of Antimicrobial Stewardship (SAS), Pharmacy & Therapeutics (P&T), etc.).
11. The resident has successfully completed a medical writing submission.
12. The resident has successfully participated in P&T and SAS meetings (presentation, and minutes).
13. The resident has successfully completed the required newsletter articles (Bugs N Drugs, Rx for Safety and P&T).
14. The resident has successfully completed three Journal Club presentations.
15. The resident has successfully completed Resident Job assignment (Journal Club/Grand Rounds, Application/Interview, ID Dashboard)

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16. The resident has successfully completed writing or updating a department or medication policy and/or procedure.
17. The resident has successfully completed a performance/quality improvement project.
18. The resident has successfully completed at least 6 pharmacy in-services (nursing, physician, pharmacist, etc).
19. The resident has participated in continuing education program (ULH Pharmacy CE).
20. The resident has followed up on any identified areas of weakness.
21. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
22. The resident has initial and all quarterly mentor, development plans documented.
23. The resident has documented monthly duty hours.
24. The resident has completed the exit evaluation and exit meeting with RPD.

The program will not award a Residency Certificate more than six months beyond the official completion date of the Residency Program. Residents wishing to stay for a PGY2 residency are expected to have received their certificate prior to starting their second year. Should the specialty resident not have a PGY1 Pharmacy residency certificate on the date that the residency begins, they will have **30** days to get the certificate or lose their PGY2 residency position.

PGY1 PROGRAM PRECEPTORS

PGY1 Program Director Medication Safety Coordinator PGY1 Orientation Preceptor	Melissa Robertson Pharm.D., BCPS
PGY2 Program Director, Internal Medicine Clinical Specialist, Internal Medicine PGY1/PGY2 Internal Medicine Preceptor	Vanessa VanArsdale Pharm.D, BCPS
PGY1/PGY2 Internal Medicine Preceptor	Kristina Evans Pharm.D, BCPS
PGY1/PGY2 Internal Medicine Preceptor	Emily Steltenpohl Pharm.D, BCPS
PGY1/PGY2 MICU Preceptor	Rachel Williams Pharm.D., BCPS, BCCCP
PGY2 Program Director, Critical Care SICU Clinical Pharmacist, Critical Care Specialist PGY1/PGY2 Trauma/SICU Preceptor	Mark Cox Pharm.D., BCPS, BCCCP
PGY1/PGY2 Trauma/SICU Preceptor PGY1 Drug Information Preceptor	Leigh Ann Scherrer Pharm.D, BCPS, BCCCP
PGY1/PGY2 Trauma/SICU Preceptor	Kristen Mclain PharmD, BCPS, BCCCP
PGY1/PGY2 Neuro ICU Preceptor	Lindsey Urben Pharm.D., BCPS, BCCCP
PGY2 Program Director, Emergency Medicine PGY1/PGY2 Emergency Department Preceptor	Lynn Lamkin Pharm.D., BCPS
PGY1/PGY2 Emergency Department Preceptor PGY1 Research Longitudinal Preceptor	Chrissy Frick Pharm.D, BCPS
PGY2 Emergency Medicine Program Director	Lynn Lamkin Pharm.D., BCPS
PGY1/PGY2 Stroke Preceptor PGY1 Research Longitudinal Preceptor	Chelsey McPheeters Pharm.D., BCPS
PGY1/PGY2 Infectious Diseases Preceptor	Ashley Ross Pharm.D., BCPS
Outpatient Pharmacy Manager PGY1 Ambulatory Care Preceptor	Jessica Johnson PharmD.
PGY1 Ambulatory Care—Hep C Clinic Preceptor	Chelsea Maier PharmD.
PGY1 Ambulatory Care—DM MTM Clinic	Tina Claypool PharmD
PGY1 Ambulatory Care—Anticoag Clinic	Carol Neel Pharm.D.
PGY2 Ambulatory Care Program Director Ambulatory Care Specialist PGY1/PGY2 Ambulatory Care—HIV Clinic	Cathy Spencer Pharm.D., BCPS, AAHIVP
PGY1 Staffing/Service	Amy Braden Pharm.D., BCPS Stephanie Huff Pharm.D, BCPS
PGY1 Administration	Michael Nnadi Pharm.D Phil Kociemba Pharm.D, BCPS Melissa Robertson Pharm.D, BCPS

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PGY2 Oncology Program Director Oncology Clinical Specialist PGY1/PGY2 Medical Oncology Preceptor	Mika Kessans Knable Pharm.D., BCOP
PGY1/PGY2 Medical Oncology Preceptor	Lesley Hall Volz Pharm.D, BCOP Ryan Bycroft Pharm.D., BCOP
PGY1/PGY2 BMT Preceptor	Tim Baize Pharm.D., BCOP Lindsay Figg Pharm.D., BCOP
PGY1/PGY2 Outpatient Oncology Preceptor	Lesley Hall Volz PharmD, BCOP Brette Conliffe PharmD
PGY1/PGY2 NICU Preceptor PGY1 Teaching & Learning	Shannon Mahaffey PharmD., BCPS
PGY1/PGY2 Psych Preceptor	Emma Palmer Pharm.D, BCPP
PGY1/PGY2 Informatics Preceptor	Bryan Strobl Pharm.D
PGY1/PGY2 Jewish Hospital Cardiology	Lindsey Demers Pharm.D, BCPS
PGY1/PGY2 Jewish Hospital Solid Organ Transplant	Chris Barger Pharm.D, BCPS
PGY1 Sullivan University Academia Elective	Misty Stutz Pharm.D, BCPS

PHARMACY RESIDENCY DIRECTOR:**PGY1 Program: Melissa Robertson, PharmD, BCPS**

The Pharmacy Residency Director oversees the operation of their respective Residency Program within the Department of Pharmacy Services. The Director's primary function is to assist the resident in gaining the best educational and practical experience from the residency program. The Residency Director will:

- Maintains policies, procedures and guidelines for residency training
- Arrange for the incoming residents' orientation to the Department of Pharmacy Services and the residency program.
- Schedule the residents' rotations and assist in the development of a plan for special rotations and duties.
- Continually monitor each rotation to ensure that the preceptors are maintaining a high level of education.
- Assist in the resolution of problems or difficulties in which the resident incurs.
- Keep the Director of Pharmacy/Clinical Manager informed of the activities and progress of the residents.
- Maintain an open line of communication between the residents and other members of the Department of Pharmacy Services.

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- Confirm that the Preceptor and the resident hold the end of rotation evaluation sessions with appropriate qualitative feedback and that all pertinent materials are forwarded to the Residency Director for review.
- Meet initially (within the first 30 days) to provide a resident initial development plan and then quarterly for director's meetings to ensure goal/objective achievement and/or progression, tracking of program goals and completion requirements, completion of all evaluations and customization of schedule.
- Coordinates all central documentation of residency activities and files sufficient for operation and accreditation of the PGY1 residency program.
- Attends and coordinates residency retreat activities for all residency preceptors.
- Actively participates in the recruitment and interviewing of residency applicants.

RESIDENCY RESEARCH COORDINATOR/LONGITUDINAL PRECEPTOR – Chelsey McPheeters PharmD, BCPS, BCCCP & Chrissy Frick PharmD, BCPS

The project coordinator will coordinate meetings that will provide basic information on the development of projects, including writing a protocol, choosing appropriate study designs, and basic statistical considerations. Departmental resources relating to research issues will be discussed, including: potential sources of funding, available textbooks, available computer programs, etc. Responsible for coordinating research timeline, longitudinal quarterly evaluations, ASHP MCM poster presentation, GLRC research presentation, and final manuscript submission/evaluation.

DRUG INFORMATIONAL LONGITUDINAL PRECEPTORS – Leigh Ann Scherrer, Pharm. D., BCPS, BCCCP**Drug Information Preceptor Responsibilities include:**

- Advising the resident in the choice and process of completing a formulary monograph, MUE, drug information question response/publication, QI/Performance Improvement project and policy review/development.
- Assist the resident in gaining proficiency in providing comprehensive, unbiased, scientifically supported drug information in response to both formal and informal requests
- Aid the resident in understanding the role and value of the pharmacist as a drug information provider

PGY1 RESIDENT RESPONSIBILITIES

STAFFING RESPONSIBILITIES

Each resident will have staffing responsibilities to develop and strengthen his/her professional practice skills. PGY1 Pharmacy Residents are required to staff every 3rd weekend, either clinical staffing or distributive staffing roles with an additional 4hr (3pm-7pm) central staffing every 6th weekday (M-F). Decision on staffing assignment on weekends will be based on current rotation site or coverage for the weekend. The resident serving in the distributive staffing role for the weekend will serve as the “Pharmacist In Charge” and provide necessary shift huddles, pass off and coordinate/communicate weekend staffing assignments.

Pharmacy residents participate in holiday staffing of the department on an equal basis with other pharmacists, and are assigned to staff 2 of the recognized hospital holidays (Memorial Day, Labor Day, Thanksgiving, Christmas or New Year's). The decision on holiday staffing is based on the needs of the department but will consist of no more than 2 PGY1 residents per holiday. Residents are allowed to pick their holidays at the beginning of the residency year after the program director has given sign up options (Ex. 2 residents for Labor Day, 2 residents for Thanksgiving, 1 resident for Christmas, etc). The program director will then communicate the resident holiday schedule to the manager responsible for putting together the main pharmacist schedule. Additionally, the following dates are staffed with holiday coverage but all residents are required to work unless prior approval obtained from RPD: Oak’s Day, Black Friday, and Christmas Eve.

MEETING ATTENDANCE

All residents are required to attend the following meetings: weekly journal club, bi-weekly pharmacist staff meetings, monthly RAC meetings, Antimicrobial Stewardship Committee meetings, P&T when presenting or taking minutes, KSHP/KPRN meetings (at preceptor/RPD discretion) and all formal clerkship student and resident presentations (including student case conference) while serving as secondary preceptor. Residents are encouraged to attend SUCOP lectures/CE events. If the resident is unable to attend, he/she must read the posted minutes to remain current on procedures and changes within the department. Residents may be excused from attending these meetings if approved by their Rotation Preceptor AND Program Director, or if on vacation or administrative leave.

All residents will be exposed to hospital committees periodically throughout the residency year. Preceptors are encouraged to bring the resident who is rotating with them to hospital committees they are attending. The resident is likely to be present in situations where sensitive issues are discussed, confidences are exchanged, or personal patient information is shared to plan appropriate actions. Such information is entrusted to the resident in confidence and is to be utilized only in a prudent, professional manner. Residents are also encouraged to take an active part in meetings if this is deemed to be a personal goal or interest.

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RESIDENCY PROJECT

Each resident will be required to complete a residency project. The project must be focused toward clinical pharmacy practice, and be of ultimate benefit to the Pharmacy Department or University of Louisville Hospital. A list of topics to choose from will be compiled throughout the year by the Research Advisory Committee and presented during resident orientation. Each project must have a hospital pharmacy-based preceptor as the primary co-investigator. The Research Coordinator/Longitudinal Preceptor will assist with research timeline, learning research procedures, and in completing their project in a timely manner. All projects must be presented to the Residency Research Committee (RRC)/RAC for feedback and comments prior to the project commencing.

The following activities, goals, and objectives have been set for this learning experience:

1. Complete Outcomes Research activities as outlined in Outcomes Research experience, which prepares the resident for development of outcomes research project.
2. Demonstrate a systematic approach to problem solving.
3. Demonstrate the ability to search and evaluate the medical literature.
 - a. Complete a literature search on topic of interest
 - b. Include appropriate references in formal written project report
4. Complete an appropriate and approved outcomes research or pharmacoeconomic project:
 - a. Prepare background literature search and review of project topic
 - b. Design a retrospective study related to a topic of interest
 - c. Prepare the appropriate data collection tool
 - d. IRB training and submission
 - e. Collect the data for the study using the data collection tool
 - f. Analyze the data collected
 - g. Submit abstract for poster or presentation at the Mid-Year ASHP meeting in December
 - h. Prepare and present a formal written review of the study to the preceptor
 - i. Prepare poster presentation of data
 - j. Present research results / poster to pharmacy preceptors/department (Thursday JC time)
 - k. Complete additional data collection and analysis
 - l. Submit abstract for Great Lakes Pharmacy Residency Conference
 - m. Submit and present Powerpoint presentation of project to pharmacy preceptors/department (Thursday JC time)
 - n. Present Powerpoint presentation of project at Great Lakes Pharmacy Residency Conference
 - o. Complete a formal written report of project (Background, Objectives, Methods, Results, Conclusions, Next Steps etc).
5. Demonstrate verbal and written communication skills

The resident must complete each of these steps successfully for the project to be fully complete. Projects must follow a strict timeline, which contains key deadlines that must be met throughout the year. Proof of meeting these deadlines must be turned in to the research advisory committee on the

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actual deadline. This timeline will be provided to the resident by the research coordinator. Deviations from the timeline must be approved by the project preceptor and the research coordinator in advance.

**2017-2018 PGY1 PHARMACY RESIDENTS
RESEARCH PROJECT SCHEDULE**

DATE	TIME	ROOM	CONTACT	ACTIVITY
June 30, 2017	13:30-15:30	Staff Perf	Jenn	Research Project Orientation: research primer article discussion
July 7, 2017	13:30-15:30	Cardinal	Jenn	Research Project Orientation: research primer article discussion NetAccess/Cerner training for data collection Research ideas distributed to residents DUE: IRB sponsored account submission complete (form on N drive)
July 20, 2017	13:30-15:30	8East (1942#)	Jenn Research team	Research Project Orientation: research primer article discussion iRIS website training DUE: Research project selected: Research team identified Begin working on study design
July 31-August 4, 2017			Research team +/- statistician	Meet with research team to discuss methods for statistical analysis and whether statistician involvement will be needed
August 1, 2017	17:00	N/A	Research team	DUE: Draft of research proposal slide presentation to research team for feedback
August 1, 2017	17:00		Jenn	DUE: CITI/HIPAA training completed
August 7, 2017	17:00		Resident	Feedback due to resident on proposal presentation draft
August 10, 2017	12:00	Glass Room	Research team	2 Residents present Research Proposal @ JC – <i>bring copies of slides</i>
August 14, 2017	17:00		Research team	DUE: Draft of research proposal manuscript to research team for feedback
August 17, 2017	12:00	Glass Room	Research team	2 Residents present Research Proposal @ JC – <i>bring copies of slides</i>
August 18, 2017	17:00		Resident	Feedback due to resident on proposal manuscript draft
August 25, 2017	17:00		Research team	DUE: Complete research proposal manuscript prepared for IRB submission
September 1, 2017	17:00		Research team	DUE: IRB Submission (via iRIS website)
September 8, 2017				Initial patients identified for screening
September 2017				Begin data collection
September 15, 2017	17:00		Research team	DUE: Draft of ASHP abstract to research team for feedback
September 20, 2017	17:00		Resident	Feedback due to resident for ASHP abstract draft
September 26, 2017	17:00		Research team	DUE: Final draft of ASHP abstract to preceptors for sign off
September 29, 2017	17:00		Resident	Preceptor sign off for ASHP abstract submission
By September 29, 2017			Jenn	1 st QTR Summative Eval
October 1, 2017				ASHP abstract submission for poster presentation – Research in Progress

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October 2017			Research team	Continue data collection
October 23, 2017			Research team	Begin poster preparation for ASHP MCM
October 30, 2017	17:00		Research team	DUE: Complete poster draft to research team
November 6, 2017			Resident	Feedback due to resident for ASHP poster
November 10, 2017	12:00		Research team	DUE: Complete poster draft #2 to research team
November 15, 2017	12:00		Resident	Feedback due to resident for ASHP poster
November 17, 2017	17:00		Research team	DUE: FINAL poster draft due to research team for sign off
November 20, 2017			Poster printer	Submit poster for printing Instructions on N drive
November 30, 2017	12:00	Glass Room	Research team/preceptor group	Practice poster presentations @ JC – <i>bring color paper print outs</i>
December 3-7, 2017		Orlando		ASHP Mid-Year Clinical Meeting
By Dec 22, 2017			Jenn	2nd QTR Summative Eval
December 29, 2017			Research team	DUE: Outline of manuscript
January 5, 2018			Research team	DUE: Completed GLPRC abstract draft to research team
January 12, 2018			Resident	Feedback due to resident for GLPRC abstract
January 18, 2018			Research team	DUE: Completed GLPRC abstract draft #2 to research team
January 23, 2018			Resident	Feedback due to resident for GLPRC abstract draft #2
January 29, 2018			Research team	DUE: FINAL abstract for GLPRC due to research team for sign off
February 1, 2018			GLPRC website	Submit GLPRC abstract online
February 9, 2018			Research team	DUE: Completed introduction draft of manuscript submitted to research team
February 16, 2018			Resident	Feedback due to resident for introduction draft
March 1, 2018			GLPRC website	Registration deadline for GLPRC
March 2, 2018			Research team	DUE: Completion of methods/results draft section of manuscript (with incorporated feedback in introduction)
March 9, 2018			Research team	DUE: GLPRC presentation draft to research team
March 16, 2018			Resident	Feedback due to resident for GLPRC presentation draft
March 16, 2018			Resident	Feedback due to resident for methods/results section of manuscript
March 21, 2018			Research team	DUE: GLPRC presentation draft #2 to research team
March 26, 2018			Resident	Feedback due to resident for GLPRC presentation draft #2
March 29, 2018	12:00		Research team/preceptor group	2 residents practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
April 5, 2018	12:00		Research team/preceptor group	2 residents practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
By March 31, 2018			Jenn	3 rd QTR Summative Eval
April 2018			Research team	Begin discussions for identification of a journal for publication

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April 9, 2018			Research team	DUE: FINAL GLPRC presentation to research team for sign off
April 10, 2017			GLPRC website	Deadline for submission of GLPRC slides
April 16, 2018			Research team	DUE: Completion of discussion draft section of manuscript (with incorporated feedback in methods/results)
April 25 – April 27, 2018		Purdue		Great Lakes Pharmacy Residency Conference
April 30, 2018			Resident	Feedback due to resident for discussion section of manuscript
May 7, 2018			Research team	DUE: Complete written manuscript draft #1 (formatted per identified journal)
May 14, 2018			Resident	Feedback due to resident for manuscript draft
May 18, 2018			Research team	DUE: Complete written manuscript draft #2
May 23, 2018			Resident	Feedback due to resident for manuscript draft
May 29, 2018			Research team	DUE: Complete written manuscript draft #3
June 2018			Research team	Journal chosen → Begin publication process
June 8, 2018			Resident	Feedback due to resident for manuscript draft
June 15, 2018			Research team	DUE: FINAL written manuscript draft for publication
By June 22, 2018			Jenn	4th QTR Summative

As stated above in the steps of project completion, projects must be in publishable form and quality upon completion of the residency. Publishable form means that a journal should be selected, and the manuscript should follow the guidelines of the journal (i.e. cover page, corresponding author, abstract, key words, etc.). Should this not be the case by the end of the residency, the certificate will be held, pending notification by the project preceptor, and signed off by the Residency Program Director, that the research is complete. The Director of Pharmacy will serve in an appeal mode should a resident feel they are unjustly being denied their certificate on the basis of an incomplete project.

DRUG INFORMATION

In order to achieve rotation goals and objectives, the resident will complete the following activities:

- Prepare and present at least one (1) unbiased formulary monograph or class review to guide the Pharmacy and Therapeutics Committee (and associated sub-committees) in their formulary decisions.
- Co-ordinate and present to the Pharmacy and Therapeutics Committee (and associated sub-committees) at least one (1) medication use evaluation.
- Present and critique at least three (3) recently published medical/pharmaceutical articles. To be determined by the Drug Information preceptor.
- Design and implement an intervention to change a problematic or potentially problematic aspect of the medication-use system with the objective of improving quality.
- Develop or modify at least one (1) medication use policies. These policies may pertain to the resident's project, MUE, formulary monograph, or quality improvement project if applicable.
- Educate staff on pertinent drug topics.

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- Provide in-service education as requested.
- Prepare one (1) *Bugs and Drugs* and *Prescription for Safety* newsletter article for publication.
- Actively participate in the institution's Adverse Drug Event Reporting Program.
 - Document all identified ADRs in Patient Safety Network (PSN)
 - Document all identified near misses and medication events using the online ADE reporting program (PSN).

PRESENTATIONS

The residents are required to make multiple presentations throughout the residency year. At least 2 of these presentations will be formal and approved by American College of Pharmaceutical Education (ACPE) for pharmacist continuing education (1hr ULH CE). Residents are required to complete 1 formal journal club presentation and/or student case conference journal club discussion per quarter (total of 3 formal JC, 1 student case conference audience). These presentations will be presented to all available preceptors and pharmacy staff. This should be a PowerPoint™ slide presentation and/or thorough review, the purpose of which is to prepare the resident for job interview presentations. Residents are required to present a formulary monograph at the P&T meeting or subcommittee meetings. Residents are also required to give multiple formal oral presentations of their research project, at the beginning proposal stage, practice poster presentation, and practice prior to GLRC and lastly formally at GLRC in April-May. The residents will also give many presentations in a more informal manner including but not limited to staff developments in conjunction with rotations, medication safety in-services, and multi-disciplinary in-services (pharmacist, technicians, MD, RN, etc).

The formal CE presentation will require the following to be turned into the Resident CE Coordinator: title, 3 to 5 objectives, a copy of the resident's curriculum vitae, a brief one paragraph description of the purpose of the seminar, and completed conflict of interested paperwork. The Resident CE Coordinator will determine deadlines for these items.

TEACHING EXPERIENCE

To provide the resident with experience in formal and informal teaching, the resident will be required to:

- Participate in the department's ongoing staff development program. (ULH 1hr CE presentation)
- Teach in a variety of settings: in-services, student case conference, journal club, patient cases, formal didactic lectures and/or labs as deemed within the teaching certificate requirements.
- Assist in the training and precepting of APPE/IPPE students while on rotation.
- Complete the Sullivan University College of Pharmacy Teaching Certificate Course

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DEPARTMENT OF PHARMACY SERVICES

PGY2 Oncology Pharmacy Residency Manual and Training Agreement Appendix 2018-2019

Mika Kessans Knable PharmD, BCOP

Revised July 2018

PGY2 ONCOLOGY PHARMACY RESIDENCY DETAILS

Summary of Rotations and Requirements

Core Rotations:

- **Orientation (one month)**
 - Orientation to the hospital, pharmacy, drug distribution systems, computer systems, unit dose and IV admixture programs. The resident will receive a general introduction to the hospital which will include an orientation by the official hospital human resources department, pharmacy department/residency program, mentorship program, research program and hospital systems training by pharmacy informatics. The resident will then spend concentrated training in the inpatient IV room, inpatient hospital distribution area, IV chemotherapy compounding room and oncology pharmacy distribution role in the oncology pharmacy satellite.

- **Inpatient Medical Oncology (two months)**
 - The resident is expected to provide clinical pharmacy services to all medical/oncology (MO) patients. The resident will participate in daily patient care rounds with the MO Service. The oncology pharmacy resident is responsible for identifying and resolving any medication-related issues for all patients on the service. The MO team consists of an oncology attending physician, 1-2 oncology fellows, medical residents, a pharmacist, PGY2 oncology pharmacy resident, +/- PGY1 pharmacy resident, medical/pharmacy students. The MO service primarily services the solid tumor patient population; however, patients with hematological disorders are also treated. Malignancy types most commonly cared for by the MO service include head and neck, pancreatic, breast, colorectal, lung, renal cell, and melanoma cancers. Daily patient care rounds are a required component of this rotation experience and residents are required to round 6 days a week. Expectations of the resident will increase from the first to the second month of rotation. The first month of MO is expected to be completed near the beginning of the residency year and the second month is required to be completed in the second half of the residency year.

- **Inpatient Bone Marrow Transplant (two months)**
 - The resident is expected to provide clinical pharmacy services to all patients on the bone marrow transplant (BMT) service, which is comprised primarily of patients with leukemia, lymphoma, multiple myeloma, and other hematological malignancies. The resident will participate in daily patient care rounds with the BMT Service. The BMT team normally consists of an attending physician, oncology fellow, nurse practitioner, nurse clinician, and pharmacist. There may also be a PGY1 pharmacy resident and/or pharmacy student. The BMT pharmacy resident is responsible for identifying and resolving any medication-related issues

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for all patients on the service. Expectations of the resident will increase from the first to the second month of rotation. The rotation experience is set up as a two month sequential block. Daily patient care rounds are a required component of this rotation experience. The resident is expected to participate in patient rounds with the fellow, nurse practitioner or attending physician each morning prior to working rounds. Residents are expected to round 6 days a week.

- **Inpatient Gynecology/Oncology (one month)**
 - The resident is expected to provide clinical pharmacy services to all patients on this service. The resident will participate in daily patient care rounds with the GynOnc Service. The GynOnc team consists of an oncology attending physician, 4 gynecological residents, medical students, a pharmacist, and a pharmacy resident. The GynOnc service is primarily comprised of patients with various gynecological malignancies including, but not limited to, ovarian cancer, cervical cancer, and endometrial cancer. The oncology pharmacy resident is responsible for identifying and resolving any medication-related issues for these patients. Daily patient care rounds are a required component of this rotation experience. The resident is expected to check with the GynOnc resident(s) to determine the time of daily rounds for the following day. Residents are expected to round 6 days a week. The resident may be scheduled for GynOnc at any month throughout the year.

- **Ambulatory Care (two months)**
 - Ambulatory care rotation is a two-month required learning experience for the PGY-2 oncology pharmacy resident. The practice area is located in the across various supportive care, solid and hematologic malignancy clinics located on the 2nd and 3rd floor of Brown Cancer Center. The resident in clinic works in collaboration with the physicians, nurse clinicians, disease coordinators, and research coordinators in dosing, therapy choices, supportive care measures, oral chemotherapy, and acting as an educator/liaison between infusion nursing, pharmacy, and the medical oncology team both on a patient case-by-case basis and when new standards of care for specific diseases or medications emerge. The pharmacy resident, under coaching and facilitation of the preceptor, will learn the role of a specialty pharmacist and provide care for outpatient oncology patients. The resident attends clinic four days per week. This rotation is scheduled in the latter six months of the residency year.

- **Pharmacy Informatics (1 month)**
 - The resident will participate in clinical and pharmacy-related teams that design, implement and maintain electronic systems in the hospital. Focused educational experiences will include, but are not limited to, project management, database and application management, clinical documentation and decision support, infrastructure and interfacing.

Longitudinal Rotations: (Throughout the year)

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- Longitudinal ambulatory care rotation is a ten-month required learning experience for the PGY-2 oncology pharmacy resident. The practice area is located in the breast clinic for approximately four months and the other six months is split equally between lung clinic and gastrointestinal malignancy clinic. These clinics are located on the 2nd and 3rd floor of Brown Cancer Center. The specialty pharmacist in these clinics works in collaboration with the physicians, nurse clinicians, disease coordinators, and research coordinators. The pharmacist provides clinical support in decision making for drug dosing, therapy choices, supportive care measures, oral antineoplastic medications, and acts as an educator/liaison between infusion nursing, pharmacy, and the medical oncology team both on a patient case-by-case basis and when new standards of care for specific diseases or medications emerge. The pharmacy resident, under coaching and facilitation of the preceptor, will learn the role of a specialty pharmacist and provide care for outpatient oncology patients. The resident attends breast clinic one day of week for 4 months, gastrointestinal clinic and lung clinic each for 3 months throughout the residency year.

• Service

- Distributive: Resident(s) will learn to effectively staff the oncology satellite outpatient pharmacy. Responsibilities include preparing and dispensing oncology drugs and ancillary supportive medications according to facility requirements. The resident pharmacist will work in collaboration with the pharmacy technicians, nurses, physicians, and research coordinators in reviewing labs, documenting chemotherapy dispensed, preparing chemotherapy, and supervising the technicians. Additional duties will include providing drug information, assisting with managing adverse drug reactions in the infusion clinic, checking orders for accuracy, and other duties as the opportunity arises. Additionally, the resident will provide clinical documentation of pharmacy services and provide decentralized order entry (while on inpatient rounding rotations) to ensure safe and appropriate medication therapy for patients. The resident is expected to work a total of 26, 8-hour distributive shifts in the oncology pharmacy satellite throughout the residency year.
- Administrative: Continuous participation in staff planning activities, learn process of developing oncology pharmacy budget, exposure to various management strategies, develop skills to create a new service within the organization, develop leadership skills and participate in other opportunities that require resident to interact with various departmental administrative teams.

• Research

- Resident(s) will complete a yearlong residency research project, submit the project proposal to the project primary preceptor and residency director, obtain approval from the hospital Institutional Review Board (IRB), participate in Microsoft Access training (if needed), prepare a poster for presentation at ASHP MCM or

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HOPA, prepare a final manuscript and submit manuscript for publication prior to residency completion. The resident will be allotted ~ 10 project days which can be used for research and drug information projects. These days will take place throughout the year with the majority occurring during orientation, core month rotations, and the month of December. Additionally, the resident will work with Pharmacy Investigational Drug Services and be involved with a newly starting or ongoing research protocol, including but not limited to, creating the study binder, attending site visits from the sponsor, attending the CSRC (clinical science research committee) for study review and creating the study prescriber order template. Throughout the residency year, the resident will continue to work longitudinally toward accomplishing their research goals.

- **Drug Information**

- Resident(s) will complete a quality improvement or medication use evaluation project. This project and its details will be presented to leadership upon completion typically during the second half of the year. If applicable the resident(s) will submit this project for publication. The resident will also review, revise, or create at least one oncology pharmacy policies as well as research, prepare, and present at least one drug monographs to the Oncology P & T subcommittee and University of Louisville Hospital P & T committee. The resident(s) will coordinate at least one public health community service project during the year.

- **Teaching & Learning**

- Resident(s) assist with teaching/precepting of Pharm.D. students during core rotations and student case conferences. Residents participate in the Scholarship of Teaching and Learning Certificate (STLC) Program in conjunction with Sullivan University, College of Pharmacy. Additional activities include: providing lectures for Sullivan University College of Pharmacy pharmacotherapy series, leading small group discussions/sessions, and presenting CE lectures at Sullivan University College of Pharmacy Grand rounds and to the University of Louisville Health Care pharmacy department (required for PGY2 oncology residents that have not obtained STLC prior to PGY2 residency).

Elective Rotations:

- **Palliative Care (one month)**

- The palliative medicine interdisciplinary team consists of the attending physician, oncology pharmacy resident, nurse practitioner, chaplain, psychologist, and other learners. The oncology pharmacy resident is expected to provide clinical pharmacy recommendations for consult patients. The resident will participate in daily patient care rounds with the palliative medicine team and is responsible for identifying and resolving any medication-related issues. The resident is expected to act as a liaison and communicate recommendations and interventions to the clinical pharmacist of the patient's primary team. The patient population treated by the palliative medicine service includes patients with solid tumors,

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hematologic malignancies, hematopoietic stem cell transplantation (HSCT) recipients as well as non-hematologic/oncologic conditions. The resident is expected to round 5 days a week.

- **Infectious Diseases (one month)**
 - Participates in daily rounds with the Infectious Diseases consult service that provides consultative services to patients within the entire hospital system, actively monitor antibiotic use for drug appropriateness, dosing, duration, route, monitoring and efficacy, communicate ongoing patient information/labs to team on a daily basis, extensive pharmacokinetic drug monitoring, pharmacodynamic dosing adjustments, clinical intervention documentation, vaccine screening, and patient/physician medication-related education as needed. The resident is expected to round 5 days a week.

- **Pediatric Oncology (one month)**
 - The practice area is located at Norton Children's Hospital. The resident is expected to provide clinical pharmacy services to all patients on the pediatric oncology service. The resident will participate in daily patient care rounds with the pediatric oncology team and is responsible for identifying and resolving any medication-related issues. The pediatric oncology multidisciplinary team consists of a pediatric oncology attending physician, nurse practitioners, medical resident(s), pediatric oncology pharmacist, oncology pharmacy resident and medical and/or pharmacy student(s). The patient population treated by the pediatric oncology service includes pediatric hematologic disorders, pediatric malignancies and hematopoietic stem cell transplantation (HSCT) recipients. Malignancy types most commonly cared for by the service include acute leukemia, lymphoma, sarcoma, and neuroblastoma and non-malignant blood disorders (hemophilia, aplastic anemia, sickle cell anemia, and ITP). The resident is expected to round 6 days a week.

- **Ambulatory Care – Bone Marrow Transplant / Hematologic Disorders (one month)**
 - The ambulatory care elective rotation in hematologic disorders / transplant specifically focuses on the treatment of patients with multiple myeloma, lymphomas, leukemia, non-malignant hematologic disorders and hematopoietic stem cell transplant. The specialty pharmacist in these clinic areas work in collaboration with the physicians, nurse clinicians, pharmacists (BCC satellite pharmacist, community pharmacist, inpatient pharmacists), medication access coordinators, and research coordinators in dosing, therapy choices, supportive care measures, chemotherapy, and acting as an educator/liaison between infusion nursing, pharmacy, and the inpatient Bone Marrow Transplant team. The resident will perform the same duties as the clinical pharmacy specialist and may serve as a preceptor to pharmacy students if on rotation concurrently. The resident is expected to attend clinic 4 days week.

- **Geriatrics (one month)**

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- The geriatrics elective is a dedicated month of experience where the resident works with a multidisciplinary health care team in a variety of practice settings, including an ambulatory geriatric clinic, inpatient service and long term care. The goal of the rotation is to educate the resident on the care of the elderly and the pharmacist's role in optimizing therapy to decrease medication related adverse events. The resident actively participates in patient care rounds and is expected to perform the same duties as the geriatric pharmacy specialist.
- **Multimodality (one month)**
 - This multimodality elective rotation is a dedicated month of experience where the resident will collaborate with various healthcare teams to experience the oncology patients overall treatment plan. The healthcare teams include but not limited to radiation oncology, palliative care, surgery oncology, colorectal surgery, rehabilitation medicine, and interventional radiology. They will attend outpatient clinics and operating rooms as dictated by the discipline. While on palliative care, the resident will attend daily rounds and develop evidence based treatment plan with the team.
- **Clinical Infusion (one month)**
 - Infusion- clinical elective rotation is a 1 month learning experience. The clinical infusion pharmacist will be a hybrid position with both clinical and staffing responsibilities. The pharmacist will work in collaboration with the staffing pharmacist, pharmacy technicians, nurses, physicians, and research coordinators in reviewing labs, processing orders, and documenting chemotherapy dispensed. The pharmacist will also work in collaboration with physicians, nurse clinicians, ambulatory care clinical pharmacists, medication access coordinators, and research coordinators to ensure accurate chemotherapy dosing, and supportive care measures. The pharmacist will serve as an educational liaison for both patient and nurses in the infusion center.
- **Academia (one month)**
 - The Academic rotation is a 1-month elective rotation at Sullivan University College of Pharmacy (SUCOP). SUCOP is a 3-year, accelerated Doctor of Pharmacy program that educates approximately 300 students on an annual basis through both the didactic and experiential curricula. Pharmacy residents will perform didactic teaching in both large and small group settings, as well as precept students on academic APPE rotations. In addition to teaching, residents will gain experience in the areas of service, scholarly activity, and leadership.
- **HIV (one month)**
 - This rotation is a 1 month elective rotation. The trainee on rotation is part of a multidisciplinary health care team providing care to HIV-infected patients in the 550 clinic. They will work in collaboration with infectious disease physicians, nurse practitioners, physician assistants, pharmacists, social workers, and other clinic staff to provide comprehensive medical care and social services. Most of the

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trainee's time will be spent learning HIV pharmacotherapy and related topics, providing adherence and medication counseling to patients, documenting patient interactions in the medical record, and answering drug information requests from other healthcare providers. The trainee will be involved in direct patient care activities and interpersonal communications with healthcare providers to learn and refine skills pertinent to the management of HIV-infected patients.

Scheduling of Rotations During Residency Year:

- The oncology pharmacy practice residency is a 12-month program. Currently, nine months are dedicated to core rotations and four rotations are available for electives.
- July and December are core months typically dedicated to orientation, research and service components of the residency.
- During a chosen month from August – October, the first month of MO is expected to be completed. The second month is required to be completed in the second half of the residency year during January - June.
- Bone Marrow Transplant is expected to be completed as a two-month sequential experience prior to May of the residency year.
- Electives are scheduled throughout the year based on availability of the rotation.

**Resident Assessment Plan and
Use of the Residency Learning System (RLS)**

- Residents will be provided with copies of *The Resident's Guide to Learning Through the RLS* in July at the beginning of the residency program. The residents will be required to study and become familiar with this material.
- Residents will receive additional teaching of the Residency Learning System (RLS) by use of the Resident Orientation Binder and during Resident Orientation, which takes place during the first week of the program.
- At the end of the orientation period, the program director and/or designee will conduct a review session which allows the residents to demonstrate their level of understanding of the RLS program and the resident and preceptor responsibilities of our program using this system.
- Preceptors for the resident's first learning experiences will orient residents to their learning experience as specified in the RLS and conduct the learning experience as set forth in the RLS and according to decisions made by the residency program.
- After the end of the first core learning experience the program director and/or designee will conduct an in-depth discussion session with each resident in which all questions about the use of the RLS are answered and all misunderstandings are rectified. Residents are encouraged to share their experiences with their preceptors in relationship to the use of the system. The discussion will be designed to enable the residents to leave the discussion fully equipped to use RLS effectively and efficiently. If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the RLS. The program director and/or designee will monitor for possible preceptor difficulties with proper use of the RLS. When needed, the preceptor will be scheduled for further coaching of the RLS.

- **Resident Evaluation Schedule:**
 - **Core Rotations:**
 - **Midpoint:** Verbal feedback and/or snapshots as needed
 - **Final:** Formal summative (preceptor evaluation)
 - **Preceptor/Learning Experience:** resident at the end of rotation
 - **Longitudinal Rotations:**
 - **Drug Information, Administration, and Service**
 - **Summative:** Formal summative (preceptor) and/or snapshots as needed completed at the end of each quarter EXCEPT for third quarter
 - **Preceptor/Learning Experience:** resident at the end of rotation
 - **Ambulatory Care Outpatient Clinic (Breast, Lung, Gastrointestinal)**
 - **Midpoint with each specialty:** Formal summative (preceptor evaluation)
 - **Final with each specialty:** Formal summative (preceptor evaluation)
 - **Preceptor/Learning Experience:** resident at the end of each specialty
 - **Resident Self Evaluation**
 - **Summative:** Completed at the end of each quarter. The resident should evaluate overall how they are meeting goals/objectives expected for graduation and clinical specialist development
 - **Elective Rotations:**
 - **Midpoint:** Verbal feedback and/or snapshots as needed
 - **Final:** Formal summative (preceptor evaluation**)
 - **Preceptor/Learning Experience:** resident at the end of rotation

RLS ULH PGY2 Oncology Program Requirements for Successful Residency Completion

Attainment of RLS goals and objectives are graded according to three categories: achieved, satisfactory progress, needs improvement. The resident is required to ACHIEVE $\geq 80\%$ ACH of required objectives as well as 80% (11 objectives) ACH of Competency Area 1 to successfully complete the residency. The ULH oncology pharmacy program has defined attainment of the three categories according to the following:

- Achieved (ACH)
 - Can practice autonomously; independent problem-solving
 - Exhibits confidence in environment, quality of work and skills
 - Has mastered the subject area and can teach others
 - Models behavior
- Achieved for Program (ACH-R)

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- Consistently practices at level of experienced practitioner
- Demonstrates confidence, efficiency, and proficiency
- No further instruction required
- Oncology Education Committee decision, no longer a need for further evaluation within program
 - RPD and/or designee will be responsible for discussing ACH-R with Oncology Education Committee. Once resident has successfully earned an ACH on monthly and/or longitudinal rotations, or as deemed by preceptor and Oncology Education Committee. If deemed to be ACH-R the RPD will then assign ACH-R for the goal/objective within Pharmacademic.
- Satisfactory Progress (SP)
 - Performs adequately at time in training / average
 - Proficient or adequate skill
 - Practices with assistance; problem solves with assistance
 - Has a working knowledge of subject area
- Needs Improvement (NI)
 - Below average
 - Below expectations of minimum practice skills
 - Lacks/has incomplete knowledge of subject area
 - Incomplete execution of tasks; requires significant assistance with problem-solving

Resident must complete the following to receive residency certificate:

- Achievement of $\geq 80\%$ ACH of required objectives as well as 80% (11 objectives) ACH of Competency Area 1
- Research Project completion
 - Poster presentation at a national meeting
 - Manuscript submitted for publication by June 30th
- Formal presentations / topic discussions
 - 5 formal topic presentations to pharmacy staff (2 presentations using powerpoint, 1 presentation as active learning, and the other 2 are resident's choice) (ie. journal club, outline based presentation, patient case)
 - One, 1 CEU continuing education (CE) program
 - One didactic lecture at a College of Pharmacy
 - 2 monograph presentations at P&T
 - 2 policy/procedure presentations at P&T
- One quality improvement project
- One community service project
- 208 hours (~26) service / distribution shifts
- STLC program and teaching portfolio (if applicable for PGY2 experience)
- Attended and participated in all required resident meetings (staff, P&T, P&P)
- The resident has completed minimum number of hours/days of patient care to complete residency program (see sick/vacation days, schedule)

ROTATION PRECEPTORS - Multiple**Preceptor responsibilities are as follows:**

- Develop goals and objectives for the rotation in conjunction with the Residency Director.
- At the beginning of each rotation, develop a plan for meeting the goals and objectives of the rotation with the Resident and based on the individual Resident's experience.
- Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the rotation. The Preceptor will meet with the Resident on a regular basis to determine progress.
- Each Preceptor will develop and maintain an appropriate reading library or bibliography of readings for each Resident, which will aid in the attainment of the competencies for the rotation.
- Keep the Residency Director and the Resident's Mentor apprised of any difficulties that a Resident may be having in a rotation, or in the overall residency.
- Provide the resident with continuous verbal feedback during the rotation and formal midpoint and final evaluations as needed for specific activities.
- Complete the Preceptor's Evaluation of Resident at the conclusion of the rotation and review it with the Resident.

PGY2 Oncology Program Preceptors

Learning Experience Precepted	Preceptor Name
PGY2 Oncology Residency Director Longitudinal Research Longitudinal Gastrointestinal Cancer Clinic Longitudinal Drug Information Multimodality Palliative Care Medical Oncology II	Mika Kessans Knable, PharmD, BCOP
Bone Marrow Transplant Outpatient Clinic	Lindsay Figg, PharmD, BCOP
Infectious Diseases	Ashley Ross, PharmD, BCPS
Bone Marrow Transplant Inpatient Service	Timothy Baize, PharmD, BCOP

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Clinical Infusion	Brette Conliffe, PharmD
Medical Oncology Inpatient	Lesley Hall Volz, PharmD, BCOP Ryan Bycroft, PharmD, BCOP
Gynecology/Oncology Inpatient	Ryan Bycroft, PharmD, BCOP
Pediatric Oncology Inpatient	Josh Elder, PharmD, BCOP
Ambulatory Solid Tumor 2-month Outpatient Clinic	Brette Conliffe, PharmD, BCOP
Service – Administration	Cathy Whalen, PharmD
Service – Distribution	Pamela Barfield, PharmD
Longitudinal Ambulatory Care Solid Tumor Outpatient Clinic Breast Lung Gastrointestinal	Lesley Hall Volz, PharmD, BCOP Jill Rhodes, PharmD, BCOP Mika Kessans Knable, PharmD, BCOP Brette Conliffe, PharmD
Longitudinal Research	Lindsay R. Figg, PharmD, BCOP

THE ORIENTATION PROCESS

Incoming PGY2 Oncology pharmacy residents will spend approximately 4 weeks in an orientation period.

This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and University of Louisville Hospital.
2. To train the resident to be functional in the Pharmacy Department's drug distribution services.
3. To give the resident a clinical orientation to the hospital.

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The orientation schedule for incoming pharmacy resident(s) is developed by the Residency Director in conjunction with other department members. Activities during the orientation period will include, but are not limited to:

- Introduction to the pharmacy staff
- Procurement of ID badges and parking stickers
- Attendance at the 2 day hospital orientation
- Tour of the Pharmacy Department and campus
- Pharmacy payroll and time clock procedures
- Participation in regularly scheduled residency activities (quarterly program director meetings, cancer care conference (C2), journal club, team building exercises)
- Exposure to Investigational Drug Service, robot, McKesson med carousel, and pre-packing services
- Extensive training on the hospital and pharmacy computer systems (Cerner Powerchart and PharmMed Manager, docuscripts, theradoc, simplifi, infostation, Microsoft Office 365, Eforms, Aria, etc)
- Training with staff pharmacists in IP area, IV area, BCC Pharmacy and clinical staffing roles; Orientation checklist completion
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/KNOW hub
- Chemotherapy training and preparation validation
- Research process/residency advisory committee orientation and IRB training
- Orientation to RLS system, pharmacademic, residency binder/N drive documentation, evaluation process and timeline
- Mentoring program and professionalism standards

PROJECT PRECEPTOR - Multiple**Project Preceptor responsibilities include:**

- Advising the resident in the choice of a project that will be able to be completed in one year.

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- Assist in the design and write-up and review of the protocol.
- Coordinate the contact of a statistician to review and advise in protocol design, and determining the number of patients needed if applicable.
- Assist in obtaining IRB approval.
- Ensure that the resident is completing the project according to the program's timeline
- Assist with data collection. Of note most of the data collection will be performed by the resident.
- Guiding the data analysis, and assisting in the preparation of the final manuscript.
- Report to the Residency Director, that the project has been completed, and the resident has fulfilled the project obligation of the program.

APPENDIX C

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

**PGY2 Critical Care Pharmacy Residency Manual and
Training Agreement Appendix
2018-2019**

Mark Cox PharmD, BCPS, BCCCP

Revised March 2018

PGY2 CRITICAL CARE PHARMACY RESIDENCY PROGRAM

The PGY2 Critical Care pharmacy residency at U of L Hospital is accredited by the American Society of Health-System Pharmacists (ASHP) and offers a specialty experience in critical care.

The program is structured according to ASHP's Residency Learning System and is designed to be **flexible and individualized** to the resident's professional goals and interests.

PGY2 CRITICAL CARE PURPOSE STATEMENT

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in that practice area (when board certification for the practice area exists).

PGY2 CRITICAL CARE MISSION STATEMENTS

The fundamental goals of this residency program are to develop clinical practitioners who are capable of:

1. Delivering pharmaceutical care to patients in several specialized areas with a focus on providing clinical pharmacy services in a proficient and compassionate manner.
2. Educating patients, students, and health care providers.
3. Functioning as an effective member of the health care team.
4. Demonstrating professional leadership, confidence, and strong communication skills.
5. Improving individual practice by self-evaluating one's skills in providing pharmaceutical care.

PGY2 CRITICAL CARE PROGRAM STRUCTURE

The PGY2 program is a 12 month training program that begins around early July. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program completion requirements); All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Core Experiences: (Residents will complete 7 months of core experiences with 3 of the 4 cores completed twice and one core completed once. ED, MICU, SICU and NSICU)

Surgical Intensive Care Unit: The resident will actively participate in daily rounds with a Trauma team. Residents will provide pharmaceutical care to critically ill patients, answer drug information questions, and provide renal/hepatic drug dosing and pharmacokinetic consults.

Medical Intensive Care Unit: The resident will actively participate in daily rounds with the Medical ICU team. Residents will provide pharmaceutical care to critically ill patients, answer drug information questions, and provide renal/hepatic drug dosing and pharmacokinetic consults.

Neurosurgical Intensive Care Unit: The resident will actively participate in daily rounds with the neuro-anesthesia ICU team. Residents will provide pharmaceutical care to critically ill patients, answer drug information questions, and provide renal/hepatic drug dosing and pharmacokinetic consults.

Emergency Department: The resident will provide clinical pharmacy services to the ED and actively participate in all Room 9 events (trauma resuscitations, STEMI, and stroke). In addition, residents will provide pharmaceutical care to Emergency department patients, answer drug information questions, and provide renal/hepatic drug dosing and pharmacokinetic consults.

Elective Experiences: The resident will complete 3 months of elective experiences (each one month in duration). Residents may choose from the following Nutrition, Cardiovascular Surgical ICU, Solid Organ Transplant, Pediatric ICU, Infectious Diseases, Stroke.

Longitudinal Experiences:

Pharmacy Informatics: The resident will participate in clinical and pharmacy-related teams that design, implement and maintain electronic systems in the hospital. Focused educational experiences will include, but are not limited to, project management, database and application management, clinical documentation and decision support, infrastructure and interfacing.

Research Project: Residents will complete an outcomes research project. Learning experiences include submitting the project proposal to IRB, preparing a poster for presentation at ASHP-

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

Midyear clinical meeting and presenting the final project results at the regional residency conference.

Staffing/Service Commitment: The resident will provide de-centralized pharmacy services in the Emergency Department 1 summer holiday, 1 winter holiday and every 4th weekend for the duration of the residency contract.

Drug Information: The resident will participate in activities designed to assist in gaining proficiency in providing comprehensive, unbiased, scientifically supported drug information responses and develop a systematic approach and tools to comprehend and evaluate evidence based literature. Activities include preparation or revision of documents for the Pharmacy and Therapeutics Committee, Quarterly Journal Clubs, Critical Care Conference presentations and a 1 hour continuing education lecture for ULH pharmacists and students.

PGY2 CRITICAL CARE PROGRAM COMPLETION REQUIREMENTS

Residents, in order to obtain a certificate of PGY2 completion, must have successfully completed and provide documentation of the following:

1. The resident has documented core, longitudinal, and elective goals.
2. The resident has successfully completed all required ASHP RLS objectives and achieved 90% ACH on required RLS objectives.
3. The resident has completed all self-evaluations.
4. The resident has completed all preceptor/experience evaluations.
5. The resident has successfully completed residency research project. (data collection, abstract, MCM poster, GLPRC presentation, final write-up).
6. The resident has completed staffing/service commitment responsibilities.
7. The resident has attended and participated in staff meetings.
8. The resident has successfully completed four Quarterly Journal Club presentations.
9. The resident has participated in continuing education program (KSHP, SUCOP, or pharmacy).
10. The resident has followed up on any identified areas of weakness.
11. The resident has completed a sufficient number of hours/days to complete the residency program.
12. The resident has completed the exit evaluation.

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

PGY2 Ambulatory Care Program

Cathy Spencer PharmD, BCPS, BCACP, AAHIVP
Revised 3/2018

PGY2 AMBULATORY CARE

PURPOSE AND MISSION STATEMENT

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in that practice area (when board certification for the practice area exists).

The fundamental purpose and mission of this residency program are to develop clinical practitioners who are capable of:

1. Participating in the provision of pharmaceutical care by providing direct patient care, participating in practice management, developing or implementing pharmacy services, and providing drug information and consults to other providers.
2. Developing educational skills through participation in academic rotations, providing therapeutic lectures to undergrad pharmacy students, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
3. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members and students.
4. Designing and implementing outcomes-based research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication.
5. Prepared to sit for Board Certification Exam in Ambulatory Care Pharmacy (BCACP).

Pharmacists who successfully complete the University of Louisville PGY2 Ambulatory Care Pharmacy Residency will be innovative practitioners and pharmacy educators capable of assuming positions in multiple healthcare environments, engaging in research, academia, and becoming leaders in pharmacy organizations as Clinical Pharmacy Specialists in Ambulatory Care.

PGY2 AMBULATORY CARE PROGRAM DETAILS

The PGY2 Ambulatory Care residency is a 12-month training program beginning in July and ending June 30th the following year. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program specific requirements below). All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Required Rotations

- **Orientation (1 month):** Orientation to hospital, pharmacy departments, medication distribution systems, computer systems and clinical pharmacy services including clinical policies and procedures.
- **Ambulatory Internal Medicine Clinic (12 months):** Provision of pharmaceutical care for general medicine patients in an interdisciplinary primary care resident clinic.
- **Diabetes MTM Clinic (12 months):** Pharmacist-run clinic providing medication therapy management to employees of University Medical Center who have diabetes.
- **Anticoagulation Clinic (5 months):** This longitudinal experience will enable the resident to provide comprehensive anticoagulation care in an outpatient clinic setting.
- **Lung Transplant Clinic – (5 months):** Interprofessional clinic within Jewish Hospital, focusing on lung transplant.
- **Oncology Outpatient Clinic (3 months):** Provision of pharmaceutical care for general medicine patients in interdisciplinary oncology clinics.
- **HIV Clinic I (3 months):** Interprofessional clinic where pharmacists see patients individually and with providers, with collaborative prescribing authorities related to antiretroviral therapy management for patients with HIV, pre-exposure prophylaxis for high-risk patients who are HIV-negative, and hepatitis C management for patients who are HIV-infected.
- **Advanced Heart Failure Clinic I (3 months):** Opportunity to work with advanced heart failure patients in an interprofessional clinic at Jewish Hospital.
- **New Ambulatory Service (12 months):** The resident-run ambulatory care experience could be located within the University of Louisville Medical Center, although other opportunities for practice setting development may be possible.

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- **Administration (12 months):** Administration is designed to bestow upon the resident the tools, processes and techniques to initiate manage and develop expertise in the management of an ambulatory care practice.
- **Flipped-Model Research Project (12 months):** This experience involves completion of an outcomes research project of interest to the resident and/or University of Louisville Health Care. The required research project shall be directed toward useful outcomes towards improvement of patient care at University of Louisville Health Care. Within the flipped-model structure, residents will be given the opportunity to begin their year with an IRB-approved project, allowing them to immediately start data collection and analysis. Residents will then present a completed project at Midyear and Great Lakes, as well as submit their initial project for publication. Residents will then design the research project for the next year's residents, submitting for IRB approval prior to completion of the program.
- **Staffing (12 months):** This experience will include inventory control, patient consultation, prescription review processes, budget, staff scheduling, third party prescription billing, external entity billing, monthly accounting reports, third party contracting, and other related activities required to successfully operate an outpatient center pharmacy.
- **Scholarship of Teaching and Learning (12 months)*:** This is only a required experience if residents did not obtain STLC prior to PGY2 residency. If residents did not receive a teaching and learning certificate during their PGY1, they will complete one during PGY2, through our collaboration with Sullivan University College of Pharmacy (SUCOP). General activities include providing lectures for SUCOP pharmacotherapy series, leading small group discussions/sessions, and presenting continuing education lectures at SUCOP grand rounds and to the UL pharmacy department.

Elective Rotations

- **First Care/Emergency Medicine (3 months):** Provision of pharmaceutical care for patients presenting for urgent and emergent care at the hospital's emergency room.
- **Hepatic/Renal Transplant Clinics – (3 months):** Interprofessional clinic within Jewish Hospital, focusing on hepatic or renal transplant.
- **Cardiology (3 months):** Resident will provide care to cardiology patients within an interprofessional fellow clinic.
- **Hepatitis C Clinic (3 months):** Provision of pharmaceutical care for patients infected with hepatitis C virus within an interprofessional specialty clinic.
- **Endocrinology (3 months):** Resident will provide care to endocrinology patients within an interprofessional fellow clinic.

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- **HIV Clinic II (3 months):** Expanding upon the skills gained in HIV I, residents will be given a higher level of autonomy and expectations for transitions of care during HIV II. A formal interprofessional clinic teaching session to the providers is a requirement of HIV II.
- **Gastroenterology Clinic (3 months):** Resident will provide care to patients within an interprofessional fellow-run gastroenterology clinic.
- **Advanced Heart Failure Clinic II (3 months):** Expanding upon the skills gained in advanced heart failure clinic I, residents will be given a higher level of autonomy for advanced heart failure clinic II.
- **Academia (3 months):** Opportunity to expand upon teaching experiences within Sullivan University College of Pharmacy.
- **Geriatrics (3 months):** Provision of care for geriatric patients, providing recommendations on polypharmacy within an interprofessional University of Louisville clinic.
- **Transitions of Care (3 months):** Medication therapy management for patients being discharged from the hospital and transitioning to home.
- **Medical Writing (3 months):** Residents will be provided a half-day per week to work closely with a preceptor to improve medical writing skills. Requirements of this rotation include signing up to be a journal reviewer, participate in a journal review, and submit a final written manuscript to a journal for publication.

PGY2 AMBULATORY CARE PROGRAM REQUIREMENTS

To obtain a certificate of PGY2 Ambulatory Care completion, residents must have successfully completed and provide documentation of the following:

1. The resident has successfully achieved $\geq 90\%$ of all required ASHP objectives.
2. Goal R1.1 (Provide comprehensive medication management to ambulatory care patients following a consistent patient care process) must be achieved for residency.
3. Research project completion
 - a. Poster presentation at a national meeting
 - b. Manuscript submitted for publication by June 30th
4. Formal presentations
 - a. At least five formal presentations (i.e., journal club, case presentation, topic update)
 - i. At least two need to be to audiences other than pharmacists
 - ii. At least one needs to be external to ULH (KSHP, KPhA, JCAP, etc.)
 - b. One continuing education program
 - c. One didactic lecture at SUCOP
5. The resident has successfully completed all required program core rotations, longitudinal rotations and elective rotations.
6. The resident has completed all required evaluations for learning experience.
7. The resident has completed staffing/service commitment responsibilities.
8. The resident has attended and participated in staff meetings.
9. The resident has successfully completed Resident Job assignment.
10. The resident participates in volunteer work at least once per quarter during the residency year.
11. The resident maintains involvement in professional, local organizations.
12. The resident has completed the exit evaluation.

The program will not award a Residency Certificate more than six months beyond the official completion date of the Residency Program.

APPENDIX E

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

**PGY2 Internal Medicine Pharmacy Residency Manual
and Training Agreement Appendix
2018-2019**

Vanessa Vanarsdale, PharmD, BCPS
Kristina Evans, PharmD, BCPS

Revised July 2017

PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY PROGRAM

The PGY2 Internal Medicine Pharmacy Residency at University Medical Center/University of Louisville Hospital is an American Society of Health-System Pharmacists (ASHP) pre-accredited status experience offering both acute and ambulatory care setting opportunities.

The program is structured according to ASHP's Residency Learning System and is designed to be **flexible and individualized** to the resident's professional goals and interests.

PGY2 INTERNAL MEDICINE PURPOSE AND MISSION STATEMENT

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in that practice area (when board certification for the practice area exists).

The fundamental purpose and mission of this residency program are to develop clinical practitioners who are capable of:

1. Participating in the provision of pharmaceutical care by providing direct patient care, participating in practice management, developing or implementing pharmacy services, and providing drug information and consults to other providers.
2. Developing educational skills through participation in academic rotations, providing therapeutic lectures to undergrad pharmacy students, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
3. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members and students.
4. Designing and implementing a research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication.

Pharmacists who successfully complete the University Medical Center PGY2 Internal Medicine Pharmacy Residency will be innovative practitioners and pharmacy educators capable of assuming positions in multiple healthcare environments, engaging in research, academia, and becoming leaders in pharmacy organizations as Clinical Pharmacy Specialists in Internal Medicine.

PGY2 INTERNAL MEDICINE PROGRAM DETAILS

The PGY2 Internal Medicine residency is a 12 month training program beginning in July and ending June 30th the following year. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program specific requirements below). All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Required Rotations

- **Orientation (1 month):** Orientation to hospital, pharmacy departments, medication distribution systems, computer systems and clinical pharmacy services including clinical policies and procedures.
- **Internal Medicine 1 (2 months):** Provision of pharmaceutical care for general medicine patients on an interdisciplinary rounding service, pharmacokinetic monitoring, clinical intervention documentation, patient counseling, vaccination screening, medication reconciliation, delivery of in-service(s) to physicians and/or nursing staff, precepting APPE students and/or PGY1 residents, and presentations at Internal Medicine conference.
- **Internal Medicine 2 (2 months):** Continuation of Internal Medicine 1 roles and responsibilities with a concentration on autonomy, precepting, and education of pharmacy staff and medical teams. Resident will serve as a primary preceptor for an APPE student completing an acute care inpatient rotation.
- **Medical Intensive Care (1 month):** Participate in the interdisciplinary care of patients in the medical intensive care units (MICU) while rounding with the MICU team, actively monitor antibiotic use, extensive pharmacokinetic drug monitoring, clinical intervention documentation, medication reconciliation, delivery of in-service(s) to physicians and/or nursing staff, and precepting APPE students and/or PGY1 residents.
- **Infectious Disease (1 month):** Participate in daily rounds with the Infectious Diseases consult service, actively monitor antimicrobial use for appropriate indication, dose, duration, route, monitoring and efficacy. Resident will perform extensive pharmacokinetic/pharmacodynamics monitoring, dose adjustments, clinical intervention documents, vaccine screening, patient/physician medication-related education as needed, and precept APPE students and/or PGY1 residents.
- **Elective Rotations (4, 1 month):** Emergency Medicine, Medical Oncology, Nutrition, Stroke Service, Ambulatory Care Clinic opportunities (HIV, Geriatrics, Internal Medicine), Solid Organ Transplant (KentuckyOne Health – Jewish Hospital), Cardiology (KentuckyOne Health – Jewish Hospital), Academia (Sullivan University College of Pharmacy)

Longitudinal Rotations

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- **Clinical Staffing:** Resident will learn to effectively care for patients as an integral, contributing member of the clinical pharmacy team providing weekend coverage. The resident will clinically staff every fourth weekend. Responsibilities include but are not limited to admission medication reconciliation, completion of clinical report review, completion of Theradoc® Alert monitoring, discharge counseling, TPN monitoring and adjustment, pharmacokinetic consults. As the year progresses, the resident will act as a mentor and preceptor to PGY1 residents.
- **Drug Information/Administration:** Resident will develop an organized system for remaining current with and appropriately evaluating biomedical literature while providing concise, applicable, comprehensive responses to drug information requests. Completion of a formulary monograph and presentation at P&T committee, two formal drug information questions, and a minimum one medication use evaluation (MUE) and quality improvement project including development of criteria, collection, analysis of data and presentation of results are required. Resident will also develop or revise a minimum of one medication use policy and/or institutional guideline. Resident will serve on at least one interdisciplinary committee as a representation of the pharmacy department.
- **Outcomes Research/Research Project:** Resident will develop, implement and complete a year-long residency research project. Requirements include submission of research proposal to the Residency Research Advisory Committee, obtain approval from the University of Louisville Institutional Review Board (IRB), Microsoft Access training, poster presentation at ASHP MCM, presentation of final results at the Great Lakes Pharmacy Residency Conference, and preparation of a final manuscript suitable for publication.
- **Education/Academia:** In addition to pharmacy student and PGY1 resident teaching and precepting responsibilities on individual rotations, the resident is required to complete three formal presentations/lectures. These presentations may be divided between didactic lectures at Sullivan University College of Pharmacy or University of Louisville School of Medicine and Continuing Education presentations. Optional participation in the Teaching Certificate Program with Sullivan College of Pharmacy will be provided if not completed during the resident's PGY1 experience.

PGY2 INTERNAL MEDICINE PROGRAM REQUIREMENTS

Residents, in order to obtain a certificate of PGY2 Internal Medicine completion, must have successfully completed and provide documentation of the following:

13. The resident has documented core, longitudinal, and elective goals.
14. The resident has successfully completed all required program core rotations, longitudinal rotations and elective rotations.
15. The resident has successfully completed all required ASHP goals/objectives. (PGY2 program requires $\geq 80\%$ Required Goal/Objective Achievement. When goals/objectives have been achieved a minimum of one time, a discussion will take place between preceptors within the program to determine if goal/objective has been achieved for residency).
16. The resident has completed all self-evaluations for each monthly rotation, longitudinal rotation and quarterly evaluation.
17. The resident has completed all preceptor/experience evaluations for monthly and longitudinal rotations.
18. The resident has successfully completed residency research project. (data collection, abstract, MCM poster, GLPRC presentation, final write-up, manuscript finalized and appropriate for submission and publication).
19. The resident has successfully completed BLS and ACLS certification.
20. The resident has completed staffing/service commitment responsibilities.
21. The resident has attended and participated in staff meetings.
22. The resident has successfully completed the required drug information question response for drug information/publication.
23. The resident has successfully participated in P&T. (presentation)
24. The resident has successfully completed Resident Job assignment.
25. The resident has successfully completed writing or updating a department or medication policy and/or procedure.
26. The resident has successfully completed a performance/quality improvement project.

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27. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, etc).
28. The resident has participated in continuing education program (University Medical Center Pharmacy CE, KSHP and/or Sullivan Grand Rounds) and completed a total of 3 formal presentations.
29. The resident has followed up on any identified areas of weakness.
30. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
31. The resident has served as a primary preceptor for an APPE student on an Internal Medicine rotation.
32. The resident has completed the exit evaluation.

The program will not award a Residency Certificate more than six months beyond the official completion date of the Residency Program.

PGY2 INTERNAL MEDICINE PROGRAM PRECEPTORS

Orientation	Vanessa VanArsdale, PharmD, BCPS
Internal Medicine 1	Vanessa VanArsdale, PharmD, BCPS Kristina Evans, PharmD, BCPS
Internal Medicine 2	Vanessa VanArsdale, PharmD, BCPS Kristina Evans, PharmD, BCPS
Medical Intensive Care	Karl Deibel, PharmD, BCPS
Infectious Disease	Ashley Ross, PharmD, BCPS
Cardiology	Lindsey DeMers, PharmD, BCPS
Research Project	Vanessa VanArsdale, PharmD, BCPS
Drug Information/Administration	Kristina Evans, PharmD, PharmD Jennifer Wiedmar, PharmD, BCPS
Education/Academia	Vanessa VanArsdale, PharmD, BCPS Emily Doss, PharmD, BCPS
Emergency Medicine	Lynn Lamkin, PharmD, BCPS Chrissy Duff, PharmD, BCPS
Medical Oncology	Mika Kessans Knable, PharmD, BCOP
Nutrition	Karl Deibel, PharmD, BCPS
Stroke Service	Chelsey McPheeters, PharmD
Ambulatory Care: Geriatrics	Demetra Antimisiaris, PharmD, CGP, FASCP
Ambulatory Care: HIV	Cathy Spencer, PharmD, BCPS
Ambulatory Care: Internal Medicine	Scott Hayes, PharmD, BCPS
Solid Organ Transplant	Chris Barger, PharmD, BCPS
Academia	Holly Byrnes, PharmD, BCPS

THE ORIENTATION PROCESS

The incoming PGY2 Internal Medicine resident will spend approximately 4 weeks in an orientation period during July.

This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and University Medical Center.
2. To train the resident to be functional in the Pharmacy Department's drug distribution services.
3. To give the resident a clinical orientation to the hospital.

The orientation schedule for the incoming PGY2 Internal Medicine resident is developed by the Residency Director and Coordinators in conjunction with other department members. Activities during the orientation period will include, but are not limited to:

- Introduction to the pharmacy staff
- Procurement of ID badges and parking stickers
- Attendance at the 2 day hospital orientation
- Tour of the Pharmacy Department and campus
- Pharmacy payroll and time clock procedures
- Participation in regularly scheduled residency activities (RAC meeting, journal club, team building exercises)
- Exposure to Investigational Drug Service, robot, McKesson med carousel, and pre-packing services
- Extensive training on the hospital and pharmacy computer systems (Cerner powerchart/PharmNet, Docuscripts, Theradoc, Simplify, Baxa, PSN, Infostation, Groupwise, Eforms, etc.)
- Training with staff pharmacists in IP area, IV area, and clinical staffing roles
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/LEARN modules
- Research process/residency advisory committee orientation and IRB training
- Orientation to RLS/RPDC, Pharmacademic, residency binder/N drive documentation, evaluation process and timeline

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- Mentoring program and professionalism standards

RESIDENT ASSESSMENT PLAN AND USE OF RESIDENCY LEARNING SYSTEM (RLS) AND/OR RESIDENCY PROGRAM DESIGN AND CONDUCT (RPDC)

- Residents will be provided with copies of The Resident's Guide to Learning Through the RLS (or updated materials re: RPDC from ASHP) in late June prior to starting the residency program. The residents will be required to study this material prior to the beginning of the residency program.
- Residents will receive additional teaching of RLS and/or RPDC during Residency Program Orientation from the RPD, which takes place during the first week of the program.
- At the end of the orientation period, the program director and/or designee will conduct a review session which allows the residents to demonstrate their level of understanding of the RLS/RPDC program and the resident and preceptor responsibilities of our program using this system.
- Preceptors for the resident's first learning experiences will orient residents to their learning experience as specified in RLS/RPDC and conduct the learning experience as set forth in the RLS/RPDC and according to decisions made by the residency program.
- After the end of the first core learning experience the program director and/or designee will conduct an in-depth discussion session with each resident in which all questions about the use of the RLS/RPDC are answered and all misunderstandings are rectified. Residents are encouraged to share their experiences with their preceptors in relationship to the use of the system. The discussion will be designed to enable the residents to leave the discussion fully equipped to use RLS/RPDC effectively and efficiently. If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the RLS/RPDC. The program director and/or designee will monitor for possible preceptor difficulties with proper use of the RLS/RPDC. When needed, the preceptor will be scheduled for further coaching of the RLS/RPDC.
- Resident Evaluation Schedule:
 - Required Rotations:
 - Summative: preceptor and resident self evaluation (for designated rotations depending on resident's personal goals and development plan)
 - Preceptor/Learning Experience: resident at the end of rotation
 - Longitudinal Rotations:

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- Summative: preceptor and resident self evaluation (for designated rotations during 1st and 2nd quarter) and/or snapshots as needed completed at the end of each quarter
- Preceptor/Learning Experience: resident at the end of each quarter
- Elective Rotations:
 - Summative: preceptor and resident self evaluation (for designated rotations depending on resident's personal goals and development plan)
 - Preceptor/Learning Experience: resident at the end of rotation
- **All evaluations (preceptor and resident) are required to be completed within 7 business days of assigned due date.**

RESIDENT RESPONSIBILITIES

STAFFING RESPONSIBILITIES

The PGY2 Internal Medicine Resident will have clinical staffing responsibilities in order to develop and strengthen his/her professional practice skills. The resident is required to clinically staff an internal medicine unit every fourth weekend.

Pharmacy residents participate in holiday staffing of the department on an equal basis with other pharmacists, and are assigned to staff 2 of the recognized hospital holidays (Memorial Day, Labor Day, Thanksgiving, Christmas or New Year's). The decision on holiday staffing is based on the needs of the department. The program director will communicate the resident holiday schedule to the manager responsible for putting together the main pharmacist schedule.

MEETING ATTENDANCE

All residents are required to attend the following meetings: weekly journal club, bi-weekly pharmacist staff meetings, monthly RAC meetings, monthly P&T meetings, KSHP/KPRN meetings (at preceptor/RPD discretion) and all formal clerkship student and resident presentations (including student case conference) while serving as secondary preceptor. Residents are encouraged to attend SUCOP lectures/CE events, weekly University of Kentucky grand rounds (via teleconference) and quarterly grand rounds at Sullivan College of Pharmacy. If the resident is unable to attend, he/she must read the posted minutes to remain current on procedures and changes within the department. Residents may be excused from attending these meetings if approved by their Rotation Preceptor AND Program Director, or if on vacation or administrative leave.

All residents will be exposed to hospital committees periodically throughout the residency year. Preceptors are encouraged to bring the resident who is rotating with them to hospital committees they are attending. The resident is likely to be present in situations where sensitive issues are discussed, confidences are exchanged, or personal patient information is shared to plan appropriate actions. Such information is entrusted to the resident in confidence and is to be utilized only in a

PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT

prudent, professional manner. Residents are also encouraged to take an active part in meetings if this is deemed to be a personal goal or interest.

RESIDENCY PROJECT

The resident will be required to complete a residency project. The project must be focused toward clinical pharmacy practice, and be of ultimate benefit to the Pharmacy Department or University Medical Center. As funding for the PGY2 Internal Medicine Residency Program is provided by the GWEP Grant, the resident will be encouraged to select a research project from a list of compiled topics focusing on the geriatric populations. The research topic will be chosen during the orientation month. Each project must have a hospital pharmacy-based preceptor as the primary co-investigator. The Research Coordinator/Longitudinal Preceptor will assist with research timeline, learning research procedures, and in completing their project in a timely manner. All projects must be presented to the Residency Research Committee (RRC)/RAC for feedback and comments prior to the project commencing.

Projects must follow a strict timeline, which contains key deadlines that must be met throughout the year. Proof of meeting these deadlines must be turned in to the research advisory committee on the actual deadline. This timeline will be provided to the resident by the research coordinator. Deviations from the timeline must be approved by the project preceptor and the research coordinator in advance.

**2018-2019 PGY2 INTERNAL MEDICINE PHARMACY RESIDENT
RESEARCH PROJECT SCHEDULE**

DATE	TIME	ROOM	CONTACT	<u>ACTIVITY</u>
July 15, 2016			Vanessa	DUE: IRB sponsored account submission complete (form on N drive)
July 20, 2016	13:30-15:30	Jenn's Office	Jenn/Vanessa Research team	Research Project Orientation: research primer article discussion iRIS website training DUE: Research project selected: Research team identified Begin working on study design
July 25-29, 2016			Research team Statistician	Meet with research team and statistician to discuss methods for statistical analysis
July 29, 2016	17:00	N/A	Research team	DUE: Draft of research proposal slide presentation to research team for feedback
July 31, 2016	17:00		Vanessa	DUE: CITI/HIPAA training completed
August 4, 2016	17:00		Resident	Feedback due to resident on proposal presentation draft
August 11, 2016	12:00	Glass Room	Research team	Residents present Research Proposal @ JC– <i>bring copies of slides</i>
August 12, 2016	17:00		Research team	DUE: Draft of research proposal manuscript to research team for feedback

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August 18, 2016			Resident	Feedback due to resident on proposal manuscript draft
August 18, 2016	12:00	Glass Room	Research team	Residents present Research Proposal @ JC – <i>bring copies of slides</i>
August 24, 2016	17:00		Research team	DUE: Complete research proposal manuscript prepared for IRB submission
August 31, 2016	17:00		Research team	DUE: IRB Submission (via iRIS website)
September 9, 2016				Initial patients identified for screening
September 2016				Begin data collection
September 16, 2016	17:00		Research team	DUE: Draft of ASHP abstract to research team for feedback
September 23, 2016	17:00		Resident	Feedback due to resident for ASHP abstract draft
September 28, 2016	17:00		Research team	DUE: Final draft of ASHP abstract to preceptors for sign off
By September 30, 2016			Vanessa	1 st QTR Summative Eval
October 1, 2016				ASHP abstract submission for poster presentation – Research in Progress
October 2016			Research team	Continue data collection
October 21, 2016			Research team	Begin poster preparation for ASHP MCM
November 4, 2016	17:00		Research team	DUE: Complete poster draft to research team
November 9, 2016			Resident	Feedback due to resident for ASHP poster
November 14, 2016	12:00		Research team	DUE: Complete poster draft #2 to research team
November 16, 2016	12:00		Resident	Feedback due to resident for ASHP poster
November 17, 2016	17:00		Research team	DUE: FINAL poster draft due to research team for sign off
November 18, 2016			Poster printer	Submit poster for printing Instructions on N drive
December 1, 2016	12:00	Glass Room	Research team/preceptor group	Practice poster presentations @ JC – <i>bring color paper print outs</i>
December 4-8, 2016		VEGAS !!		ASHP Mid-Year Clinical Meeting
By Dec 21, 2016			Vanessa	2nd QTR Summative Eval
December 30, 2016			Research team	DUE: Outline of manuscript
January 6, 2017			Research team	DUE: Completed GLPRC abstract draft to research team
January 13, 2017			Resident	Feedback due to resident for GLPRC

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				abstract
January 18, 2017			Research team	DUE: Completed GLPRC abstract draft #2 to research team
January 23, 2017			Resident	Feedback due to resident for GLPRC abstract draft #2
January 27, 2017			Research team	DUE: FINAL abstract for GLPRC due to research team for sign off
February 1, 2017			GLPRC website	Submit GLPRC abstract online
February 10, 2017			Research team	DUE: Completed introduction draft of manuscript submitted to research team
February 17, 2017			Resident	Feedback due to resident for introduction draft
March 1, 2017			GLPRC website	Registration deadline for GLPRC
March 3, 2017			Research team	DUE: Completion of methods/results draft section of manuscript (with incorporated feedback in introduction)
March 10, 2017			Research team	DUE: GLPRC presentation draft to research team
March 15, 2017			Resident	Feedback due to resident for GLPRC presentation draft
March 17, 2017			Resident	Feedback due to resident for methods/results section of manuscript
March 20, 2017			Research team	DUE: GLPRC presentation draft #2 to research team
March 22, 2017			Resident	Feedback due to resident for GLPRC presentation draft #2
March 23, 2017	12:00		Research team/preceptor group	Residents practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
March 30, 2017	12:00		Research team/preceptor group	Residents practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
By March 31, 2017			Vanessa	3 rd QTR Summative Eval
April 2017			Research team	Begin discussions for identification of a journal for publication
April 5, 2017			Research team	DUE: FINAL GLPRC presentation to research team for sign off
April 10, 2017			GLPRC website	Deadline for submission of GLPRC slides
April 14, 2017			Research team	DUE: Completion of discussion draft section of manuscript (with incorporated feedback in methods/results)

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April 26 – April 28, 2017		Purdue		Great Lakes Pharmacy Residency Conference
April 28, 2017			Resident	Feedback due to resident for discussion section of manuscript
May 5, 2017			Research team	DUE: Complete written manuscript draft #1 (formatted per identified journal)
May 10, 2017			Resident	Feedback due to resident for manuscript draft
May 15, 2017			Research team	DUE: Complete written manuscript draft #2
May 22, 2017			Resident	Feedback due to resident for manuscript draft
May 29, 2017			Research team	DUE: Complete written manuscript draft #3
June 2017			Research team	Begin publication process
June 5, 2017			Resident	Feedback due to resident for manuscript draft
June 9, 2017			Research team	DUE: FINAL written manuscript draft for publication
By June 21, 2017			Vanessa	4th QTR Summative

As stated above in the steps of project completion, projects must be in publishable form and quality upon completion of the residency. Publishable form means that a journal should be selected, and the manuscript should follow the guidelines of the journal (i.e. cover page, corresponding author, abstract, key words, etc.). Should this not be the case by the end of the residency, the certificate will be held, pending notification by the project preceptor, and signed off by the Residency Program Director, that the research is complete. The Director of Pharmacy will serve in an appeal mode should a resident feel they are unjustly being denied their certificate on the basis of an incomplete project.

DRUG INFORMATION

In order to achieve rotation goals and objectives, the resident will complete the following activities:

- Respond both verbally and in writing to drug information requests that support patient care and research activities.
 - Document each of these “informal” drug information requests and their associated response using the departmental intervention software, Theradoc®.
 - Provide written responses to a minimum of 2 researched drug information question of at least moderate complexity by the end of the residency year (at least 1 completed by the second quarter). The expectation is that this will be of quality for submission for publication.
 - Written responses may be directed to questions encountered and researched during clinical rotations and/or weekend staffing assignments.

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- Prepare and present at least one (1) unbiased formulary monograph or class review to guide the Pharmacy and Therapeutics Committee (and associated sub-committees) in their formulary decisions.
- Co-ordinate and present to the Pharmacy and Therapeutics Committee (and associated sub-committees) at least one (1) medication use evaluation.
- Design and implement an intervention to change a problematic or potentially problematic aspect of the medication-use system with the objective of improving quality.
- Develop or modify at least one (1) medication use policies. These policies may pertain to the resident's project, MUE, formulary monograph, or quality improvement project if applicable.
- Educate staff on pertinent drug topics.
 - Provide in-service education as requested.
- Actively participate in the institution's Adverse Drug Event Reporting Program.
 - Document all identified ADRs in Patient Safety Network (PSN)
 - Document all identified near misses and medication events using the online ADE reporting program (PSN).

PRESENTATIONS

The resident is required to make multiple presentations throughout the residency year. At least 1 of these presentations will be formal and approved by American College of Pharmaceutical Education (ACPE) for pharmacist continuing education (1hr CE, 30min SUCOP CE Grand Rounds presentation). The resident is required to present a formulary monograph at the P&T meeting or subcommittee meetings. The resident is also required to give multiple formal oral presentations of their research project, at the beginning proposal stage, practice poster presentation, and practice prior to GLRC and lastly formally at GLRC in April-May. The resident will also give many presentations in a more informal manner including but not limited to staff developments in conjunction with rotations, medication safety in-services, and multi-disciplinary in-services (pharmacist, technicians, MD, RN, etc).

The formal CE presentation will require the following to be turned into the Resident CE Coordinator: title, 3 to 5 objectives, a copy of the resident's curriculum vitae, a brief one paragraph description of the purpose of the seminar, and completed conflict of interested paperwork. The Resident CE Coordinator will determine deadlines for these items.

TEACHING EXPERIENCE

To provide the resident with experience in formal and informal teaching, the resident will be required to:

- * Participate in the department's ongoing staff development program. (1hr CE presentation)
- * Assist in the training and precepting of APPE/IPPE students while on rotation.

RESIDENT BINDER

The Resident's Binder serves as a record of all activities undertaken while a resident is at University Medical Center Hospital. The binder should include:

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- Table of contents and information required for each indicated section
- Overall resident goals
- Mentor customization (initial, every quarter)
- The binder should contain the following for each rotation (monthly and longitudinal):
 - Goals, objectives, projects, articles, written work, cases, presentations, inservices, midpoint evaluations, snapshots, summative evaluations, and preceptor/rotation evaluations.
 - Evaluations (midpoint and final) signed and dated by the resident, preceptor and program director.

RESIDENT ROTATIONS

During their 12 month appointment, the pharmacy resident will gain experience in both hospital pharmacy and clinical pharmacy practice primarily through organized rotations within the various areas of the Department of Pharmacy. The goals and competencies of each rotation are developed by the preceptors, in conjunction with guidelines from ASHP. The activities and projects in which the resident is involved in each rotation will be determined by the resident and Rotation Preceptor prior to and during the rotation. These objectives are all tracked and monitored within Pharmacademic.

The activities and projects will be directed toward fulfilling the needs of the individual resident (based on his/her previous experiences) and also the needs of the clinical service at that particular time. Each rotation will be organized in such a manner that the educational benefits to the resident and the service benefits to the Department are mutually satisfied.

During the rotation the resident will interact closely with the rotation preceptor and is responsible for keeping him/her updated on all rotation-related activities and projects. Likewise, the rotation preceptor is expected to work closely with the resident in order to provide instruction and to assist him/her in accomplishing the goals of the rotation. During activities such as rounding, communicating with physicians and nurses, and patient presentations, the resident will be supervised by a knowledgeable pharmacy staff member capable of guiding the resident's efforts.

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

DEPARTMENT OF PHARMACY SERVICES

PGY2 Emergency Medicine Pharmacy Residency Manual and Training Agreement Appendix 2018-2019

Lynn Lamkin PharmD, BCPS

Revised July 2017

PGY2 EMERGENCY MEDICINE (EM) PHARMACY RESIDENCY PROGRAM

The PGY2 Emergency Medicine Pharmacy Residency at University Medical Center is an American Society of Health-System Pharmacists (ASHP) pre-accredited status experience offering a complete experience in emergency medicine.

The program is structured according to ASHP's Residency Learning System and is designed to be **flexible and individualized** to the resident's professional goals and interests.

PGY2 EM PURPOSE STATEMENT

The PGY2 EM Pharmacy Residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the practice area (when board certification for the practice area exists).

PGY2 EM MISSION STATEMENTS

The fundamental goals of this residency program are to develop clinical practitioners who are capable of:

6. Participating in the provision of pharmaceutical care by providing direct patient care, participating in practice management, developing or implementing pharmacy services, and providing drug information and consults to other providers.
7. Developing educational skills through participation in academic rotations, providing therapeutic lectures to undergrad pharmacy students, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
8. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members, and students.
9. Designing and implementing a research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication

Pharmacists who successfully complete the University Medical Center PGY2 Emergency Medicine Residency will be innovative practitioners and pharmacy educators capable of assuming positions in multiple healthcare environments, engaging in research, academia, and becoming leaders in pharmacy organizations as Clinical Pharmacy Specialists in Emergency Medicine.

PGY2 EM PROGRAM STRUCTURE

The PGY2 EM program is a 12 month training program that beginning in July and ending June 30th the following year. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program completion requirements); All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Required Rotations:

- **Orientation/Emergency Medicine 1** (2 months): Orientation to the hospital, pharmacy departments, medication distribution systems, computer systems, and clinical pharmacy services including policies and procedures. Resident will also be oriented to University of Louisville Emergency Department policies and procedures and provide provision of pharmaceutical care for the emergency medicine patients, pharmacokinetic dosing, clinical intervention documentation, patient counseling, vaccination screening, medication reconciliation, and precepting APPE students and/or PGY1 residents. During these 2 months, resident will focus on trauma related topics and obtaining BLS/ACLS if not previously certified.
- **Emergency Medicine 2** (1 month): Continuation of Emergency Medicine 1 roles and responsibilities with a concentration on autonomy and infectious disease and antimicrobial stewardship in the emergency department.
- **Emergency Medicine 3** (1 month) Continuation of Emergency Medicine 1 and 2 roles with a focus on special populations not discussed in previous rotations to include, but not be limited to pregnancy, pediatrics, geriatrics, etc.
- **Community Emergency Medicine 1** (1 month, Jewish Hospital): Participate in the interdisciplinary care of emergency medicine patients in a community setting to add on to learning experiences from Emergency Medicine 1 with a disease state focus of cardiology to include both acute and critical care patients.

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- **Emergency Medicine Transitions of Care** (1 month): Provision of patient care to emergency department patients with plans for discharge. Clinical components will include obtaining medication history, discharge medication reconciliation, medication counseling, collaborative care with physicians, nursing staff, and social work through utilization of Meds to Beds program to service all patients filling their medications through University Medical Center outpatient pharmacy.
- **Critical Care** (2 months, Medical and Surgical ICU): Participate in the interdisciplinary care of patients in the medical and surgical intensive care units while rounding with the MICU or Trauma team, actively monitor antibiotic use as part of the Antimicrobial team, extensive pharmacokinetic drug monitoring, clinical intervention documentation, medication reconciliation, delivery of in-service(s) to physicians and/or nursing staff, and precepting APPE students and/or PGY1 residents.
- **Management/Medication Safety** (1 month): Participate in staff planning activities, learn process of developing pharmacy budget, effective leadership strategies and communication techniques, understand available technology and automation in regards to safe medication use processes, trending of adverse drug events/medication errors, exposure to various management strategies, develop skills to create a new service within the organization, and multiple opportunities to interact with department and institution administration teams by serving on at least one interdisciplinary committee as a representative of the pharmacy department.
- **Elective Rotations** (3 - 1 month): Residents may choose from the following: Neurology Intensive Care, Pediatric Intensive Care (Norton Children's Hospital), OB/GYN and Neonatal Intensive Care, , Infectious Disease, Internal Medicine

Longitudinal Rotations:

- **Outcomes Research/Research Project:** Residents will develop, implement, and complete a year-long residency research project. Requirements include submission of research proposal to RAC, obtain approval from the University of Louisville Institutional Review Board (IRB), Microsoft Access training, poster presentation at ASHP MCM, presentation of final results at Great Lakes Pharmacy Residency Conference, and preparation of final manuscript suitable for publication.
- **Drug Info, Teaching, & Outreach:** In addition to pharmacy student and PGY1 resident teaching and precepting responsibilities on individual rotations, the resident is required to complete 5 formal presentations/lectures. These presentations will include 4 presentations to the Emergency Medicine resident during their weekly conference, with the final presentation can be presented either through didactic lectures at Sullivan University College of Pharmacy or University of Louisville School of Medicine and Continuing Education presentations. Additional activities include: 6 emergency responder ride-a-long days, update to a local EMS drug related policy, providing lectures for University Of Louisville Emergency Medicine Residency Conference, leading small

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group discussions/sessions for physicians and emergency responders, presenting CE lectures through Sullivan University, presenting a quarterly toxicology journal club along with Kentucky Poison Control Center, and participate in at least 1 community driven health related service project.

- **Staffing Commitment:** Resident will learn to effectively staff the emergency department by learning to prepare and dispense medications according to facility requirements, staffing every 4th weekend. Residents will hone their prioritization skills while integrating information systems into their daily practice, learning Chapter 797 clean room guidelines, drug informational skills when fielding questions from physicians/nurses, staff supervision skills of the medication reconciliation techs, dispensing systems, automation/robotics, clinical documentation, decentralized order entry to ensure safe and appropriate medication therapy for patients.
- **Toxicology (Kentucky Poison Control Center, 6 months):** Participate in interdisciplinary care of toxicology patients, toxicokinetic monitoring, clinical intervention documentation, patient counseling, medication reconciliation, topic discussions, and delivery of journal club and patient case presentations to physician, pharmacist, and nursing staff at Kentucky Poison Control Center.

PGY2 EMERGENCY MEDICINE PROGRAM COMPLETION REQUIREMENTS
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Residents, in order to obtain a certificate of PGY2 Emergency Medicine completion, must have successfully completed and provide documentation of the following:

13. The resident has documented core, longitudinal, and elective goals.
14. The resident has successfully completed all required program core rotations, longitudinal rotations, and elective rotations.
15. The resident has successfully completed and “Achieved” >80% of required and elective ASHP RLS goals/objectives with no active “Needs Improvement”.
 - a. When goals/objectives have been achieved a minimum of one time, a discussion will take place between preceptors within the program to determine if goal/objective has been achieved for residency).
16. The resident has completed all self-evaluations for each monthly rotation, and all quarterly longitudinal evaluations.
17. The resident has completed all preceptor and learning experience evaluations for monthly and longitudinal rotations.

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18. The resident has successfully completed residency research project. (data collection, abstract, MCM poster, GLPRC presentation, final write-up, manuscript finalized and appropriate for submission and publication).
19. The resident has successfully completed BLS and ACLS certification.
20. The resident has completed all staffing commitment responsibilities.
21. The resident has attended and participated in a minimum of 8 staff meetings.
22. The resident has successfully completed Resident Job assignment
23. The resident has successfully completed writing or updating a department or medication policy and/or procedure.
24. The resident has successfully completed a performance/quality improvement project.
25. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, EMS, etc).
26. The resident has completed a total of 5 formal presentations (4 at Emergency Medicine Resident Conference and either University Medical Center Pharmacy CE, KSHP and/or Sullivan Grand Rounds, or didactic teaching at Sullivan University College of Pharmacy or University of Louisville Medical School)
27. The resident has followed up on any identified areas of weakness.
28. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
29. The resident has served as a primary preceptor for an APPE student on an Emergency Medicine rotation.
30. The resident has completed the exit evaluation and exit meeting with RPD.

The program will not award a Residency Certificate more than six months beyond the official completion date of the Residency Program.

PGY2 EMERGENCY MEDICINE PROGRAM PRECEPTORS

Orientation/Emergency Medicine 1 Emergency Medicine 2, and 3	Lynn Lamkin, PharmD, BCPS Christine Duff, PharmD, BCPS
Community Emergency Medicine 1	Lindsay Wilson, PharmD, BCPS, BCCCP
MICU	Kristen McClain PharmD
SICU	Mark Cox, PharmD, BCPS, BCCCP Leigh Ann Scherrer PharmD, BCPS, BCCCP
Emergency Medicine Transitions of Care	Lynn Lamkin, PharmD, BCPS
Neurosurgical ICU	Lindsay Urben, PharmD, BCPS, BCCP
Internal Medicine	Emily Doss, PharmD, BCPS Vanessa VanArsdale PharmD, BCPS Kristina Evans PharmD, BCPS
Infectious Diseases	Ashley Ross Pharm.D., BCPS
Pediatric Critical Care	Cindy Zoeller, PharmD, MBA, BCCCP
OB/Gyn and NICU	Shannon Mahaffey, PharmD, BCPS
Staffing/Service	Christine Duff, PharmD, BCPS
Medication Safety/Management	Melissa Robertson, PharmD, BCPS Philip Kociemba, PharmD, BCPS Jennifer Brown, PharmD, BCPS, BCCCP
Outcomes Research	Christine Duff, PharmD, BCPS
Teaching, Learning, and Outreach	Lynn Lamkin, PharmD, BCPS
Toxicology	Ashley Webb, MSc, PharmD, DABAT

ORIENTATION

Incoming PGY2 Emergency Medicine resident residents will spend approximately 4 weeks in an orientation period during June/July.

This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and University Medical Center.
2. To train the resident to be functional in the Pharmacy Department's drug distribution services.
3. To give the resident a clinical orientation to the hospital.

The orientation schedule for incoming pharmacy practice residents is developed by the Residency Director in conjunction with other department members. Activities during the orientation period will include, but are not limited to:

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- Introduction to the pharmacy staff
- Procurement of ID badges and parking stickers
- Attendance at the 2 day hospital orientation
- Tour of the Pharmacy Department and campus
- Pharmacy payroll and time clock procedures
- Participation in regularly scheduled residency activities (RAC meeting, journal club, team building exercises)
- Exposure to Investigational Drug Service, robot, McKesson med carousel, and pre-packing services
- Extensive training on the hospital and pharmacy computer systems (Cerner Powerchart/PharmNet/FirstNet, Docuscripts, theradoc, Simplify, Baxa, PSN, infostation, groupwise, Eforms, etc)
- Training with staff pharmacists in IP area, IV area, and clinical staffing roles; Orientation checklist completion
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/LEARN modules
- Research process and IRB training
- Orientation to RLS/RPDC, Pharmacademic, residency binder/N drive documentation, evaluation process, timeline, resident policies/procedures, etc.
- Mentoring program and professionalism standards

RESIDENT ASSESSMENT PLAN AND USE OF RESIDENCY LEARNING SYSTEM (RLS) AND/OR RESIDENCY PROGRAM DESIGN AND CONDUCT (RPDC)

- Residents will be provided with copies of The Resident's Guide to Learning Through the RLS/RPDC from ASHP) in late June prior to starting the residency program. The residents will be required to study this material prior to the beginning of the residency program
- Residents will receive additional teaching of RPDC during the day of "Residency Program Orientation" from the RPD, which takes place during the first week of the program.

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- At the end of the orientation period, the program director and/or designee will conduct a review session which allows the residents to demonstrate their level of understanding of the RPDC program and the resident and preceptor responsibilities of our program using this system.
- Preceptors for all of the resident's learning experiences will continue to train residents as specified in RPDC and conduct the learning experience as set forth in the RPDC and according to decisions made by the residency program.
- After the end of the first core learning experience the program director and/or designee will conduct an in-depth discussion session with the resident in which all questions about the use of the RLS/RPDC are answered and all misunderstandings are rectified. Residents are encouraged to share their experiences with the preceptors in relationship to the use of the system. The discussion will be designed to enable the residents to leave the discussion fully equipped to use RLS/RPDC effectively and efficiently. If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the RLS/RPDC. The program director and/or designee will monitor for possible preceptor difficulties with proper use of the RLS/RPDC. When needed, the preceptor will be scheduled for further coaching of the RLS/RPDC.
- Preceptors will meet with each resident **prior** to the start of the learning experience to discuss the calendar, learning experience (role while on rotation, expectations, progression, topics, goals/objectives, resident specific goals, etc). Preceptors and residents will print and sign agreement of discussion to be placed in the resident binder.
- The program director and/or designee will continue to review all on-going summative evaluations and provide coaching to help residents fully understand the purpose of the evaluation strategies set forth within the program.

Resident Evaluation Schedule:

- **Core Rotations:**
 - **Verbal feedback daily from preceptors**
 - **Snapshots:** as needed
 - **Final (End of rotation):** Resident & Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
 - **Preceptor & Learning Experience:** Resident at the end of rotation
- **Longitudinal Rotations:**
 - **Verbal and/or written feedback from preceptors, ongoing**
 - Projects, drafts, presentation evals, any documented feedback serve as specific documentation of the evaluated goal/objective; These

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are saved on the shared N drive and/or uploaded into
Pharmacademic

- **Quarterly (End of Sept, Dec, March, June):** Resident & Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
- **Preceptor & Learning Experience:** Resident at the end of the learning experience (end of year)

- **Elective Rotations:**
 - **Verbal feedback daily from preceptors**
 - **Snapshots:** as needed
 - **Final (End of rotation):** Resident & Preceptor summative evaluation
 - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
 - **Preceptor & Learning Experience:** Resident at the end of rotation

- **All evaluations (preceptor, resident, RPD) are required to be completed within 7 business days of assigned due date.**
 - Pharmacademic™ tracks the timeliness of evaluations and is used by ASHP when surveying to ensure that per the ASHP standards, timely evaluations are occurring consistently.