

DEPARTMENT OF PHARMACY SERVICES

**UofL Health – UofL Hospital
Pharmacy Residency Programs
Manual & Training Agreement
2020-2021**

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**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

FACILITATORS OF THE RESIDENCY PROGRAM

DIRECTOR OF PHARMACY – System Director, Pharmacy Services: Robert Fink, PharmD., MBA, FACHE, FASHP, BCNSP, BCPS

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:

PGY-1 Program: Melissa Robertson, PharmD, BCPS

PGY-2 Oncology: Mika Kessans Knable PharmD, BCOP

PGY-2 Critical Care: Mark Cox PharmD, BCPS, BCCCP

PGY-2 Ambulatory Care: Tina Claypool, PharmD, CDCDES

PGY-2 Internal Medicine: Vanessa VanArsdale, PharmD, BCPS

PGY-2 Emergency Medicine: Joshua Senn 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.

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- Keep the Manager of Residency Training 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.
- 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 PGY-1/PGY-2 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.

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- To help ensure timely completion of assigned projects (i.e., research, MUE, resident seminar, etc.).
- To provide guidance in preparing for ASHP 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 Pharmacademic™, 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.
- 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.

UofL Health – UofL Hospital Residency Program Definitions of NI/SP/ACH/ACH-R

Program Definitions of NI/SP/ACH:

Rating	Definition
Needs Improvement (NI)	Resident is not performing at an expected level at that particular time; significant improvement is needed. Examples include: <ul style="list-style-type: none"> • Deficient in knowledge and/or skills in the learning experience and/or patient population • Often requires assistance and/or prompting to complete the objective • Doesn't ask appropriate questions to supplement learning; preceptor must provide directed questioning
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. Examples include: <ul style="list-style-type: none"> • Adequate knowledge and/or skills in the learning experience and/or patient population • Sometimes requires assistance to complete the objective • Asks appropriate questions to supplement learning • Requires skill development over additional learning experiences to master
Achieved (ACH)*	Resident can perform associated activities independently and consistently for this learning experience. Examples include: <ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective • Minimal supervision is required • No further developmental work is needed <p><i>*If ACH in 1st Quarter, preceptor must provide adequate documentation within summative evaluation to support.</i></p>
Achieved for Residency (ACH-R) **	Resident can consistently perform associated activities independently across the scope of pharmacy practice at the level of experienced practitioner. Examples include: <ul style="list-style-type: none"> • Resident progresses from SP to ACH on 2 monthly or within a longitudinal rotation • Deemed by preceptor evaluation and Residency Advisory Committee (RAC) decision <p><i>**RPD is only person able to assign ACH-R; presented and discussed at RAC monthly starting in 2nd Quarter</i></p>

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 UofL Health 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 approved travel stipend). Interview leave is granted at the discretion of the residency director.
3. **Vacation/Holidays:** All PGY-1 and PGY-2 residents are allowed to take 10 PTO days and will staff 2 holidays per year. Personal days may be granted for licensure and interview leave based on RPD approval. Please see program specific staffing obligations.

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
 - d. Ensure upon return that email communication has been sent regarding absenteeism to RPD, Cindy Barnes and Melissa Robertson for payroll corrections.
2. Choosing and posting “off days” on the schedule
 - a. Discuss preferred “office days” or potential PTO 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. Make sure that “office days” are communicated to the inpatient pharmacy.
 - c. Communicate all PTO days to RPD, Cindy Barnes and Melissa Robertson 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
 - iv. Communicate any changes which affect your pay (sick time, vacation time, education days, etc.) to Cindy Barnes and Melissa Robertson via email prior to payroll close.

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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 and enter request in Smart Square (if applicable).
 - c. RPD will verify approval and email resident, Cindy Barnes and Melissa Robertson.
 - 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 per the approved annual travel stipend (2020-2021: PGY-1 \$1000, PGY-2 \$1500). 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 PGY-1 resident (some PGY-2—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 and submitted within 30 days of event:

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 from finance instructions (found on myULH) to request and submit reimbursement requests.
4. Resident stipend is for individual resident use only.

RESIDENT JOBS

There are multiple resident jobs that must be filled each year

- PGY-2 Jobs:
 - Chief Resident
 - Community Service Coordinator
 - Bugs N Drugs Coordinator

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- CE Coordinator
- (2) Cerner Student Trainer
- PGY-1 Jobs:
 - Journal Club/Student Case Conference Coordinator
 - (2) ID Dashboard Coordinator
 - (2) Resident Applications/Interviews Coordinator(s)
 - Resident/Staff Engagement Chair

(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 UofL Health – UofL Hospital. Additionally the below materials can be uploaded within Pharmacademic™ as well. The electronic portfolio (stored on the N-drive) should include:

- Overall resident goals
- Scanned, signed LE from pre-rotation meetings
- Calendars
- All 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 operational 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 to provide instruction and to assist him/her

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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 and 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.

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.

UofL Health – UofL Hospital RESIDENCY SHOWCASE AT ASHP MCM

All residents in attendance at the ASHP MCM, unless otherwise assigned by 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 PGY-1 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 professional liability insurance
- BLS (renewal available during residency year, ACLS provided as well)

RESIDENCY POLICIES

5100-0300: Pharmacy and Ambulatory Licenses and Registrations

APPLIES TO:

All UofL Health facilities

PURPOSE: To assure that the legally required licenses, permits and registrations are procured and maintained

POLICY STATEMENT(S):

- I. Each pharmacy department will have a current state pharmacy permit issued by the Kentucky Board of Pharmacy. This permit is renewed by June 30 of each year.
- II. Each pharmacy department will be registered with the Drug Enforcement Agency to dispense schedule II, III, IV and V controlled substances. This registration must be renewed every three years before the expiration date listed on the front of the registration.
- III. Each pharmacy department will maintain Power-of-Attorney for anyone authorized to order schedule II-controlled substances either by paper form DEA 222 or electronically by use of the DEA's Controlled Substance Ordering System (CSOS).
- IV. Ambulatory Surgery Centers (ASCs) must maintain the following current licenses, permits, and registrations (where required):
 - a) Pharmacy License (if required)
 - b) Drug Enforcement Agency (DEA) Registration (if required)
 - c) Power-of-Attorney for anyone authorized to order controlled substances and additional DEA-222 forms.
 - d) Power-of-Attorney for anyone authorized to use the Drug Enforcement Agency's (DEA) Controlled Substance Ordering System (CSOS).
- V. All employed pharmacists will become licensed as a pharmacist by the Kentucky Board of Pharmacy prior to practicing independently. 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 within the first 60 days of employment will result in disciplinary action up to and including termination of employment.
- VI. All pharmacy residents (PGY-1/PGY-2) must obtain licensure by September 1st. In the event that licensure is not obtained, all dismissal and/or deadline extensions will be handled by the Residency Executive Committee (REC) as outlined in the policy *5100-1630 Corrective Action/Dismissal of Pharmacy Residents*. Additionally, to complete residency training, pharmacy residents must be licensed for a specified length of time in direct patient care areas as determined by the programs (PGY-1 and PGY-2 programs: 8 months). Failure to meet the adjusted deadline will result in termination of the resident employment.
- VII. Pharmacy technicians will maintain required registrations and certifications.

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PROCEDURE(S):

VIII. The Pharmacist-In-Charge (PIC) is responsible for assuring that all licenses, permits and registrations for the pharmacy are procured, current and posted.

IX. The DEA registrant at each facility is responsible for procuring and maintaining a current DEA registration for the pharmacy.

X. The DEA registrant is responsible for issuing power-of-attorney to any employee authorized to order schedule II-controlled substances.

XI. The Ambulatory Surgery Center Administrator, Chief Executive Officer (CEO), Chief Operating Officer (COO)] is responsible to ensure that all required licenses, permits, Power-of-Attorney authorization documents and registrations are obtained and remain current at all times.

The above permits should be displayed (or filed) in accordance with federal, state, and local regulations.

REFERENCES:

1. Joint Commission Standards: LD.04.01.01 EP 1-3
2. Power of Attorney www.dea.gov

5100-1600: Pharmacy Residency Programs

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

PURPOSE:

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

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. Pharmacy Residency Program Manager: Responsible for oversight and coordination of administrative duties/activities for the conduct and accreditation of all PGY-1 and PGY-2 pharmacy residency programs and residency program directors at UofL Health.**
- B. 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, the American Society of Health-System Pharmacists (ASHP).
- C. 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 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, ASHP.

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- D. Preceptors:** The residency program directors shall have authority to delegate preceptor 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.
- E. Residency Advisory Committee (RAC):** RAC is responsible for the oversight of all aspects of pharmacy residency program training including resident progress, design/structure of program(s), preceptor training and/or development, recruitment, etc. RAC is co-chaired by all current residency program directors with alternating responsibilities (*attached Appendix A*)
- F. Residency Executive Committee (REC):** REC is responsible for the oversight of all progressive corrective action plans, counseling, probation and/or dismissals of *pharmacy residents* from within the pharmacy residency programs (PGY-1 & PGY-2) at UofL Health. Each individual resident requiring an action plan will convene a specific REC, chaired by the associated RPD with committee members composed of other program residency directors, pharmacy management, and preceptors involved within the residency program (*attached Appendix B*)
- G. Duties:** Both the manager, 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 UofL Health, the pharmacy department, and the Residency Program Design and Conduct (RPDC) for each applicable pharmacy residency program (PGY-1 or PGY-2).
 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 required and/or elective goals and objectives that are assigned to each PGY-1 and PGY-2 program by the residency accrediting body.
 7. To assure the residency programs are aligned with and conform to the standards set by ASHP in order to maintain accreditation.
 8. To provide the resident, upon successful completion of the program, a certificate of completion.

5100-1600 Appendix A: Residency Advisory Committee

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

Definitions:

The *residency advisory committee* (RAC) is responsible for the oversight of all aspects of pharmacy residency program training including resident progress, design/structure of program(s), preceptor training and/or development, recruitment, etc. The RAC consists of the following members:

1. UofL Health – UofL Hospital
 - a. Residency Program Director(s)
 - b. Pharmacy Resident Preceptors
 - i. PGY-1 Program
 - ii. PGY-2 Oncology

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- iii. PGY-2 Critical Care
- iv. PGY-2 Ambulatory Care
- v. PGY-2 Internal Medicine
- vi. PGY-2 Emergency Medicine
- c. Pharmacy Management
- d. Resident Mentor(s) for all residents
- 2. UofL Health – Jewish Hospital
 - a. Residency Program Director
 - b. Pharmacy Management
 - c. Pharmacy Resident Preceptors

Responsibilities:

1. Reviews, maintains and assures that all residency programs are in compliance with ASHP standards and Residency Program Design and Conduct.
2. Maintains, reviews and approves all applicable residency policies and procedures and job descriptions annually.
3. Annually reviews the qualifications of the RPD(s) and preceptors and establishes their functions and responsibilities.
4. Assures the overall program structure, residency goals and specific learning objectives are met. Annually assesses the structure of the program by evaluating all preceptor and learning experience resident evaluations.
5. Reviews the initial individualized developmental training plan, training schedule and learning objectives and their quarterly developmental progress in the residency.
6. Reviews, maintains and updates the learning experiences of the residency program to be consistent with ASHP guidelines.
7. Establishes residency applicants' requirements, application evaluation and selection process.

5100-1600 Appendix B: Residency Executive Committee

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

Definitions:

The **residency executive committee** (REC) is responsible for the oversight of all progressive corrective action plans, counseling, probation and/or dismissals of **pharmacy residents** from within the pharmacy residency programs (PGY-1 & PGY-2). Each individual resident requiring an action plan will convene a specific REC, chaired by the associated RPD with committee members composed of other program residency directors, pharmacy management, and preceptors involved within the residency program. The REC consists of the following members:

A **pharmacy resident** is defined as a pharmacy resident who has graduated from an accredited pharmacy (Doctor of Pharmacy) program and is in the first post graduate training program. All residents must display the knowledge, skills, attitude and abilities necessary to achieve the program requirements. Residents can either be post graduate year 1 (PGY-1) or post graduate year two (PGY-2) in the various programs.

The **residency program director** (RPD) is the institutional official designated by in agreement with the pharmacy and hospital administration and is recognized by ASHP as having the direct responsibility for all training activities with the training program. The RPD is directly responsible for the quality of educational experiences provided to trainee and for ensuring appropriate resident supervision.

The **Director of Pharmacy** is the designated individual in charge of providing leadership to the pharmacy department.

A **supervising preceptor** is a licensed independent practitioner who is registered with the state as a preceptor. The unrestricted state license allows them to practice in a field that allows them to practice without supervision. This individual meets ASHP defined eligibility and qualification requirement.

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A **resident mentor** is the resident selected preceptor responsible for providing general guidance and support to the pharmacy resident. The mentor is responsible for assisting in development of goals, schedule customization, monitoring progress, serving as a sounding board for problems that may arise, and serving as an advocate and support figure for the pharmacy resident throughout the residency year.

Process:

1. Associated RPD chairs each specific REC and selects appropriate members. REC serves to function on an as needed basis for each individualized progressive action plan.
 - a. Members of the REC serve a term to complete the associated residents training program.
2. RPD will be responsible for developing meeting agenda(s), minutes, documentation of all verbal warnings, written corrective actions, corrective counseling record forms, final written corrective action forms, and termination documents.

5100-1605: Resident – Duty Hour Requirements

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

PURPOSE:

To set forth duty hour requirements in pharmacy residency programs for the benefit of patient safety, provision of fair labor practices and 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. Restrictions will be in compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies (<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty.Hours.aspx>).

DEFINITIONS:

1. **Duty Hours:** activities considered duty-hours include but are not limited to:
 - a. Scheduled clinical and academic activities related to the pharmacy resident program will be considered reportable duty hours. These activities include inpatient and outpatient care, administrative duties and scheduled/assigned activities (e.g. teaching, conferences) that are required to meet the goals and objectives of the residency program.
 - b. Activities that are NOT considered duty hours include readying, studying and preparation for presentations, topic discussions or journal clubs. Travel to and from off-site locations or conferences are not considered reportable duty hours.
2. **Moonlighting:** voluntary, compensated, pharmacy-related work performed within the organization or outside the organization. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

POLICY:

1. Residents will document hours spent in their residency programs in an effort to assure that the ASHP requirements are met.
2. Pharmacy residents will not be on-site at UofL Health facilities 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 Residency Program Director (RPD and Resident Advisory Committee's (RAC) 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT **GUIDELINES:**

Pharmacy residents will not be on-site working for greater than 24 continuous hours. Adequate time for rest and personal activities will be 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 (PGY-1) residents and Postgraduate year 2 (PGY-2) 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 RAC.
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 resident duty hours for each residency year. Any variances will be reported to the residency advisory committee (RAC) and Director of Pharmacy.
6. For PGY-2 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 resident's 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>

5100-1610: Paid Time Off Pharmacy Residents

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

PURPOSE:

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

POLICY STATEMENT(S):

1. Residents must follow the vacation policy guidelines below to request PTO.
2. Both the affected residency director and the preceptor must approve requests for PTO.
3. 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT **DEFINITION:**

Paid time off (PTO) is a combination of sick, vacation and personal time that an employee accrues to be used as needed. Additionally, holiday time is accrued for the 6 approved holidays (Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas, and New Year's Day) Full-time, exempt employees accrue PTO hours each pay period. The hours balance appears on the employee's biweekly direct deposit pay voucher. Holiday hours are added prior to the pay period in which the holiday will occur.

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. Residents additionally receive all holidays that are not assigned as resident coverage as defined in the PGY-1/PGY-2 program specific requirements.

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 program 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/New Years, KSHP Spring meeting (mid-April), Great Lakes Pharmacy Residency Conference (late April), and the last two weeks of the program.

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 PTO payout.

In the event of an approved, extended 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 all program completion requirements.

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

5100-1620: Corrective Action Dismissal of Pharmacy Residents

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

determined by the Residency Executive Committee (REC) (see appendix A) which includes the following: Residency Program Director(s), Director of Pharmacy, Supervising Preceptor(s), and Resident Mentor(s).

PURPOSE:

To establish guidelines to provide corrective action that is consistent with the UofL Health's fair and equitable treatment of employees while also providing opportunities to improve performance. This policy also serves 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, allowing a one-time extension until October 1st to obtain licensure. If the deadline adjustment is granted, the REC will provide the resident with specific guidelines and deadlines for the fulfillment of all program requirements. To complete residency training, residents must be licensed for a specified length of time in learning experiences with direct patient care areas as determined by the residency programs (PGY-1 & PGY-2 programs: 8 months). Failure to meet the adjusted deadline will result in the termination of resident's employment.

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

DEPARTMENTS AFFECTED: Pharmacy, Human Resources

GUIDELINES:

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant UofL Health and Pharmacy Residency 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 of October 1st)
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 (including allowable PTO and holidays). Residents will be allowed to make arrangements to complete up to 12 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.).

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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) (see appendix B). 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 then be discussed with the resident in a scheduled meeting between the resident and the REC. While there is a resident grievance process, all employees maintain the right to contact HR at any point regarding any grievance.

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 resident's 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 one 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, a notice of probation and reasons for the decision will be delivered to the resident within one week of the second written corrective counseling record. The notice will be delivered by certified 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 a mechanism for re-evaluation. As a general 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

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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 puts others in harm.

Dismissal

Upon the 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; Substance abuse
4. Excessive tardiness and/or absenteeism;
5. Unprofessional conduct;
6. Job abandonment;
7. Failure to obtain Kentucky licensure in a timely manner;
8. 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.

Attachments:

Residency Executive Committee (Appendix A)

Residency Advisory Committee (Appendix B)

5100-1630: PGY-2 Early Residency Commitment Process

Applies to: University of Louisville Hospital

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 UofL Health. 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

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REQUIREMENTS

1. The UofL Health 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 NMS before the annual deadline established by NMS.
3. The PGY-1 resident is NOT required to enroll in the resident matching program with NMS 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 Director of Pharmacy by November 15th. Residents may only submit one letter to one PGY-2 program for consideration of early commit within UofL Health. 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 UofL Health.
 - 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 the UofL Health pharmacy residency programs. If there are more applicants than available positions within a PGY-2 program, the interview process will allow candidates to be ranked prior to decisions.
 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.

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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 Director of Pharmacy by the Friday of the week following November 15th.
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/ashprmp>) must be signed by the resident and PGY-2 residency director by the Friday of the week following November 15th (copy of appointment letter will be sent to PGY-1 residency director, Clinical Pharmacy Manager and Director of Pharmacy).
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.

DOCUMENTATION

1. 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.
2. A copy of letter of agreement signed by both parties will be sent to NMS by the deadline set by the NMS each year.
3. The PGY-2 residency director will pay a non-refundable fee to NMS for each position committed to a resident through the early commitment process.
4. 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.
5. Any violation of this policy must be brought before the RAC and pharmacy administration for review.

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5100-1631: Residency Interview Process

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

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 UofL Health: 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 and residency advisory committee (RAC).
2. Application reviewers enter scores for each candidate into PhORCAS. The RPD or representative will average scores within PhORCAS for all candidates and determine who will be sent an invitation for interview, allowing 4-6 interview candidates per available resident position.
3. In the event that 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 including instructions to review the pharmacy residency manual and completion requirements for the residency program on the UofL Health website

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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 UofL Health'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 UofL Health, the resident candidates will meet with the RPD and discuss specifics about the program, staffing, benefits, etc. Candidates will be provided with residency program brochure, residency completion requirements, resident job description, resident manual outlining expectations for the resident with associated policies, and human resources employee benefit package.
4. During the course of 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 or patient case to assess written communication skills and baseline clinical knowledge.
7. All resident candidates will be given a tour of the pharmacy department and hospital.
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 at the conclusion of the interview for quality improvement and assessment of the residency program interview process.

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

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 program specific resident evaluation forms designed by the RAC for each specific residency program.
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 preceptor 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:

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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 UofL Health 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 UofL Health Human Resources department to schedule a time and date to complete all required hiring documentation.

Phase II Process:

1. If all positions are not successfully filled following Phase I, the program(s) will enter Phase II of the National match. Additionally, any new programs or positions that are funded after Phase I will also participate in Phase II.
2. Following the date determined by NMS, the RPD and interview team will review applications from Phase II applicants (see above “Application Screening Process”).
3. A modified interview will be scheduled and occur either on-site or via phone/teleconference.
4. Interview team will meet to determine rank order for Phase II resident candidates and RPD will submit finalized rank list to NMS by the determined deadline.
5. Post-match results are communicated in the same manner as Phase I (see above “Post Match Results”).

Post-Match Process:

1. If positions remain unfilled following Phase I & Phase II, the program(s) will enter the post-match process. Additionally, any new programs or positions that are funded after Phase I & Phase II will also participate.
2. Additional applications can be reviewed, interviewed and made offers as determined by each individual program(s).

5100-1650: Pharmacy Residency Research Requirements**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:

The Residency Research Committee (RRC) will solicit and develop potential PGY-1 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 PGY-1 resident will have their own research committee which will be responsible for overseeing the progress of the individual resident’s research.

PGY-1 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.

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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 PGY-2 residency program will coordinate the development of research questions/topics, research project timeline, and overall execution of the resident research project. Each PGY-2 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 PGY-1 preceptor.
- b. Meets on an as needed basis to aid in its mission to support PGY-1 resident research.
- c. Responsible for soliciting and developing potential PGY--1 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 PGY-1 Outcomes Research projects.

PROCEDURE:

1. Selection of PGY--1 residency project

- a. Each department member proposing a PGY-1 residency project for the upcoming residency year must submit a brief research proposal to the Residency Research Committee.
- 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 PGY-1 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 time frame.
- **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

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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. PGY-1 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 RRAC.

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

c. Final approval of the published work.

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 
5100-1660: Education Days/Travel Pharmacy Residents

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

PURPOSE:

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. If 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:
 - a. Meeting registration fees
 - b. Hotel expenses
 - c. Travel expenses: Airfare and/or mileage
 - d. Taxi fare to/from meeting, hotel, and/or airport
 - e. 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.

5100-1670: Extended Leave Policy Pharmacy Residents

Applies to: University of Louisville Hospital, Jewish Hospital, Frazier Rehab Institute

PURPOSE:

To establish guidelines that are consistent with UofL Health's fair and equitable treatment of employees while also providing opportunities to complete required residency program obligations.

POLICY STATEMENT(S):

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

The pharmacy resident must abide by all provisions of the Pharmacy Resident Appointment Agreement (contract) and complete all program requirements (refer to PGY-1 or PGY-2 program specific completion requirements). Pharmacy residents are subject to probation or dismissal based on failure to meet the obligations of the residency program and expectations as defined in the Corrective Action/Dismissal of Pharmacy Resident Policy (5100-1620). The residency program is a minimum of 52 weeks in duration.

GUIDELINES:

In the event of a serious medical or personal condition requiring extended leave, residents may take any accumulated time (PTO, holiday, or personal) and still complete the residency program on schedule. Any additional time off may result in extending the program. Each extension request is reviewed on a case-by-case basis by the Residency Executive Committee (REC). Extensions may not exceed 12 weeks in length. A leave of absence that exceeds 12 weeks in duration will result in dismissal from the program due to inability to complete the required length of the pharmacy residency program.

If a deadline adjustment is granted, the REC will provide the resident with specific guidelines and deadlines for the fulfillment of all residency requirements. Additionally, to complete residency training residents must be licensed for a specified length of time in direct patient care areas as determined by the programs (PGY-1 & PGY-2 programs: 8 months). Failure to meet the adjusted deadline will result in termination of the resident's employment.

DEPARTMENTS AFFECTED: Pharmacy, Human Resources

GUIDELINES:***Attachments:***

Residency Executive Committee (Appendix A)



Pharmacy Residency

Policies & Training Agreement

By signing this document, I am agreeing that I have read the UofL Health UofL Hospital 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 UofL Health – UofL Hospital.

Resident Signature

Date

Residency Program Director Signature

Date



DEPARTMENT OF PHARMACY SERVICES

**PGY-1 Pharmacy Residency Manual and Training
Agreement Appendix
2020-2021**

PGY-1 PHARMACY RESIDENCY PROGRAM

The PGY-1 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.

PGY-1 PURPOSE STATEMENT

The PGY-1 Pharmacy Residency program at UofL Health – UofL 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 (PGY-2) pharmacy residency training.

PGY-1 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.

PGY-1 PROGRAM STRUCTURE

The PGY-1 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, Drug Info, 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, Trauma 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

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

- **Ambulatory Care** (1 month): Participate in direct patient care services in anticoagulation, diabetes, and hepatitis clinics. The resident will develop skills to independently monitor drug therapy and patient adherence to drug regimens, provide tailored patient education about disease states and therapeutic plans, screen and administer immunizations as appropriate, implement board of pharmacy-authorized protocols, and facilitate medication access in all clinics. The resident will attend outpatient pharmacy staff meetings and provide in-services to pharmacy staff or providers as assigned. Assist with APPE students as needed.
- **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 Medicine, Stroke, Outpatient Infectious Diseases (HIV/Hep C), Pharmacy Informatics, Neonatal Intensive Care Unit, Bone Marrow Transplant, Outpatient Oncology clinics, DM MTM, Inpatient Psychiatry, 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

monograph preparation and presentation, development of an organized system for staying current with pertinent literature, evaluating usefulness of biomedical literature, 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 UofL Hospital 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.

PGY-1 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

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- Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation
- Teaching/Staffing: 1st - 3rd 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 UofL Health – UofL Hospital Duty Hour policy and submit monthly hours in Pharmacademic™**

- **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.

PGY-1 PROGRAM PRECEPTORS

PGY-1 Program Director Medication Safety Manager PGY-1 Orientation/Administration Preceptor	Melissa Robertson Pharm.D., BCPS
PGY-2 Program Director, Internal Medicine Clinical Specialist, Internal Medicine PGY-1/PGY--2 Internal Medicine Preceptor	Vanessa VanArsdale Pharm.D, BCPS
PGY-1/PGY-2 Internal Medicine Preceptor PGY-1 Antimicrobial Stewardship Preceptor	Regan Wade Pharm.D, BCPS
PGY-1/PGY-2 Internal Medicine Preceptor PGY-1 Antimicrobial Stewardship Preceptor	Meredith Neimann Pharm.D, BCPS
PGY-1/PGY-2 MICU Preceptor PGY-1 Antimicrobial Stewardship Preceptor	Rachel Williams Pharm.D., BCPS, BCCCP
PGY-2 Program Director, Critical Care Trauma Clinical Pharmacist, Critical Care Specialist PGY-1/PGY-2 Trauma Preceptor	Mark Cox Pharm.D., BCPS, BCCCP
PGY-1 Drug Information Preceptor	Leigh Ann Scherrer Pharm.D, BCPS, BCCCP
PGY-1/PGY-2 Trauma Preceptor	Kristen Livers PharmD, BCPS, BCCCP
PGY-1/PGY-2 Neuro ICU Preceptor PGY-1 Antimicrobial Stewardship Preceptor	Lindsey Urben Pharm.D., BCPS, BCCCP
PGY-2 Program Director, Emergency Medicine PGY-1/PGY-2 Emergency Department Preceptor	Joshua Senn Pharm.D., BCPS
PGY-1/PGY-2 Emergency Department Preceptor	David Roy Pharm.D, BCPS
PGY-1 Antimicrobial Stewardship Preceptor	Kathryn Bandy Pharm.D.
PGY-1 Antimicrobial Stewardship Preceptor	Julie Harting Pharm.D
PGY-1/PGY-2 Stroke Preceptor	Rachel Louis Pharm.D., BCPS
PGY-1 Research Longitudinal Preceptor	Christine Frick Pharm.D, BCPS, BCCCP
PGY-1/PGY-2 Hep C Preceptor PGY-1 Research Longitudinal Preceptor	Chelsey McPheeters Pharm.D, BCPS
PGY-1/PGY-2 Infectious Diseases Preceptor PGY-1 Antimicrobial Stewardship Preceptor	Ashley Ross Pharm.D., BCPS
PGY-1 Ambulatory Care—Hep C Clinic Preceptor	Chelsea Maier PharmD.
PGY-2 Ambulatory Care Program Director Ambulatory Care Specialist PGY-1/PGY-2 Ambulatory Care—DM MTM	Tina Claypool, PharmD, CDCDES
PGY-1 Staffing Longitudinal Preceptor	Amy Braden Pharm.D., BCPS

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PGY-1 Orientation Preceptor	
PGY-1 Administration Preceptor	Phil Kociemba Pharm.D, BCPS Katy Brogan Pharm.D Bob Fink Pharm.D, MBA, FACHE, FASHP, BCNSP, BCPS Mustafa AlSorougi RPh, CPHIMS
PGY-2 Oncology Program Director Oncology Clinical Specialist PGY-1/PGY-2 Medical Oncology Preceptor	Mika Kessans Knable Pharm.D., BCOP
PGY-1/PGY-2 Medical Oncology Preceptor	Lesley Hall Volz Pharm.D, BCOP Ryan Bycroft Pharm.D., BCOP Brette Conliffe Pharm.D., BCOP
PGY-1/PGY-2 BMT Preceptor	Tim Baize Pharm.D., BCOP Lindsay Figg Pharm.D., BCOP Megan Burd Pharm.D., BCOP
PGY-1/PGY-2 Outpatient Oncology Preceptor	Lesley Hall Volz PharmD, BCOP Brette Conliffe Pharm.D., BCOP
PGY-1/PGY-2 NICU Preceptor PGY-1 Teaching & Learning	Shannon Mahaffey PharmD., BCPS
PGY-1 Teaching & Learning	Jennifer Brown PharmD., BCPS, BCCCP
PGY-1/PGY-2 Informatics Preceptor	Bryan Strobl Pharm.D
PGY-1/PGY-2 Jewish Hospital Solid Organ Transplant	Chris Barger Pharm.D, BCPS
PGY-1 Sullivan University Academia Elective	Kim Elder Pharm.D, BCPS Sarah Raake Pharm.D

PHARMACY RESIDENCY DIRECTOR:**PGY-1 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.

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- Assist in the resolution of problems or difficulties in which the resident incurs.
- Keep the Director of Pharmacy 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.
- 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 PGY-1 residency program.
- Attends and coordinates residency retreat activities for all residency preceptors.
- Actively participates in the recruitment and interviewing of residency applicants.

RESIDENCY RESEARCH LONGITUDINAL PRECEPTOR(S) – Chelsey McPheeters PharmD, BCPS & Chrissy Frick PharmD, BCPS, BCCCP

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 or medical writing document.
- 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

PGY-1 RESIDENT RESPONSIBILITIES

As a resident assigned to the Post-Graduate Year 1 Pharmacy Residency Program (PGY-1), I understand that UofL Health - UofL Hospital shall provide an education system that meets all the standards of the accreditation organization, American Society of Health-System Pharmacists (ASHP). I understand all the following policies and my rights, responsibilities and benefits outlined herein:

I. RESIDENT 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 at all times to the highest standards of integrity, professionalism and ethical conduct for the profession. The resident will comply with the “Pharmacy Services Standard of Excellence” policy.
- 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. A 30-day, 60-day and 90-day evaluation will be completed and sent to human resources. This evaluation will be completed by the Residency Program Director (RPD) with input from the preceptors that have been involved in the training of the resident to date.
- G. 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. The incoming resident must have a graduate intern license with the Kentucky Board of

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

Pharmacy during the time that the resident is on-site and pursuing pharmacist licensure. The resident is subject to termination and release from the PGY-1 pharmacy residency program for failure to obtain Kentucky licensure by September 1st. Until licensure is obtained, the resident will be practice under as an intern under the direct supervision of a licensed pharmacist. If resident fails to become licensed by September 1st, then the resident may be dismissed from the training program. Resident must complete 8 months (2/3) of their residency training experience as a licensed pharmacist.

- H. To comply with hospital and department policies as outlined during orientation.
- I. Gainful employment (“moonlighting”) outside the facility or scope of the residency program is prohibited during the PGY-1 training year. This applies to additional work at the residency site or off-campus sites. Residents who are determined to be working outside the scope of the residency program may be subject to dismissal.
- J. This training agreement may be cancelled at any time. Residents choosing to terminate the contract prior to completion of the residency will be required to submit notice to the RPD. The resident will also be required to contact the accreditation services division of ASHP (telephonic and written communication required) to explain in detail the reason and nature of the resident’s decision of early termination of residency program.

II. RESIDENT BENEFITS AND RIGHTS:

The resident will accumulate benefits in the areas of health care and leave (including personal leave, paid time off and holiday leave). PGY-1 Residents are permitted to take ten 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. In addition, I understand the following policies relating to my benefits:

- A. Attendance - Regular attendance and punctuality are essential components of the residents’ job performance and considered vital to the resident’s success. Corrective action will be taken as defined in the “Attendance and Tardiness Policy”.
- B. Absence from training –All requests for three days or longer in duration must be approved by the residency program director (RPD).
- C. Extended Leave - In the event that a resident should need an extended leave from the program due to illness or other extenuating circumstances, the resident will follow the “Family and Medical Leave Policy” and “Pharmacy Residents, Extended Leave Policy” identifying the options available for each employee (FMLA, Medical Leave and Personal Leave). Of note, the resident is not eligible for FMLA. Thus, any leave beyond what is available from personal days/paid time off accrued will be unpaid. The following will occur:
 - 1. Notify the RPD immediately

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2. RPD and Residency Executive Committee (REC) will determine current progress in the program to determine the impact of the absence on meeting required competencies.
 3. If it is deemed that the resident will not complete requirements for residency by 30 June, then decision will be made on extension of program completion beyond the 30 June deadline. Each extension request is reviewed on a case by case basis by the REC. Extensions may not exceed 12 weeks in length. A leave of absence that exceeds 12 weeks in duration will result in dismissal from the program due to inability to complete the required length of pharmacy residency program. Human Resources department will be contacted in the event of this circumstance to ensure compliance with hospital policies and procedures.
- D. Sick Leave - Brief absences due to illness or injury are authorized. This time counts as time away from training and can result in an extension of training or withdrawal from the program if aforementioned absence limits are exceeded (see above). Residents will comply with hospital policies concerning absence due to illness. Missed work must be made up in a manner satisfactory the learning experience preceptor and RPD.
- E. Emergency Leave – In the event of an emergency, the resident must contact the RPD and the preceptor of their current learning experience to arrange for emergency absence from training.
- F. Paid Time Off – Vacation, personal and holiday hours are available during the training year. Leave from training should be planned as far in advance as possible and must be coordinated between the resident, preceptor and RPD. This will be in compliance with the “Paid Time Off for Pharmacy Residents policy”.
- G. Professional Leave – Time and funding to attend professional meetings is provided during the training year based on the approved annual stipend. Resident will be given appropriate profession leave to attend ASHP Midyear Clinical Meeting and Great Lakes Residency Conference. The RPD may consider providing professional leave for other residency related activities at their discretion (i.e. interviews). The RPD and Clinical Pharmacy Manager will have final approval of the length of time for professional meeting attendance in accordance to the “Education Days Travel Policy – Pharmacy Residents.” All professional meeting attendance must be approved by the RPD and rotation preceptor as applicable.
- H. Guarantee of Due Process – Due process for any academic action such as remediation, probation, extension and/or termination will be followed in accordance with hospital disciplinary policy (See “Corrective action/Dismissal of Pharmacy Residents Policy”)
- I. Procedure for resolving grievances – Complaints, grievances or requests for assistance will be presented through the resident’s chain of command and if not resolved then will be processed according to the hospital’s grievance procedure. The resident’s chain of command is as follows: the resident presents the problem to the RPD. If the resident

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feels that the RPD is inappropriate or unavailable, the resident will present the grievance to the Pharmacy Director. All employees maintain the right to contact human resources at any point regarding any grievance.

- J. Learning Experiences/Schedule - The RPD will generate a training curriculum for all residents to facilitate achievement of the program's educational competencies, goals and objectives. Residents will be assigned to learning experiences consistent with their interests and education needs through developmental training plans.
- K. Staffing Requirements - Each resident will have staffing responsibilities to develop and strengthen his/her professional practice skills. PGY-1 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.
- L. Holiday Staffing: 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 PGY-1 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, Christmas Eve and New Year's Eve.

III. DURATION OF APPOINTMENT

The PGY-1 program is a 12-month training program that begins around mid to late June (actual date dependent on organization orientation) and ends June 30 of the following year. The completion of the program and receiving a certification is dependent on successful completion of 80% competencies defined for the program; i.e. 80% goals/objectives have been assessed as "Achieved for Residency" with no active "Needs Improvement". 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 and Corrective action/Dismissal of Pharmacy Residents Policy.

IV. UofL HEALTH – UofL HOSPITAL TRAINING SPECIFIC REQUIREMENTS (site specific)

- A. Resident must review and acknowledge receipt of understanding by signing this document the standard operating procedures and policies for the PGY-1 residency program to include the following:
 - a. Pharmacy Licensure
 - b. Pharmacy Services Excellence Policy
 - c. Residency Advisory Committee
 - d. Residency Executive Committee
 - e. Resident Early Commit Policy
 - f. Resident Duty Hour Policy
 - g. Residency Corrective Action/Dismissal Policy
 - h. Resident PTO Policy
 - i. Resident Education Day Policy
 - j. Pharmacy Residency Research Policy
 - k. Resident Requirements for Program Completion
 - l. Residency Program Evaluation and Improvement Plan

- B. Completion of 12 months of training in which a minimum of 2/3 of the residency program is completed while the resident is a licensed pharmacist with the Kentucky State Board of Pharmacy.

- C. To assist my training program in compliance with ASHP duty hour restrictions, I will track my duty hours in the manner described by the RPD within Pharmacademic™. I will notify my RPD if workload exceeds duty hour limits. Refer to the ASHP website for the current policy on duty hours at www.ashp.org/doclibrary/accreditation/regulations-standards/duty-hours.aspx and associated “Resident Duty Hour Requirement” policy. The RPD will ensure that neither the educational competencies of the program nor the welfare of the resident or the welfare of the patients are comprised by excessive reliance on residents to fulfill service obligations.

- D. To be fully committed to the values and mission of the organization, to my residency training and to completion of the educational competencies, goals and objectives established for the program; to manage my activities external to the residency, so as to not interfere with the program.

- E. To seek constructive verbal and documented feedback from the RPD, preceptors and colleagues on my performance and my progress toward achievement of education goals; to be committed to making active use of the constructive feedback provided to direct my learning and improve my performance.

PGY-1 PROGRAM COMPLETION REQUIREMENTS

Residents, to obtain a certificate of PGY-1 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 “ACH-R” >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 (quarters 1-3) 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 (2 holidays, ~17 weekends, ~36 3-7pm shifts).
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 participated and taken minutes in P&T and SAS meetings.
12. The resident has successfully completed the required newsletter articles (Bugs N Drugs and/or P&T).
13. The resident has successfully completed three Journal Club presentations.
14. The resident has successfully completed Resident Job assignment (Journal Club/Grand Rounds, Application/Interview, ID Dashboard)

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15. The resident has successfully completed medical writing project (policy/protocol revision, case report, drug info question, etc.).
16. The resident has successfully completed a performance/quality improvement project.
17. The resident has successfully completed at least 6 pharmacy in-services (nursing, physician, pharmacist, etc.).
18. The resident has participated in continuing education program (UofL Health – UofL Hospital Pharmacy CE).
19. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
20. The resident has initial and all quarterly mentor, development plans documented.
21. The resident has documented monthly duty hours.
22. The resident has completed the exit evaluation and exit meeting with RPD.

Failure to meet these requirements will result in corrective action by the RPD which may include extension of training, probation or possible termination from training.

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 PGY-2 residency are expected to have received their PGY-1 certificate prior to starting their second year. Should the specialty resident not have a PGY-1 Pharmacy residency certificate on the date that the residency begins, they will have **30** days to get the certificate or lose their PGY-2 residency position. Upon completion of all requirements of the residency program to the satisfaction of the RPD and residency advisory committee, the residency certification will be awarded to the resident.



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**PGY-2 Oncology Pharmacy Residency Manual and
Training Agreement Appendix
2020-2021**

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.

- **Acute Care Hematology/Oncology I and II (two months)**
 - The resident is expected to provide clinical pharmacy services to all acute care oncology patients. The resident will participate in daily patient care rounds with the MO and GO services. The oncology pharmacy resident is responsible for identifying and resolving any medication-related issues for all patients on the service. The MO & GO teams consist 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 cared for by the MO service include head and neck, pancreatic, breast, colorectal, lung, renal cell, and melanoma cancers. The GO team services gynecology cancer patients both pre and post operation. 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 acute care hematology/oncology I is expected to be completed near the beginning of the residency year and the acute care hematology/oncology II 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,

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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 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.

- **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.

- **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

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a preceptor to pharmacy students if on rotation concurrently. The resident is expected to attend clinic 4 days week.

Longitudinal Rotations: (Throughout the year)

- **Ambulatory Care**
 - 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.

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- 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 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 UofL Health 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

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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, 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.

- **Geriatrics (one month)**

- 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.

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- **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 patient's 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 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, ten months are dedicated to core rotations and two are available as an elective rotation.
- July and December are typically dedicated to orientation, research and service components of the residency.
- During a chosen month from August – October, the first month of Acute Care Hematology/Oncology 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 January of the residency year.
- Electives are scheduled throughout the year based on availability of the rotation.

**Resident Assessment Plan and
Use of the Residency Program Design and Conduct (RPDC)**

- 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:**
 - **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**

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- **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

PGY2 Oncology Program Requirements for Successful Residency Completion

Attainment of Required/Elective 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 UofL Health 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)
 - 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

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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/ Policies and Procedures
 - 5 formal topic presentations to pharmacy staff (2 presentations using PowerPoint™, 1 presentation as active learning, and the other 2 are resident's choice) (i.e. 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
 - 1 New policy/procedure or 2 policy/procedures updates. This includes presentations at Oncology P&T Subcommittee and P&T Committee
- One quality improvement project
- One community service project- pick project before December
- 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.

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- 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 Drug Information Multimodality Palliative Care	Mika Kessans Knable, PharmD, BCOP
Bone Marrow Transplant Outpatient Clinic Longitudinal Research	Lindsay Figg, PharmD, BCOP
Infectious Diseases	Ashley Ross, PharmD, BCPS
Bone Marrow Transplant Inpatient Service	Timothy Baize, PharmD, BCOP
Clinical Infusion	Brette Conliffe, PharmD
Medical Oncology Inpatient	Lesley Hall Volz, PharmD, BCOP Ryan Bycroft, PharmD, BCOP Brette Conliffe, PharmD

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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	Lauren Robinson, PharmD, BCPS
Longitudinal Ambulatory Care Solid Tumor Outpatient Clinic Breast Lung Gastrointestinal	Lesley Hall Volz, PharmD, BCOP Jill Rhodes, 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.

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

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- Tour of the Pharmacy Department and campus
- Pharmacy payroll
- 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, Omnicell, 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 RPDC 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.
- 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

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- 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.

Paid time off (PTO), Holidays, Weekends

- **Sick/Flex Time:** Residents will accrue paid time off (PTO) at the normal hospital rate. Residents are permitted to take 10 days of PTO and the remainder will be paid out to the resident pending successful completion of the program. See PTO policy 712-1610.
- **Holidays:** Residents will work 1 major holiday group and 1 minor holiday per year. Major holiday groups include Group 1: Thanksgiving and Black Friday and Group 2: Christmas Eve and Christmas. Minor holidays include New Year's, Memorial Day, Fourth of July and Labor Day.
- **Weekends:** Residents will work every other weekend August thru November. December thru June residents will work one weekend every 3rd weekend.



DEPARTMENT OF PHARMACY SERVICES

**PGY-2 Critical Care Pharmacy Residency Manual
and Training Agreement Appendix
2020-2021**

PGY-2 CRITICAL CARE PHARMACY RESIDENCY PROGRAM

The PGY-2 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 Program Design & Conduct (RPDC) and is designed to be **flexible and individualized** to the resident's professional goals and interests.

PGY-2 CRITICAL CARE PURPOSE STATEMENT

PGY-2 Critical Care Pharmacy Residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY-2 Critical Care 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 PGY-2 Critical Care 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).

PGY-2 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.

PGY-2 CRITICAL CARE PROGRAM STRUCTURE

The PGY-2 program is a 12-month training program that begins around early July. 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 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 a national meeting and presenting the final project results at the regional residency conference.

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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.

PGY-2 CRITICAL CARE PROGRAM COMPLETION REQUIREMENTS

Residents, in order to obtain a certificate of PGY-2 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 objectives and achieved 90% ACH-R on required 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, 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.



DEPARTMENT OF PHARMACY SERVICES

**PGY-2 Ambulatory Care Pharmacy Residency
Manual and Training Agreement Appendix
2020-2021**

PGY-2 AMBULATORY CARE

PURPOSE AND MISSION STATEMENT

PGY-2 Program Purpose: PGY-2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY-2 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 PGY-2 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 mission of this residency program is 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 PGY-1 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 PGY-2 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.

PGY-2 AMBULATORY CARE PROGRAM DETAILS

The PGY-2 Ambulatory Care residency is a 12-month training program beginning in June/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.
- **Adult Internal Medicine Clinic:** Provision of pharmaceutical care for general medicine patients in an interdisciplinary primary care resident clinic.
- **Diabetes MTM Clinic:** Pharmacist-run clinic providing medication therapy management to employees of UofL Health who have diabetes.
- **Oncology Outpatient Clinic:** Provision of pharmaceutical care for general medicine patients in interdisciplinary oncology clinics.
- **Hepatitis Clinic:** Provision of pharmaceutical care for patients infected with hepatitis virus within an interprofessional specialty clinic.
- **HIV Clinic I:** 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.
- **Cardiology - Advanced Heart Failure Clinic I:** Opportunity to work with advanced heart failure patients in an interprofessional clinic at UofL Health - Jewish Hospital.
- **New Ambulatory Service:** The resident will participate in research, design, and implementation of a pharmacist-run ambulatory care service. This experience may be located within UofL Health with other opportunities for practice setting development as appropriate.
- **Flipped-Model Research Project:** This experience involves completion of an outcomes research project of interest to the resident and/or UofL Health. The required research project shall be directed toward useful outcomes towards improvement of patient care at UofL Health. 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

collection and analysis. Residents will then present a completed project at a regional, state, or national meeting as determined by the Residency Advisory Council (RAC), 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.

- **Specialty Pharmacy:** This experience will allow the resident to see the dispensing, patient counseling, and documentation functions of the specialty clinical pharmacist in a Specialty pharmacy.
- **Staffing:** This experience will include inventory control, patient consultation, prescription review processes, staff scheduling, third party prescription billing, external entity billing, and other related activities required to successfully staff as an outpatient center pharmacist.
- **Scholarship of Teaching and Learning*:** This is only a required experience if residents did not obtain STLC prior to PGY-2 residency. If residents did not receive a teaching and learning certificate during their PGY-1, they will complete one during PGY-2, 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

- **Academia:** Opportunity to expand upon teaching experiences within Sullivan University College of Pharmacy.
- **Administration:** Opportunity to work with pharmacy leadership team at UofL Health and learn important administrative duties as they relate to ambulatory care pharmacy and health-system pharmacy activities. This experience will provide the resident the tools, processes and techniques to manage an ambulatory care practice, hone practice management skills, refine an understanding of the distribution model and enhance understanding of pharmacoeconomics in the various practice settings.
- **Adult Cystic Fibrosis:** Opportunity to provide care to adult patients with cystic fibrosis within the University of Louisville Physicians Cystic Fibrosis Clinic.
- **Bone and Joint Infectious Disease Clinic:** Opportunity for the resident to train in an interprofessional outpatient infectious disease clinic while providing optimal antimicrobial pharmacotherapy and related patient education and transitions of care activities for patients receiving long term antimicrobials.
- **Cardiology - Advanced Heart Failure Clinic II:** 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.

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- **Endocrinology I or II:** Resident will provide care to endocrinology patients within an interprofessional fellow endocrinology clinic.
- **First Care/Emergency Medicine:** Provision of pharmaceutical care for patients presenting for urgent and emergent care at the hospital's emergency room.
- **Gastroenterology Clinic:** Resident will provide care to patients within an interprofessional fellow-run gastroenterology clinic.
- **Hepatitis II Clinic:** Expanding upon the skills gained in Hepatitis clinic, residents will care for patients infected with hepatitis virus at a higher level of autonomy and expectations for transitions of care during Hep Clinic II.
- **HIV Clinic II:** 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. *not available 2020-21
- **Internal Medicine Inpatient:** Opportunity to round with an academic internal medicine team and provide pharmaceutical care for the patients on the interdisciplinary team. The resident will be responsible for ensuring safe and effective medication use for all patients admitted to the internal medicine team, including inpatient care and transitions of care.
- **Medical Writing:** 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.
- **Multiple Sclerosis Clinic:** The resident will be responsible for overall medication therapy related care within the multiple sclerosis clinic. This includes collecting the medication history/reconciliation, reviewing previous disease modifying therapy (DMT), assessing appropriateness of patient's current DMT (administration schedule, adherence, side effects, co-payments / access to medication, safety labs), assessing supportive medications, providing medication education when initiating and changing DMT or as needed, answering drug information questions, completing clinical note documentation and specialty pharmacy documentation requirements.
- **Pediatric Cystic Fibrosis:** Opportunity to provide care to pediatric patients with cystic fibrosis within the University of Louisville Physicians Pediatric Cystic Fibrosis Clinic at the Novak Center for Children's Health.
- **Transplant Clinics (Renal, Hepatic, and Lung):** The resident will provide comprehensive medication therapy oversight and education of patients within an interprofessional clinic.

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Transplant clinics are located within UofL Health – Jewish Hospital, and focus may focus on hepatic, renal, or lung transplant.

PGY-2 Ambulatory Care Learning Experiences and Preceptor Staff

Orientation	Tina Claypool, PharmD, CDE
Adult Internal Medicine	Lourdes Cross, PharmD, BCACP, CDE Scott Hayes, PharmD, BCPS
Diabetes MTM	Tina Claypool, PharmD, CDE
Hepatitis	Chelsey McPheeters, PharmD, BCPS
Specialty Pharmacy	Chelsea Maier, PharmD
Cardiology	Chris Betz, PharmD, BCPS, FKSHF, FASHP
Staffing	Rika Schuchard, PharmD Kris Dotson, PharmD
Academia	Kim Elder, PharmD, BCPS Sarah Raake, PharmD, BCPS
Internal Medicine Inpatient	Vanessa VanArsdale, PharmD, BCPS Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS
HIV I and HIV II	Bailey Bolton, PharmD
Multiple Sclerosis	Emily O'Reilly, PharmD, BCACP
Oncology	Brette Conliffe, PharmD, BCOP
Adult and Pediatric Cystic Fibrosis	Sarah Foushee, PharmD, BSCP
New Ambulatory Service	Hope Maniyar, PharmD, MBA Chelsea Maier, PharmD
Research	Emily O'Reilly, PharmD, BCACP
Infectious Disease Bone and Joint	Julie Harting, PharmD, BCIDP
Solid Organ Transplant	Chris Barger, PharmD, BCPS
Gastroenterology (GI clinic)	Chelsey Maier, PharmD
Endocrinology I and II	Lourdes Cross, PharmD, BCACP, CDE
Amb Care Administration	Chelsea Maier, PharmD Hope Maniyar, PharmD, MHA
Medical Writing	Emily Frederick, PharmD, BCPS Emma Palmer, PharmD, BCPS, BCPP
First Care/Emergency Medicine	David Roy, PharmD, BCPS Joshua Senn, PharmD, BCPS

Resident Assessment Plan and Use of the Residency Program Design and Conduct (RPDC)

- 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.

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- 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:
 - 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:
 - 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**

The PGY-2 Ambulatory Care Resident will have clinical staffing responsibilities in order to develop and strengthen his/her professional practice skills. The resident is required to staff in the ambulatory care pharmacy a minimum of 8 hrs. per month. When feasible, resident will replace

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

1 half day clinic per month in Adult Internal Medicine and Diabetes longitudinal learning experiences with staffing in Ambulatory Care pharmacy coverage.

Meetings

Residents are required to attend the following meetings: bi-weekly ambulatory care 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 primary and secondary preceptor. Residents are encouraged to attend weekly pharmacy Journal Club, SUCOP lectures/CE events, weekly University of Kentucky grand rounds (via teleconference) and quarterly grand rounds at Sullivan College of Pharmacy. Residents may be excused from attending these meetings if approved by their Rotation Preceptor AND Program Director, or if on vacation or administrative leave.

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.

Resident Research

PGY-2 Ambulatory Care residents participate in Flipped Research Project and Manuscript. Incoming resident will complete research and write manuscript on previous year's resident's new service. Resident research and manuscript must follow a strict timeline, which contains key deadlines that must be met throughout the year. This timeline will be provided to the resident by the research preceptor. Deviations from the timeline must be approved by the research preceptor in advance.

PGY-2 AMBULATORY CARE PROGRAM REQUIREMENTS

To obtain a certificate of PGY-2 Ambulatory Care completion, residents must have successfully completed and provide documentation of the following:

1. The resident has successfully achieved $\geq 80\%$ ACH-R 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 ACH-R.
3. Research project completion
 - a. Poster presentation at a national meeting
 - b. Manuscript submitted for publication by first week of June.
4. Formal presentations
 - a. Five formal presentations (i.e., journal club, case presentation, topic update)
 - b. One continuing education program
 - c. One didactic lecture at SUCOP
 - d. At least two presentations must be to audiences other than pharmacists
5. The resident has successfully completed all required program core rotations, longitudinal rotations and elective rotations.
6. Successful completion of a quality improvement project.
7. The resident has completed all required evaluations for learning experience.
8. The resident has completed staffing/service commitment responsibilities.
9. The resident has attended and participated in staff meetings.
10. The resident has successfully completed Resident Job assignment.
11. The resident participates in volunteer work at least once per quarter during the residency year.
12. The resident maintains involvement in professional, local organizations.
13. 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.



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**PGY-2 Internal Medicine Pharmacy Residency
Manual and Training Agreement Appendix
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PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY PROGRAM

The PGY2 Internal Medicine Pharmacy Residency at UofL Health – UofL Hospital is an American Society of Health-System Pharmacists (ASHP) accredited experience offering both acute and ambulatory care setting opportunities.

The program is structured according to ASHP's Residency Program Design and Conduct (RPDC) 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.

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Pharmacists who successfully complete the UofL Health – UofL Hospital 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.

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- **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, Internal Medicine), Solid Organ Transplant (UofL Health – Jewish Hospital), Cardiovascular Intensive Care Unit (UofL Health – Jewish Hospital), Academia (Sullivan University College of Pharmacy), Neuro Intensive Care Unit, Toxicology

Longitudinal Rotations

- **Clinical Staffing:** Resident will learn to effectively care for patients as an integral, contributing member of the clinical pharmacy team providing weekend, peripheral 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

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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.
- **Ambulatory Care Clinic (6 months):** Resident will attend clinic for a half day (approximately 4 hours) one scheduled day per week (to be determined by availability of preceptor yearly) and actively participate in the management of ambulatory care patients in one of the University of Louisville clinics [i.e. Adult Internal Medicine (AIM) clinic, 550 HIV clinic]. The pharmacy resident is responsible for identifying and resolving medication therapy issues to ensure safe, effective and affordable medication use for patients seen in the clinic. The resident will appropriately document all recommendations and counseling in a de-identified google form. Other responsibilities during the rotation include but are not limited to the ability to collaborate with retail pharmacies and insurance companies to assure timely and cost-efficient medication availability, counsel patients and their family members, education providers, clinical staff and pharmacy trainees, and participate on organizational, pharmacy department, hospital and clinic medication policy and continuous quality improvement committees where applicable.
- **Medication Safety (6 months):** Medication Safety is a required, longitudinal learning experience. This rotation covers key aspects of medication safety including activities related to medication distribution, pharmacy informatics/automation, clinical systems development, regulatory standards, drug diversion, IV pump safety and medication event reporting. The rotation will allow the resident to interact with an inter-disciplinary team of nursing, physicians, senior management leaders, pharmacy management, quality/risk, supply chain, and pharmacy informatics. The resident will be involved with preparation and over-site of regulatory requirements as it pertains to perpetual readiness, participation in management meetings and decision making, review, follow up and education of medication safety events and process improvement efforts occurring throughout the 6-month period. The resident will be expected to complete and compile data for regulatory requirements throughout the experience, including classification, follow up and reporting of medication events to the

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

Medication Safety Subcommittee of the P&T Committee as well as the Quality Steering Committee.

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:

14. The resident has documented core, longitudinal, and elective goals.
15. The resident has successfully completed all required program core rotations, longitudinal rotations and elective rotations.
16. 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).
17. The resident has completed all self-evaluations for each monthly rotation, longitudinal rotation and quarterly evaluation.
18. The resident has completed all preceptor/experience evaluations for monthly and longitudinal rotations.
19. 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).
20. The resident has successfully completed BLS and ACLS certification.
21. The resident has completed staffing/service commitment responsibilities.
22. The resident has attended and participated in staff meetings.
23. The resident has successfully completed the required drug information question response for drug information/publication.
24. The resident has successfully participated in P&T. (presentation)

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25. The resident has successfully completed Resident Job assignment.
26. The resident has successfully completed writing or updating a department or medication policy and/or procedure.
27. The resident has successfully completed a performance/quality improvement project.
28. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, etc.).
29. The resident has participated in continuing education program (UofL Health – UofL Hospital Pharmacy CE, KSHP and/or Sullivan Grand Rounds) and completed a total of 3 formal presentations.
30. The resident has followed up on any identified areas of weakness.
31. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
32. The resident has served as a primary preceptor for an APPE student on an Internal Medicine rotation.
33. 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 Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS
Internal Medicine 2	Vanessa VanArsdale, PharmD, BCPS Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS
Medical Intensive Care	Rachel Williams, PharmD, BCPS, BCCCP
Infectious Diseases	Ashley Ross, PharmD, BCPS
Research Project	Vanessa VanArsdale, PharmD, BCPS
Drug Information/Administration	Meredith Niemann, PharmD, BCPS
Education/Academia	Regan Wade, PharmD, BCPS
Clinical Staffing	Vanessa VanArsdale, PharmD, BCPS
550 HIV Clinic	Bailey Bolten, PharmD
Emergency Medicine	David Roy, PharmD, BCPS Josh Senn, PharmD, BCPS
Medical Oncology	Mika Kessans Knable, PharmD, BCOP Ryan Bycroft, PharmD, BCOP Brette Conliffe, PharmD, BCOP
Nutrition	Marx Cox, PharmD, BSCP, BCCCP
Stroke Service	Rachel Louis, PharmD, BCPS
Ambulatory Care: Internal Medicine	Lourdes Cross, PharmD, BCPS Scott Hayes, PharmD, BCPS
Solid Organ Transplant	Chris Barger, PharmD, BCPS
Academia	Sarah Raake, PharmD, MEd, BCACP, LDE
Neuroscience Intensive Care Unit	Lindsey Urban, PharmD, BCPS, BCCCP

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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 UofL Health – UofL 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.

The orientation schedule for the incoming PGY2 Internal Medicine resident 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 (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, Simplifi, Baxa, PSN, myULH.com, 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

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- Orientation to RPDC, Pharmacademic™, residency binder/N drive documentation, evaluation process and timeline
- Mentoring program and professionalism standards

RESIDENT ASSESSMENT PLAN AND USE OF RESIDENCY PROGRAM DESIGN AND CONDUCT (RPDC)

- 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:
 - 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. As the year progresses and the resident has completed the required MICU experience, coverage will expand to intensive care units.

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.

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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.

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 UofL Health – UofL Hospital. 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 residency program director 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.

2020-2021 PGY1 PHARMACY RESIDENTS**RESEARCH PROJECT SCHEDULE**

DATE	TIME	ROOM	CONTACT	ACTIVITY
July RESEARCH MONTH			Research team	-Meet with research team to discuss methods and statistician (if needed) -Proposal due to team 7/10/20 -Feedback to resident 7/17/20 -Check in 7/24/20 with progress update -Final sign off/IRB submission (via iRIS website) by 7/31
By October 1			Research Preceptor	1 st QTR Summative Eval

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT


November			Research Preceptor	Determine plan for poster
December 3	12:00	Glass Room	Research team/preceptor group	Practice poster presentations @ JC – <i>bring color paper print outs</i> **If resident to present at ASHP midyear**
December 6-10, 2020		New Orleans, LA		ASHP Mid-Year Clinical Meeting
By Dec 31			Research Preceptor	2nd QTR Summative Eval
January 2021			Research team	Identify journal for publication
January 3	22:00		Research team	DUE: Completed GLPRC abstract draft to research team
January 8	15:00		Resident	Feedback due to resident for GLPRC abstract
January 17	22:00		Research team	DUE: Completed GLPRC abstract draft #2 to research team
January 22	15:00		Resident	Feedback due to resident for GLPRC abstract draft #2
January 27	15:00		Research team	DUE: FINAL abstract for GLPRC due to research team for sign off
February 1, 2021			GLPRC website	Submit GLPRC abstract online

Manuscript dates subject to change

February 19	15:00		Resident	Feedback due to resident for introduction & methods
March 1, 2021			GLPRC website	Registration deadline for GLPRC
March 7	22:00		Research team	DUE: GLPRC presentation draft to research team
March 12	15:00		Resident	Feedback due to resident for GLPRC presentation draft

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT


March 18	12:00		Research team/preceptor group	2 residents' practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
March 21	15:00		Research team	DUE: GLPRC presentation draft #2 to research team
March 25	12:00		Research team/preceptor group	2 residents' practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
March 26	15:00		Resident	Feedback due to resident for GLPRC presentation draft #2
By March 31			Research Preceptor	3 rd QTR Summative Eval
April 1	12:00		Research team/preceptor group	2 residents' practice GLPRC research presentation @ JC – <i>bring copies of slides</i>
April 4	22:00		Research team	DUE: FINAL GLPRC presentation to research team for sign off
April 10, 2021			GLPRC website	Deadline for submission of GLPRC slides

April 25 – 27 ACCP Spring Forum, St. Louis, MO

Abstract and poster deadlines to be finalized with resident

April 27 – April 30, 2021		Purdue		Great Lakes Pharmacy Residency Conference
April 30	15:00		Resident	Feedback due to resident for results and discussion section of manuscript
May 9	22:00		Research team	DUE: Complete written manuscript draft #1 *formatted per identified journal*
May 14	15:00		Resident	Feedback due to resident for manuscript draft
May 23	22:00		Research team	DUE: Complete written manuscript draft #2
May 28	15:00		Resident	Feedback due to resident for manuscript draft

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

June 2021			Research team	Begin publication process
June 6	22:00		Research team	DUE: Complete written manuscript draft #3
June 11	15:00		Resident	Feedback due to resident for manuscript draft
June 21			Research team	DUE: FINAL written manuscript draft for publication
June 23	15:00		Resident	Submit research to chosen journal
By June 30			Research Preceptor	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) and at least 1 will be a didactic lecture. 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 preceptor for the Education/Academia longitudinal experience will determine deadlines for these items.

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 
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.
- * Act as primary preceptor for an APPE student during Internal Medicine 2 rotation.

RESIDENT BINDER

The Resident's Binder serves as a record of all activities undertaken while a resident is at UofL Health – UofL Hospital. The binder should include:

- Table of contents and information required for each indicated section
- Overall resident goals
- Mentor and program director customization (initial, every quarter)

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.



DEPARTMENT OF PHARMACY SERVICES

**PGY-2 Emergency Medicine Pharmacy Residency
Manual and Training Agreement Appendix
2020-2021**

PGY-2 EMERGENCY MEDICINE (EM) PHARMACY RESIDENCY PROGRAM

The PGY-2 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 Program Design & Conduct and is designed to be **flexible and individualized** to the resident's professional goals and interests.

PGY-2 EM PURPOSE STATEMENT

The PGY-2 EM Pharmacy Residency programs build on Doctor of Pharmacy (PharmD) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY-2 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 PGY-2 pharmacy residency should possess competencies that qualify them for clinical pharmacists 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).

PGY-2 EM MISSION STATEMENTS

The fundamental goals 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 PGY-1 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 UofL Health – UofL Hospital PGY-2 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.

PGY-2 EM PROGRAM STRUCTURE

The PGY-2 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 PGY-1 residents. During these 2 months, resident will focus on trauma related topics and obtaining BLS/ACLS if not previously certified.
- **Emergency Medicine 2** (1 months): 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-Nights** (1 month): Continuation of Emergency Medicine 1 and 2 roles and responsibilities with a concentration on cardiology and toxicology in the emergency department. This rotation will take place during third shift hours.
- **Emergency Medicine 4** (2 months) Continuation of Emergency Medicine 1, 2, and 3 roles with a focus on special populations not discussed in previous rotations to include, but not be limited to pregnancy, pediatrics, geriatrics, etc. Residents will be expected to be practicing at a high level of independence as they incorporate knowledge, skills, and critical decision making cultivated throughout the year in preparation for post-residency clinical practice.

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- **Community Emergency Medicine 1** (1 month at either Jewish Hospital, Baptist East Louisville Hospital, or Clark Memorial Health): 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.
- **Critical Care** (2- 1 month blocks: Choice of Medical, Neurosurgical, and Surgical ICU): Participate in the interdisciplinary care of patients in the medical and surgical intensive care units while rounding with the MICU, Neurosurgery, 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 PGY-1 residents.
- **Toxicology** (1 month at Kentucky Poison Control Center): 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.
- **Elective Rotations** (2 - 1 month): Residents may choose from the following: Medical Intensive Care, Neurosurgical Intensive Care, Surgical Intensive Care, Neurology, Cardiac Intensive care (Jewish Hospital), Pediatric Emergency Department (Norton Children’s Hospital), Pediatric Intensive Care (Norton Children’s Hospital), Neonatal Intensive Care, Community Emergency Medicine 2 (Jewish Hospital), 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 either ASHP MCM or ACCP, presentation of final results at Great Lakes Pharmacy Residency Conference, and preparation of final manuscript suitable for publication.
- **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,

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

automation/robotics, clinical documentation, decentralized order entry to ensure safe and appropriate medication therapy for patients.

- **Teaching, Outreach and Practice Management:** In addition to pharmacy student and PGY-1 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. 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 representation of the pharmacy department. Additional activities include: 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 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

<p style="text-align: center;">PGY-2 EMERGENCY MEDICINE PROGRAM COMPLETION REQUIREMENTS</p>
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Residents, in order to obtain a certificate of PGY-2 Emergency Medicine 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 ACH-R >80% of required and elective ASHP goals/objectives with no active “Needs Improvement”.
4. The resident has completed all self-evaluations for each monthly rotation, and all quarterly longitudinal evaluations.
5. The resident has completed all preceptor and learning experience evaluations for monthly and longitudinal rotations.

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6. The resident has successfully completed residency research project. (data collection, abstract, presentation at approved professional conference, 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 completed all staffing commitment responsibilities.
9. The resident has attended and participated in a minimum of 8 staff meetings.
10. The resident has successfully completed Resident Job assignment
11. The resident has successfully completed writing or updating a department or medication policy and/or procedure.
12. The resident has successfully completed a performance/quality improvement project.
13. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, EMS, etc.).
14. 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)
15. The resident has followed up on any identified areas of weakness.
16. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
17. The resident has served as a primary preceptor for an APPE student on an Emergency Medicine rotation.
18. 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.

PGY-2 EMERGENCY MEDICINE PROGRAM PRECEPTORS

Orientation/Emergency Medicine 1 Emergency Medicine 2, 3, 4	Joshua Senn, PharmD, BCPS David Roy, PharmD, BCPS Hannah Adams, PharmD, BCCCP Jade Daugherty, PharmD
Community Emergency Medicine Jewish Hospital	Lindsay Wilson, PharmD, BCPS, BCCCP
Community Emergency Medicine Baptist East	Megan Webb, PharmD, BCPS
Community Emergency Medicine Clark Memorial Health	Lynn Lamkin, PharmD, BCPS
MICU	Rachel Williams, PharmD, BCPS, BCCCP
Trauma	Mark Cox, PharmD, BCPS, BCCCP Kristen Livers, PharmD, BCCCP
Neurology/Stroke	Rachel Louis, PharmD, BCPS
Neurosurgical ICU	Lindsay Urben, PharmD, BCPS, BCCCP
Internal Medicine	Vanessa VanArsdale PharmD, BCPS Regan Wade, PharmD, BCPS
Infectious Diseases	Ashley Ross Pharm.D., BCPS
Pediatric Critical Care	Cindy Zoeller, PharmD
Pediatric Emergency Medicine Norton Children’s Hospital	Tingting Lioa, PharmD
Cardiac Intensive Care	Jimmy Byrnes, PharmD, BCPS
Neonatal ICU	Shannon Businger, PharmD, BCPS
Staffing/Service	Christine Duff, PharmD, BCPS, BCCCP Joshua Senn, BCPS
Teaching, Outreach, & Practice Management	Melissa Robertson, PharmD, BCPS Joshua Senn, PharmD, BCPS
Outcomes Research	David Roy, PharmD, BCPS Joshua Senn, PharmD, BCPS
Toxicology	Ashley Webb, MSc, PharmD, DABAT

ORIENTATION

Incoming PGY-2 Emergency Medicine resident residents will spend approximately 4 weeks in an orientation period during July/August.

This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and UofL 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.

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:

- 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, 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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- Orientation to 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 PROGRAM DESIGN AND CONDUCT (RPDC)

- 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:

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

PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT 

- **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.