



DEPARTMENT OF PHARMACY SERVICES

**UofL Health
Pharmacy Residency Programs
(PGY1, PGY1 CB, PGY2)
Training Manual
2024-2025**

Melissa Robertson PharmD, BCPS
UofL Health Medication Safety Officer & Manager of
Pharmacy Residency Training
Director, PGY1 Pharmacy Residency Program

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**DEPARTMENT OF PHARMACY
MISSION AND VISION STATEMENT**

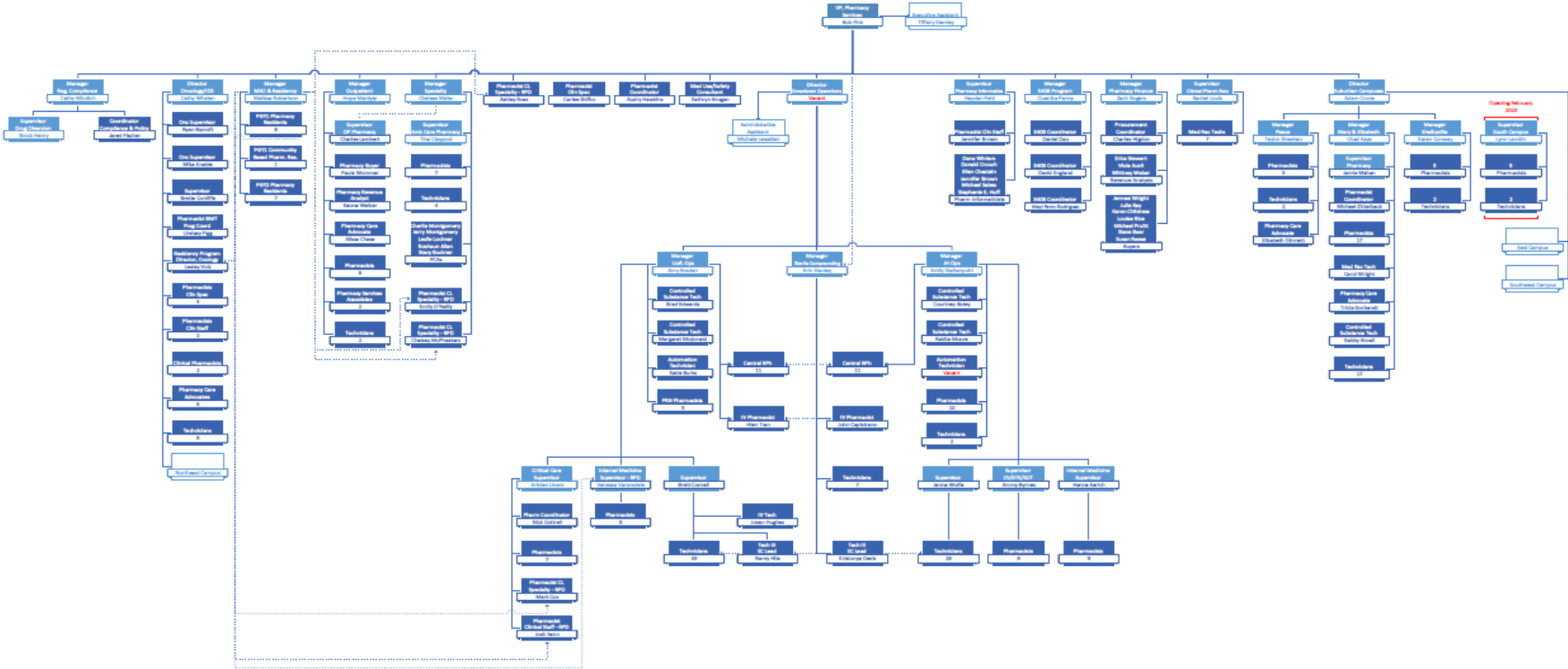
MISSION:

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

VISION:

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

UOFL HEALTH PHARMACY DEPARTMENTAL ORGANIZATION



FACILITATORS OF THE UOFL HEALTH PHARMACY RESIDENCY PROGRAMS

DIRECTOR OF PHARMACY – Vice President, 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. The Director works with the Manager of Pharmacy Residency Training to select individuals on staff to serve as Residency Program Directors (RPD) and preceptors for portions of the residency training based on their areas of responsibilities and practice.

MANAGER OF PHARMACY RESIDENCY TRAINING: Melissa Robertson, PharmD., BCPS

The Manager of Pharmacy Residency is responsible for the oversight and accreditation of all pharmacy residency programs for UofL Health. They are 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 Manager may delegate any of these responsibilities to the individual RPDs. The Manager works with the Director of Pharmacy to select individuals on staff to serve as RPDs and preceptors for portions of the residency training based on their areas of responsibilities and practice. The Manager works with individual program directors on a routine basis to ensure consistency within programs and maintenance of necessary accreditation paperwork and documentation.

PHARMACY RESIDENCY PROGRAM DIRECTORS:

PGY1 Program: Melissa Robertson, PharmD., BCPS

PGY1 Community-Based: Emily O'Reilly, PharmD., BCACP, CSP

PGY2 Oncology: Lesley Volz, PharmD., BCOP

PGY2 Critical Care: Mark Cox, PharmD., BCCCP

PGY2 Ambulatory Care: Chelsey McPheeters, PharmD., BCPS, BCACP

PGY2 Internal Medicine: Vanessa VanArsdale, PharmD., BCPS

PGY2 Emergency Medicine: Joshua Senn, Pharm.D, BCPS, BCEMP

PGY2 Infectious Diseases: Ashley Ross, Pharm.D, BCPS, BCIDP

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

- Maintains policies, procedures, and guidelines for residency training.
- Responsible for residency recruitment and marketing changes for program.
- Actively participates in the recruitment and interviewing of residency applicants.
- Maintain procedure for application review and interview process including having an objective scoring rubric for both residency candidate application review and residency interviews.

- Arrange for the incoming residents' orientation to the Department of Pharmacy Services and the residency program.
- Schedule the residents' learning experiences and share rotation calendars with residency preceptors and residents.
- Continually monitor each residency learning experience to ensure that the preceptors are maintaining a high level of education and training through review of learning experience descriptions, activities, and objectives being evaluated.
- Assist in the resolution of problems or difficulties which the resident encounters.
- Communicate with the Manager of Residency Training residency activities and progress through required quarterly meetings.
- Maintain an open line of communication between the residents and other members of the Department of Pharmacy Services.
- Confirm that all residency preceptors and residents complete and discuss all end of learning experience evaluations with appropriate qualitative criteria-based feedback within Pharmacademic™.
- Upload within Pharmacademic™ an initial resident development plan (within first 30 days of residency program) and then every 90 days. Development plans which must include resident self-assessment on previously identified opportunities for improvement related to competency areas, identification of new strengths and opportunities for improvement related to competency area, changes in practice interest, changes in career goals immediately post residency, and current assessment of resident well-being and resilience. Additionally, all development plans must be reviewed by RPD and must include documentation of the assessment of progress on previously identified opportunities for improvement related to competency areas, identification of new strengths and opportunities for improvement related to competency areas, objectives achieved for residency (ACH-R) since last plan update, progress towards meeting all program completion requirements, and any adjustments to the program for the residency for the upcoming quarter (or 90 days).
- Coordinates all required documentation of residency activities/structure to maintain compliance with accreditation standards of the PGY1 or PGY2 residency program.
- For continuous program improvement, organizes and leads an annual residency program retreat for all residency preceptors to review past resident and preceptor feedback, program structure, recruitment, and requirements.

RESIDENCY SITE COORDINATOR (Multi-site Programs ONLY):

Emily Steltenpohl (PGY1 Program, Jewish Hospital)

Audry Hawkins (PGY2 ID Program, Jewish Hospital)

The site coordinator is responsible for helping optimize and maintain the goals, objectives, and standards of the PGY1 and/or PGY2 program at Jewish Hospital. He/she will be responsible for attending the Residency Advisory Committee (RAC), staying up to date with residency changes, and act as a liaison between the residency program director (RPD)

and the additional site (Jewish Hospital) to help ensure the success of the PGY1/PGY2 resident and program. Tasks may include, but are not limited to, policy and procedure updates, regular communication between the RPD and the additional site to help coordinate conduct and assess terms/responsibilities are met, help to ensure that all ASHP Standards are maintained at the additional site, and help coordinate PGY1/PGY2 resident and program needs (i.e., orientation calendar, scheduling, staffing shifts, parking, clinical topics, etc.).

RESIDENCY MENTORS:

Mentor responsibilities are as follows:

- To provide general guidance and support to the residents.
- To assist the resident in developing his/her career goals and objectives.
- To be involved in discussion of elective rotation options 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 RPD documentation within the quarterly resident development plan including discussion of resident self-assessment resident self-assessment on previously identified opportunities for improvement related to competency areas, identification of new strengths and opportunities for improvement related to competency area, changes in practice interest, changes in career goals immediately post residency, and current assessment of resident well-being and resilience.
- To assist the resident in selection of a research project.
- To serve as a sounding board for problems and frustrations with the program.
- To help ensure timely completion of assigned projects (i.e., research, MUE, CE, etc.).
- To provide guidance in preparing for ASHP Midyear or other national meetings targeted on post-graduation job search opportunities (CV preparation, career objectives, interviewing, etc.).

ROTATION PRECEPTORS - Multiple

Preceptor responsibilities are as follows:

- Develop goals and objectives for the learning experience in conjunction with the RPD.
- At the beginning of each scheduled rotation, develop a resident calendar and meet with the resident to discuss plan for the learning experience including description of current pharmacist role, expectations of resident progress, and activities that will help resident achieve the objectives assigned for evaluation.
- 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 provide formative, criteria-

based feedback (i.e., Start, Stop, Continue) and determine progress. An informal midpoint meeting should occur to provide residents with an opportunity to discuss current progress and areas requiring further development for objective achievement.

- Each preceptor will develop and maintain an appropriate resource of reference primary literature or guidelines, which will aid in the attainment of the competencies for the rotation. Additionally, preceptors may guide residents to further explore additional evidence-based recommendations to maintain self-directed learning and skill development in drug information skills.
- Keep the RPD and the resident's mentor apprised of any difficulties that a resident may be having in a rotation, or in the overall residency. If a resident is having performance related issues while on a LE, formative feedback must be documented by the preceptor within Pharmacademic™.
- Provide the resident with continuous verbal or written 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 verbally 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. If a resident is having performance related issues while working on a project, formative feedback must be documented by the project preceptor within Pharmacademic™.
- 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 RPD, that the project has been completed, and the resident has fulfilled the project obligation of the program.

UOFL HEALTH PHARMACY RESIDENCY PROGRAM PURPOSE STATEMENTS

<p>PGY1 Programs</p> <p>PGY1</p> <p>PGY1 Community-Based</p>	<p>PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives.</p> <p>Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.</p>
<p>PGY2 Programs</p> <p>PGY2 Oncology</p> <p>PGY2 Critical Care</p> <p>PGY2 Ambulatory Care</p> <p>PGY2 Internal Medicine</p> <p>PGY2 Emergency Medicine</p> <p>PGY2 Infectious Diseases</p>	<p>PGY2 Pharmacy Residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in that practice area (when board certification for the practice area exists).</p>

UOFL HEALTH RESIDENCY PROGRAMS EVALUATION STRATEGY

- Residents will discuss an overview of the Residency Program Design and Conduct (RPDC) and use of Pharmacademic™ with the Residency Program Director (RPD) and/or designee during orientation, within the first 2 weeks of starting the program.
- At the end of the orientation period, the RPD 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 in regard to providing feedback.
- The RPD and/or designee will conduct an in-depth discussion session with each resident during orientation in which all questions about the evaluation process and Pharmacademic™ are answered and all misunderstandings are rectified.
 - If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the evaluation process and/or Pharmacademic™.
 - The RPD 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.
- All resident evaluations (preceptor, resident, RPD) and end of rotation meetings must be completed within 7 days 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.

Resident Evaluation Schedule

Orientation or Orientation/Project (PGY2 when applicable)	<ul style="list-style-type: none"> • Verbal/formative feedback daily from preceptors • Midpoint: Midpoint (~50% through rotation): Preceptor <u>verbal</u> evaluation <ul style="list-style-type: none"> ○ Meeting to discuss progress, strategies for improvement, commentary on resident strengths ○ PGY1 ONLY: Resident self-evaluation (R3.2.1) <ul style="list-style-type: none"> ▪ Preceptor will focus on discussion of building solid self-evaluation and improvement skills by providing discussion of self-evaluation vs. preceptor feedback from orientation • Final (End of rotation): Preceptor summative evaluation <ul style="list-style-type: none"> ○ Meeting to discuss resident objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation • Preceptor & Learning Experience: Resident at the end of learning experience
Required/Elective Learning Experiences (≤ 12 weeks)	<ul style="list-style-type: none"> • Verbal/formative feedback daily from preceptors • Midpoint (~50% through rotation): Preceptor <u>verbal</u> evaluation <ul style="list-style-type: none"> ○ Meeting to discuss progress, strategies for improvement, commentary on

	<p>resident strengths</p> <ul style="list-style-type: none"> • Final (End of learning experience): Preceptor summative evaluation <ul style="list-style-type: none"> ○ Meeting to discuss resident objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation • Preceptor & Learning Experience: Resident at the end of learning experience
<p>Longitudinal Learning Experiences (>12 weeks)</p>	<ul style="list-style-type: none"> • Verbal and/or written feedback from preceptors, ongoing <ul style="list-style-type: none"> ○ Projects, drafts, presentation evals, any documented feedback serve as specific documentation of the evaluated objective; These are saved on the shared N drive and uploaded into Pharmacademic™ as feedback • Midpoint (~50% through learning experience): <ul style="list-style-type: none"> ○ PGY2 Oncology: Longitudinal ambulatory clinics • Preceptor Summative Evaluation: <ul style="list-style-type: none"> ○ Summative preceptor evaluations are completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations ○ Meeting to discuss resident objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor evaluation • Resident Self-Evaluation: <ul style="list-style-type: none"> ○ PGY1 ONLY: Teaching, Staffing, Research: Quarters 1-3 (R3.2.1) ○ PGY2 ID: Longitudinal Amb Care Clinic: 50% through learning experience; Longitudinal Clinical Staffing: Quarters 1 & 2 • Learning Experience Evaluation: Resident at midpoint (~50%) and at the end of the learning experience • Preceptor Evaluation: Resident at the end of the learning experience
<p>Duty Hour Attestation and Wellness Assessment</p>	<ul style="list-style-type: none"> • Residents complete monthly to attest to duty hour compliance with UofL Health Duty Hour policy (including reference to <i>ASHP Duty Hour Requirements for Pharmacy Residencies</i>), submit monthly hours, and complete monthly resident wellness assessment.
<p>Resident Self-Reflection and Self-Evaluation</p>	<ul style="list-style-type: none"> • Residents complete an initial resident self-evaluation based on incoming strengths, areas of opportunity, practice interests, and career goals. Additionally, residents self-assess their current strengths/areas of opportunity against the program required competency areas • Residents additionally complete the same self-evaluation and assessment every 90 days from the start of the residency program including:

	<ul style="list-style-type: none"> ○ Assessment of progress on previously identified opportunities for improvement related to competency areas ○ New strengths and opportunities related to competency areas ○ Changes in practice interest and/or career goals post residency ○ Current assessment of resident well-being and resilience
Resident Development Plans	<ul style="list-style-type: none"> ● The RPD and/or designee develops, discusses, and documents an initial resident development plan within the first 30 days of the start of the program <ul style="list-style-type: none"> ○ This includes results of resident initial self-evaluation and self-assessment as well as RPD and/or designee assessment of resident's skills and knowledge in relation to program required competency areas that were recognized during initial 30 days ○ Will include any initial program adjustments ● The RPD and/or designee reviews resident self-evaluation/assessment and documents, discusses an additional resident development plan every 90 days from the start of the program including: <ul style="list-style-type: none"> ○ Assessment of progress on previously identified opportunities for improvement related to competency areas ○ New strengths and opportunities related to competency areas ○ Objectives achieved for residency (ACH-R) since last development plan ○ Adjustments to the resident plan for upcoming 90 days ○ Progress towards meeting all of requirements for program completion
Preceptor Hours (PGY1/PGY1 CB ONLY)	<ul style="list-style-type: none"> ● Learning Experiences (≤ 12 weeks): Preceptor completes at the end of the learning experience ● Learning Experiences (> 12 weeks): Preceptor completes at the end of each quarter ● Mentor: Preceptor completes at the end of each quarter

RESIDENCY EVALUATION DEFINITIONS: NI, SP, ACH, ACH-R

Rating	Definition
Needs Improvement (NI)	<p>Performance of activities is below expected for a [<i>insert resident type</i>] in the learning experience. Resident does not complete activities independently and requires significant assistance and/or prompting by the preceptor.</p> <p>Examples include:</p> <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 <p><i>*If preceptor assigns NI, commentary must provide clear communication on what needs to be improved and suggestions using criteria-based feedback (i.e., Start, Stop, Continue) that will help with future performance improvement.</i></p>
Satisfactory Progress (SP)	<p>Performance of activities is at the expected level for a [<i>insert resident type</i>] in the learning experience. Resident completes most activities with an appropriate level of independence and preceptor oversight consistent with their level of training. Some additional skill development or demonstration is required to achieve the objective.</p> <p>Examples include:</p> <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 <p><i>*If preceptor assigns SP, commentary must provide criteria-based feedback (i.e., Start, Stop, Continue) on how to improve performance to fully achieve the objective.</i></p>
Achieved (ACH)*	<p>Performance of activities is at or above the expected level for a [<i>insert resident type</i>] in the learning experience. Resident completes all activities with an appropriate level of independence and minimal preceptor oversight consistent with their level of training.</p> <p>Examples include:</p> <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) **	<p>Performance of activities at or above the expected level for a [<i>insert resident type</i>]. Resident has shown competence in the objective that meets the level needed for</p>
	<p>additional post graduate training and/or entry into practice.</p>

Examples include:

- **PGY1, PGY2 Emergency Medicine, PGY2 Critical Care, PGY2 Infectious Diseases:**
 - Performance of activities at or above the expected level demonstrated by earning ACH on 2 monthly or once within the duration of a longitudinal learning experience (>12 weeks)
 - Deemed by preceptor evaluation and UofL Residency Advisory Committee (RAC) or program specific RAC decision
- **PGY1 CB:**
 - For patient care objectives within R1.1, R1.2, R1.3: resident earns ACH within 2 separate learning experiences, regardless of duration
 - For patient care objectives within R1.4 and non-patient care objectives within R2/R3/R4: residents earn ACH within 2 learning experiences ≤ 12 weeks or earn ACH within 1 learning experience > 12 weeks
- **PGY2 Ambulatory Care:**
 - Performance of activities at or above the expected level demonstrated by earning ACH 2 separate learning experiences < 6 months duration and/or once within a > 6-month longitudinal learning experience
- **PGY2 Oncology/PGY2 Internal Medicine:**
 - Performance of activities at or above the expected level demonstrated by earning ACH on 1 monthly and/or within a longitudinal learning experience (>12 weeks)
 - Deemed by preceptor evaluation and UofL Residency Advisory Committee (RAC) or program specific RAC decision

***RPD is only person able to assign ACH-R; resident objective progress presented and discussed at RAC monthly starting in September and on all quarterly development plans.*

**UOFL HEALTH PHARMACY RESIDENCY PROGRAM
COMPETENCY BASED OBJECTIVE ACHIEVEMENT
REQUIREMENTS**

<p>PGY1</p> <p>PGY1 Community Based</p> <p>PGY2 Ambulatory Care</p> <p>PGY2 Infectious Diseases</p> <p>PGY2 Emergency Medicine</p> <p>PGY2 Internal Medicine</p> <p>PGY2 Critical Care</p>	<ul style="list-style-type: none"> • $\geq 80\%$ Achieved for Residency (ACH-R) of Required Program Objectives for successful completion of program • No active Needs Improvement (NI) as of the end of June for successful completion of program
<p>PGY2 Oncology</p>	<ul style="list-style-type: none"> • $\geq 80\%$ Achieved for Residency (ACH-R) of Required Program Objectives for successful completion of program as well as $\geq 80\%$ ACH-R of Objectives within Competency Area R1 • No active Needs Improvement (NI) as of the end of June for successful completion of program

UOFL HEALTH PHARMACY RESIDENCY SALARY & BENEFITS

- **Residency Salary:** Pharmacy residents receive a bi-weekly paycheck from UofL Health.
 - **PGY1/PGY1 CB:** \$56,160
 - **PGY2:** \$57,200
- **Benefits:** Pharmacy residents receive UofL Health employee benefits including medical, dental, vision, 401(k) retirement, flexible spending account, and life insurance.
- **Term:** Minimum term of resident appointment is 52 weeks. Residents total leave or time away from residency training (including PTO, personal leave, sick leave, bereavement, jury duty, etc.) cannot exceed 37 days without approval and required extension of the program. Residents must complete 45 of 52 weeks of pharmacy residency training. If approved, training may be extended to make up any absences exceeding 37 days and extension is equal to the content and time missed (*Pharmacy Residency Programs: Extended Leave, 5100-1670*)
 - **Scheduled Paid Time Off (PTO):** All PGY1 and PGY2 residents are allowed to take 12 scheduled PTO days during the residency year. (*Pharmacy Residency Programs: Paid Time Off & Personal Leave, 5100-1610*)
 - **Sick Paid Time Off:** PGY1 and PGY2 resident leave that is due to illness or injury is allowed and will be monitored per the 6800-0006 UofL Health Attendance and Tardiness policy. This time counts as time away from residency training, using paid time off bank and can result in an extension of training or withdrawal from the program if aforementioned absence limits are exceeded (see above).
 - **Holidays:** Residents additionally receive all holidays as days off of rotation that are not assigned as part of residency program staffing/office day requirements. In the event the official holiday falls on a weekend, additional time off of rotation (i.e., observed holiday before/after weekend holiday) must be tracked as part of resident scheduled PTO. Residents working in outpatient areas or clinics that are closed for observed holidays are allowed to utilize office days (if RPD approved), in lieu of scheduled PTO.
 - PGY1, PGY2 Internal Medicine, PGY2 Emergency Medicine, PGY2 Critical, PGY2 Oncology, PGY2 Infectious Diseases: Residents receive 4 holidays off and are required to work 2 holidays based on inpatient pharmacy department staffing needs. Following worked holidays, residents will be allowed to use accrued holiday hours to take an additional day off in lieu of worked holiday. This time will be tracked as time away from residency training.
 - PGY1 CB/PGY2 Ambulatory Care: Residents receive 6 official holidays (see above in the event holiday falls on weekend).



- **Professional Leave:** Residents are supported to attend professional meetings based on program specific requirements some of which include ASHP-MCM, Great Lakes Pharmacy Residency Conference, HOPA, ACCP, SCCM, etc. Additionally, programs may require PGY1/PGY2 residents (see program specific requirements) to submit abstract for presentation (platform, pearl, poster, etc.) at a state organized meeting (KSHP, KPhA, KHA, etc.).
- **Licensure/Interview Leave:** Personal days may be granted for licensure and interview leave based on RPD approval. (*Pharmacy Residency Programs: Paid Time Off & Personal Leave, 5100-1610*). This time is tracked as time away from residency training and is monitored to ensure aforementioned absence limits are not exceeded.
- **Professional Stipend:** Pharmacy residents receive professional stipends to support travel and registration for professional meetings, professional dues/certifications, national match/interviews, etc. (*Pharmacy Residency Programs: Education Days/Travel, 5100-1660*)
 - **2024-2025: PGY1 & PGY1 Community Based:** \$2250
 - **2024-2025: PGY2:** \$2500
- **Office/Laptop:** Pharmacy residents are provided a laptop and an area to work, that is safe and conducive to concentrating without constant interruptions.
- **Office Days:** see program specific details.
- **Parking:** Pharmacy residents are provided with parking at UofL Health designated employee lots and/or garages.

RESIDENT PROFESSIONAL EXPECTATIONS

- A. **Attendance:** Residents are expected to attend all staffing and scheduled learning experience days as designated in calendar and scheduling software. In the event of illness or emergency the below process should be followed by all PGY1 and PGY2 residents.
- Process for communicating absenteeism or tardy (illness, family emergency, leaving early, doctor's appt., coming in late, holiday change, weekend trade, etc.)
 - Phone or text immediate supervisor (or preceptor)
 - Phone or text RPD
 - Phone or text any preceptor who is overseeing a project, presentation, meeting that will be missed or delayed
 - Ensure email communication has been sent regarding absenteeism to RPD, Administrative Assistant and Manager of Pharmacy Residency Training for payroll
- B. **Paid Time Off Process:** (*Pharmacy Residency Programs: Paid Time Off & Personal Leave, 5100-1610*)
- Obtain approval for scheduled PTO/personal leave from RPD and current preceptor.
 - Any request for three days or longer in duration must be approved by the RPD.
 - Send email communication for all scheduled PTO/personal leave to RPD, Administrative Assistant, and Manager of Pharmacy Residency Training for scheduling and payroll purposes.
 - **PGY1, PGY2 Critical Care, PGY2 Internal Medicine, PGY2 Emergency Medicine, PGY2 Infectious Diseases ONLY:** If PTO is being requested for additional departmental recognized holidays (NYE, Xmas Eve, Black Friday, Oaks Day) approval must be obtained from RPD, Inpatient Manager, and Manager of Pharmacy Residency Training or approved office day from RPD.
 - **PGY1 CB/PGY2 Ambulatory Care ONLY:** Residents must have RPD approved office day or approved PTO, if not scheduled to staff.
- C. **Bereavement:** (*UofL Health policy 6800-0007, Bereavement Time Off with Pay*)
- Immediately notify RPD of the need for bereavement time off
 - Provide documentation upon the request of RPD or human resources
 - This time is tracked as time away from residency training and is monitored to ensure aforementioned absence limits are not exceeded. Send email communication for all PTO days to RPD, Administrative Assistant and Manager of Pharmacy Residency Training for scheduling and payroll purposes

- “Immediate Family”: Employees are eligible to receive bereavement time off with pay in the amount of three days per occurrence
- “Other Family”: Employees are eligible to receive bereavement time off with pay in the amount of one day per occurrence

D. Extended Leave: (*Pharmacy Residency Programs: Extended Leave, 5100-1670*)

- In the event that a resident needs an extended leave from the program due to excessive time away from residency training, illness or other extenuating circumstances, resident will notify RPD and Manager of Pharmacy Residency Training immediately.
 - RPD and Residency Executive Committee (REC) will determine current resident progress in the program to determine the impact of the absence on meeting required competencies.
 - If it is deemed that the resident will not complete requirements for residency by June 30th, then decision will be made on extension of program completion beyond the June 30th deadline. Each extension request is reviewed on a case-by-case basis by the REC.
 - Extensions may not exceed more than 2 total with a maximum combined of 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.

E. Professional Meeting Attendance:

- ASHP Midyear Clinical Meeting (MCM): required for PGY1/PGY1 CB, see PGY2 program requirements.
 - Residents presenting posters will provide a practice session to pharmacy preceptors prior to Vizient and/or ASHP MCM.
 - Residents will have responsibilities at ASHP MCM including, but not limited to, recruiting future residency candidates, poster presentation, required attendance at dinners/receptions, attendance at minimum number of educational events, and interviewing candidates if needed through PPS.
 - Residents will be required to submit individual ASHP MCM schedule and continuing education summary as directed by pharmacy leadership.
- Great Lakes Regional Pharmacy Residency Conference: This conference, representing the Great Lakes Region of the United States, is held annually in April, in Lafayette, IN. All PGY1/PGY1 CB residents (and some PGY2—see program details) are expected to attend and make a formal research 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.
- Residents will be required to submit individual Great Lakes CE schedule and continuing education summary as directed by pharmacy leadership
- KSHP/KPhA/KHA: Some residents may attend and submit professional abstract for presentations to promote state professional involvement and represent UofL Health pharmacy department. All residents are encouraged to attend if possible. RPD and Manager of Residency Training approval required.
 - Presentations may include platform, clinical/residency pearl, and/or poster.
- Specialty Conferences for PGY2 residents (i.e., SCCM, HOPA, ID Week, etc.): refer to PGY2 program details

F. **Expense Reimbursement Process:** Pharmacy residents receive professional stipend to support travel and registration for professional meetings, professional dues/certifications, national match, interviews, etc.

- Within 30 days of expense, residents will submit within Concur™ all itemized receipts (meals, hotels, registration fees, professional dues, etc.)
 - Alcohol or gift items are NOT items that can be reimbursed
- Resident stipend is for individual resident use only.

G. **Resident Jobs:** There are multiple resident jobs that must be filled each year (See Resident Job Descriptions on the shared N-drive folder for specifics).

- PGY2 Jobs:
 - Chief Resident
 - Community Service Chair
 - Bugs N Drugs Newsletter Coordinator
 - CE Coordinator
 - Professional Development Series Coordinator
 - Student Orientation Coordinators (2)
- PGY1 Jobs:
 - Journal Club/Student Case Conference Coordinator
 - (2) ID Dashboard Coordinators
 - (2) Resident Recruitment Chairs
 - Social Chair

- Social Media Coordinator
- Marketing Coordinator

H. **Residency Electronic Portfolio & Pharmacademic™ Resident Files:** The Resident's electronic portfolio serves as a record of documentation for evidence of resident completion of ASHP competency based objective requirements and program completion requirements while at UofL Health.

Electronic portfolio (N-drive folder):

- Individual Resident Folder Components
 - Required/Elective LE Folders
 - Goals
 - Calendar
 - All projects, topic discussions, presentations, etc.
 - Longitudinal Folders (see program specifics)
 - Goals
 - Drafts/final projects
 - Save all required components for each learning experience
 - Development Plan
 - Initial and every 90-day development plans
 - Objective ACH-R progress
 - Completion requirement tracking
 - Appendix tracking (if applicable)
 - Personal
 - Scanned/signed offer letter
 - Certificate upon completion
 - Overall residency goals
 - Licensure
 - Certifications (ACLS, BLS)
 - CV
 - Photos
 - Early Commit documents
 - Clifton Strengths Finder Results
 - Program completion requirement checklist
 - Exit Survey
 - RAC Reports
 - Progress reports prior to monthly RAC meeting

Pharmacademic™ Resident File Requirements:

- BLS/ACLS or any additional required certification
- Signed offer letter (following initial NMS notification)
- Residency Training Manual & Policy signed acknowledgement (prior to starting residency)
- All major required completion documents/projects must be saved as completed

- i.e., required JC/in-services, MUE, QI, Monograph, Vizient and/or ASHP MCM Poster, Great Lakes presentation, Manuscript, etc.
- **Please make sure named appropriately for easy reference by surveyors**
 - i.e., MUE – Name of Topic, Date
 - i.e., JC 1 – Title
 - i.e., Vizient and/or ASHP MCM Poster – Title
 - i.e., QI Project - Title
- Close Out Documentation
 - Upload of signed certificate
 - Program completion requirement checklist
 - Appendix Completion (If applicable)
- **Residency Rotations (Learning Experiences):** During their 12-month (52-week) appointment, PGY1 & PGY2 pharmacy residents will gain experience in hospital operational pharmacy, retail/specialty operational pharmacy, and/or clinical pharmacy practice primarily through organized rotations within the various areas of the Department of Pharmacy.
 - The objective-based 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 LE, the resident will interact closely with the preceptor and is responsible for keeping him/her updated on all rotation-related activities and projects. Likewise, the rotation preceptor is expected to work closely with the resident to provide instruction and to assist him/her in accomplishing the goals of the rotation. During activities, such as rounding, communicating with physicians and nurses, and patient presentations, the resident will be supervised by a knowledgeable preceptor capable of guiding the resident efforts.
- **ASHP/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).
- **Personal Contact Information:** Each resident is responsible for maintaining a local address and telephone number on file with the RPD and pharmacy department.
- **Written Work:** Throughout the pharmacy residency experience, there are many opportunities to share written work and formal presentations. Preparation of drug monographs, medication use evaluations, didactic topic discussions, journal club presentations, case conferences, lectures, in-services, research manuscripts and continuing education all may require collection and synthesis of the thoughts, ideas, and

findings of others. The skill sets of condensation of an array of works, independent scrutiny and creative thought are at the core of this residency program, and as such the act of plagiarism defies the very purpose of the residency experience. The resident is expected to act with academic integrity in the preparation and delivery of content at all levels, regardless of formality of setting or audience, and to give proper citation and credit to sources.

- Plagiarism is defined by UofL Health Residency Programs as “representing the words or ideas of someone else as one’s own in any academic exercise”. The spectrum of the definition of plagiarism is vast, and includes, at one extreme – knowingly stealing written words from another to pass off as your own, and at another extreme an unintentional error in citation. For this reason, it is imperative to be familiar with the following examples of plagiarism:
 - Use of slides, handouts, or lecture material from course work, preceptors, or other/former residents without written permission and attribution.
 - Direct (or nearly direct) copying of sentences, phrases, or paragraphs without quotations or indentations to emphasize that the wording is from a different author. Direct lifting of text should be avoided unless it is absolutely necessary to convey a precise message. Citations do not absolve ‘text lifting’ or extensive paraphrasing from plagiarism. Any passage taken word-for-word from a primary source must appear in quotations.
 - Using graphs, facts, data, figures, tables, or charts without attributing the source.
 - Referencing a secondary source without crediting the primary literature (ex: referencing a review article instead of the original trial being discussed).
 - Failing to add citation/references to attribute ideas or works of others. The need for accurate attribution is not limited to published trials, but also includes books, websites, blogs, podcasts, interviews, email correspondence, or other forms of multimedia.
 - Employing or allowing someone else to write text or develop the content for you. This practice is also known as ghost-writing.
- Submitted drafts may be subject to evaluation for plagiarism. Because plagiarism can be both accidental and deliberate, consequences of plagiarism may vary. See policy *5100-1620 Corrective Action Dismissal of Pharmacy Residents* for details of disciplinary action.

UOFL HEALTH PHARMACY RESIDENT PERSONAL RESPONSIBILITIES

- To develop a personal program of learning to foster continued professional growth with guidance from the professional staff.
- To participate in supervised patient care commensurate with my scope of training and licensure.
- 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.
- To always adhere to the highest standards of integrity, professionalism, and ethical conduct for the profession.
- 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.
- 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. For new hire pharmacy residents, a 30-day, 60-day and 90-day evaluation will be completed and sent to Manager of Pharmacy Residency Training to be uploaded within HR system. This process will not be duplicated for residents who early commit to PGY2 programs. This evaluation will be completed by the RPD with input from the preceptors that have been involved in the training of the resident to date.
- 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 during the time that the resident is on-site and pursuing pharmacist licensure. The resident is subject to termination and release from the PGY1/PGY2 pharmacy residency program for failure to obtain Kentucky licensure by September 1st, or by Residency Executive Committee (REC) approval of extension of October 1st. Until licensure is obtained, the resident will be practice as an intern under the direct supervision of a licensed pharmacist. If resident fails to become licensed by October 1st, then the resident will be dismissed from the training program. Residents must complete 8 months (2/3 of program, ~34 weeks) of their residency training experience as a licensed pharmacist.
- To comply with hospital and department policies as outlined during orientation.
- Gainful employment (“moonlighting”) outside the facility or scope of the residency program is prohibited during the PGY1 training year. This applies to additional work at the residency site or off-campus sites. PGY2 residents who are determined to be working outside the scope of the residency



program must maintain and document compliance as outlined in policy, *Pharmacy Residency Programs: Duty Hour Requirements (5100-1605)*.

- The residency 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.

UOFL HEALTH HR REQUIREMENTS

- Apply for position on-line with job ID/requisition number supplied by Residency Program Director (RPD)
- Sign/date formal offer letter (including acknowledgement of residency manual, residency policies, and completion requirements) and return to RPD by date outlined
- 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
- Graduate from an ACPE accredited degree program or have Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP
- Obtain Kentucky pharmacist licensure by September 1st (or October 1st with Residency Executive Committee approval). If start before licensure, required to have Kentucky pharmacy intern license per KYBOP.
- BLS
- ACLS provided upon hire if not already certified
- Day 1 HR Orientation Topics: UofL Health Mission, Vision, Values, UofL Health- Organizational Structure, HR Site Teams at UofL Health, Infection Prevention Patient Experience, Compliance Risk, Audit Services (HIPAA, Fraud, Waste, Abuse, EMTALA), Facility Safety Codes, Emergency Preparedness & Security Contacts, Language Services at UofL Health, Workers Compensation & Employee Health , UofL Health Policies & Standards of Conduct (dress code, attendance, harassment, bullying), Payroll, Time, Attendance, Employee Benefits at UofL Health



APPENDIX A



DEPARTMENT OF PHARMACY SERVICES

**PGY1 Pharmacy Residency Manual and Training Appendix
2024-2025**

UOFL HEALTH PGY1 PHARMACY RESIDENCY PROGRAM

The PGY1 pharmacy residency at UofL Health 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.

UOFL HEALTH PGY1 MISSION STATEMENT

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.

UOFL HEALTH PGY1 PROGRAM STRUCTURE

The UofL Health PGY1 program is a 12-month (52-week) 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 UofL Health's disciplinary policy.

Core Rotations:

- **Orientation** (5-6 weeks): Orientation to both UofL Hospital and Jewish Hospital, inpatient pharmacy, drug distribution systems/workflow, computer systems, unit dose and IV admixture programs. Residents will also be oriented to UofL Hospital clinical services, UofL Health policies/procedures, pharmacy residency program (i.e., structure, residency manual, policies, completion requirements, etc.), and the drug information/research timeline. This will include multiple meetings with preceptors for focused topic discussions (i.e., research pearls, teaching certificate program overview, TPN, chemo preparation, crash cart, IDS, IV pumps, error reporting, etc.). Residents will also be recertified (if needed) in BLS and obtain ACLS.

- **Internal Medicine** (1 month): Orientation to patient care areas and provision of pharmaceutical care for patients on general medicine floors, rounding with an internal medicine team, patient counseling, vaccine screening, pharmacokinetic drug monitoring, in-service physicians and nurses, medication reconciliation, clinical intervention documentation, attend medical group rounds, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.
- **Critical Care** (1 month, Medical, Surgical or Neuro ICU): Participate in the interdisciplinary care of patients in the medical, surgical or neuro intensive care units while rounding with the MICU, Trauma or Neuro-anesthesia teams, actively monitor antibiotic use as part of the Antimicrobial stewardship team, extensive pharmacokinetic drug monitoring, presentations to physicians and nurses, clinical intervention documentation, medication reconciliation, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.
- **Outpatient Oncology** (1 month): Participate in direct patient care services within the Brown Cancer Center solid and hematologic malignancy outpatient oncology clinics. The resident in clinic works in collaboration with physicians, nurse clinicians, disease coordinators, and research coordinators in identifying and resolving medication related issues for oncology patients, provide in-services, become familiar with the primary literature related to the common chemotherapy regimens, learn to review and verify chemotherapy orders, oral chemotherapy monitoring, assess and make recommendations regarding supportive care measures, vaccine screening, medication reconciliation, and provide medication and chemotherapy counseling.
- **Ambulatory Care** (1-month, Primary Care or Specialty): Participate in direct patient care services either within Primary Care (anticoagulation, diabetes, and primary care clinics) or Specialty (gastrointestinal 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 through leader on call. Residents will spend time with leaders from across UofL Health downtown campus at UofL Hospital and Jewish Hospital (VP Pharmacy Services, Director of Downtown Operations, Inpatient Managers/Supervisors, Clinical Supervisor, Medication Safety Officer, Informatics pharmacist).
- **Infectious Diseases** (1 month, ID UofL or ID JH): Participate in daily academic rounds with the Infectious Diseases consult service at UofL Hospital (ULH) or Antimicrobial Stewardship services at Jewish Hospital (JH). These experiences provide services to patients either on the ULH ID consult services or as identified by the system antimicrobial stewardship program. Residents can expect to 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. At JH, prospective audit and feedback, pre-authorization, and ICU antimicrobial stewardship will be emphasized, supporting the UofL Health system antimicrobial stewardship program.

- **Emergency Medicine** (1 month): Provision of direct patient care services for patients seen in the Emergency Department ranging in acuity from ambulatory care to critically ill and severe trauma. The resident will work with the interdisciplinary team of attending and resident physicians, nurse practitioners, nurses, and support staff. Residents will directly assist in timely medication verification, preparation, and procurement for patients in the ED and trauma resuscitation rooms. Residents will also actively participate in the management of the discharge culture collaborative practice service, provide therapy recommendations and pharmacokinetic consult services for patients in the ED, and serve as a direct drug information resource for nursing and provider staff.
- **Resident Project/Staffing Focus** (1 month; either December or February): Designed to enhance the residents' skills in goal setting, time management, self-evaluation and strategies for personal performance improvement while having a focused month to work on longitudinal projects while maintaining a staffing presence during four (4) scheduled shifts within the inpatient pharmacies at UofL Hospital and Jewish Hospitals. This month is also within curriculum to help support overall resident work life balance and resilience during the resident year.
- ***Elective Rotations** (3 available, 1 month): Residents may choose from the following: Infectious Diseases (UofL, if not selected for required), Stroke, Outpatient HIV Clinic, Informatics, Neonatal Intensive Care Unit, Bone Marrow Transplant, Clinical Oncology Infusion, Outpatient BMT Clinic, Psychiatry, or additional experience designed per resident interest. Of note repeat rotations require learning experience approval and must contain different objectives and activities from the original rotation. Additional elective opportunities are available at UofL Health - Jewish Hospital including Infectious Diseases (JH, if not selected for required), Cardiology, Solid Organ Transplant Cardio-Vascular ICU, Neuro/Stroke, Community Emergency Department, and Cardiology ICU. An additional off-site elective opportunity is also available in Academia at Sullivan University College of Pharmacy.

**Elective rotations are reviewed to ensure that no more than one-third of the program is within a specific disease state and/or patient population (i.e., critical care, EM, oncology, etc.)*

Longitudinal Rotations: (12 months, July to June)

- **Drug Information** (avg. 4 hrs./week): Provided in all rotations, continuous documentation of drug information provision (written and verbal), participation in the UofL Health P&T committee, completion of medication use evaluation including development of criteria, collection, analysis of data and presentation of results, development/revision of policies, formulary monograph preparation and presentation, development of an organized system for staying current with pertinent literature, evaluating usefulness of biomedical literature, documentation of direct patient care activities, and providing concise, applicable and comprehensive medical writing.
- **Resident Research Project** (avg. 5 hrs. /week): 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 Vizient/ASHP MCM, present the final project results at the regional residency conference, and prepare a final manuscript suitable for publication.

- **Teaching & Learning** (avg. 2 hrs. /week): 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 didactic lectures for Sullivan University College of Pharmacy, leading small group discussions and/or labs for students on rotation at UofL/Jewish, precepting IPPE/APPE students, and presenting a 1-hr CE lecture to the UofL Health pharmacy department.
- **Staffing/Service Commitment** (avg. 8 hrs. /week including evening shifts, weekends, holidays): Residents will learn to effectively staff the inpatient pharmacy at both UofL Hospital and Jewish Hospital by learning to prepare and dispense medications according to facility requirements, staffing every 3rd weekend (clinical and distributive), one 4-hour Monday-Thursday evening shift every week (4-8pm). 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** (avg. 2hrs /week): 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 both UofL Hospital and/or Jewish 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.

UOFL HEALTH PGY1 PROGRAM PRECEPTORS

PGY1 RPD; Manager of Medication Safety & Pharmacy Residency Training; PGY1 Orientation, Administration, Project/Staffing Focus Preceptor	Melissa Robertson Pharm.D., BCPS
PGY2 IM RPD; PGY1/PGY2 Internal Medicine Preceptor	Vanessa VanArsdale Pharm.D, BCPS
PGY1/PGY2 Internal Medicine Preceptor	David Kaylor Pharm.D, BCPS
PGY1/PGY2 MICU Preceptor	Josh Samuelson Pharm.D, BCCCP
PGY2 CC RPD; Trauma Clinical Pharmacist, Critical Care Specialist PGY1/PGY2 Trauma Preceptor	Mark Cox Pharm.D., BCCCP
PGY1/PGY2 Trauma Preceptor	Kristen Livers PharmD, BCPS, BCCCP
PGY1/PGY2 Neuro ICU Preceptor	Lindsey Weitkamp Pharm.D., BCPS, BCCCP
PGY2 EM RPD; PGY1/PGY2 Emergency Department Preceptor	Joshua Senn Pharm.D., BCPS, BCEMP
PGY1/PGY2 Emergency Department Preceptors	Nick Cottrell Pharm.D, BCPS Peyton Howell Pharm.D, BCPS Casey Venable, PharmD, BCEMP
PGY1/PGY2 Community EM Preceptors	Sam Katzman, PharmD, BCEMP Pauline Thieneman, PharmD, BCPS, BCEMP
PGY1 Drug Information Preceptors	Leigh Ann Scherrer Pharm.D, BCPS, BCCCP Rachel Louis Pharm.D., BCPS
PGY1/PGY2 Stroke Preceptor	Lindsey Jarboe Pharm.D, BCPS
PGY1 Research Longitudinal Preceptors	Rachel Louis Pharm.D., BCPS Christine Frick Pharm.D, BCPS, BCCCP Erin Stanley Pharm.D, MS, BCPS, BCSCP Jade Daughtery PharmD., BCPS, BCEMP
PGY2 Infectious Diseases RPD; PGY1/PGY2 Infectious Diseases Preceptor	Ashley Ross Pharm.D., BCPS, BCIDP
PGY1/PGY2 Infectious Diseases Preceptors PGY1 Antimicrobial Stewardship Preceptors (Jewish Hospital)	Audry Hawkins Pharm.D, BCIDP Carlee Shifko PharmD
PGY1 Antimicrobial Stewardship Preceptors	Cameron Faulk PharmD, BCCCP Cade Lowry PharmD, BCPS Holly Holladay PharmD, BCPS Sydney Holmes, Pharm.D, BCCCP David Kaylor, Pharm.D, BCPS Elise Mann, Pharm.D, BCCCP Riley Wildemann, PharmD, BCCP
PGY1/PGY2 Amb Care Preceptors (DM MTM)	Tina Claypool, PharmD, BCACP, CDCES Abby Krabacher, PharmD, BCACP, CDCES
PGY2 Amb Care RPD; PGY1/2 Amb Care Preceptor	Chelsey McPheeters Pharm.D, BCPS, BCACP
PGY1/PGY2 Amb Care Preceptor (GI)	Meredith Niemann Pharm.D, BCACP

PGY1/PGY2 Amb Care Preceptor (Hep C)	Claire Thieneman Pharm.D, BCACP
PGY1/PGY2 Amb Care Preceptor (Anticoagulation)	Jodi Freedlund Pharm.D, BCPS
PGY1 Staffing Longitudinal, Orientation, Administration Preceptor	Amy Braden Pharm.D., BCPS
PGY1 Administration Preceptors	Bob Fink Pharm.D, MBA, FACHE, FASHP, BCNSP, BCPS Bryan Strobl Pharm.D. Erin Stanley Pharm.D, MS, BCPS, BCSCP
Jewish Site Coordinator (PGY1) PGY1 Staffing Longitudinal, Orientation, Administration Preceptor	Emily Steltenpohl Pharm.D., BCPS
PGY2 Oncology RPD; Oncology Clinical Specialist; PGY1/PGY2 Outpatient Oncology, PGY1 Informatics Preceptor	Lesley Hall Volz Pharm.D., BCOP
PGY1/PGY2 Outpatient Oncology Preceptors	Ali Mann, Pharm.D., BCOP Katlyn Mulhall, Pharm.D., BCOP Mika Kessans Knable Pharm.D., BCOP Ryan Bycroft Pharm.D., BCOP Brette Conliffe Pharm.D., BCOP Logan Roberts Pharm.D., BCOP Jasmine Browning, PharmD, BCOP
PGY1/PGY2 BMT Preceptors	Tim Baize Pharm.D Lindsay Figg Pharm.D., BCOP Megan Burd Pharm.D., BCOP
PGY1 Teaching Longitudinal Preceptors	Jennifer Brown PharmD., BCPS, BCCCP Hanna Earich PharmD, BCPS Jenna Wolfe PharmD, BCPS
PGY1/PGY2 Solid Organ Transplant Preceptor (JH)	McKenna Person Pharm.D
PGY1 Cardiac ICU Preceptor (JH)	Lindsey Lurding Pharm.D, BCPS
PGY1 CVICU Preceptor (JH)	Jimmy Brynes, Pharm.D, BCCCP
PGY1 Cardiology Preceptor (JH)	Riley Wildemann, Pharm.D., BCCP
PGY1 Neuro/Stroke Preceptor (JH)	Hanna Earich PharmD, BCPS
PGY1 Neuro/SICU Preceptor (JH)	Cameron Faulk, Pharm.D, BCCCP
PGY1 Academia Elective Preceptors (Sullivan University College of Pharmacy)	Sarah Raake Pharm.D., BCACP

UOFL HEALTH PGY1 ORIENTATION

The incoming PGY1 resident will spend approximately 5-6 weeks in an orientation period during June/July. This orientation period serves three main purposes:

- To familiarize the resident with the residency program and UofL Health – UofL Hospital (ULH) & Jewish Hospital (JH); (refer to Residency Program Orientation checklist)
- To train the resident to be functional in the Pharmacy Department's drug distribution services across both ULH and JH; (refer to UofL Health Pharmacist orientation checklist)
- To give the resident a clinical orientation to the hospital (refer to Clinical Pharmacy orientation checklist)

The orientation schedule for the incoming PGY1 resident is developed by the RPD in conjunction with orientation preceptor(s). Activities during the orientation period will include, but are not limited to:

- Introduction to the pharmacy staff
- Procurement of ID badges and parking instructions
- Attendance at the 2-day hospital orientation
- Tour of the pharmacy departments and downtown campus
- Pharmacy payroll and time off procedures
- Participation in regularly scheduled residency activities and meetings (RAC meeting, journal club, team building exercises)
- Orientation to automated dispensing cabinets, Investigational Drug Service, Tray Safe, McKesson med carousel, IV pumps, code cart, etc.
- Extensive training on the hospital and pharmacy computer systems (Cerner Powerchart/PharmNet, Theradoc, Pharmacy Compounding software, Baxa, RL Solutions, Eforms, EPIC outpatient, etc.)
- Training with pharmacists in inpatient (IP) area, sterile compounding (IV) area, and clinical staffing roles
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through required pharmacy competencies/KNOW modules
- Research process/residency advisory committee orientation and IRB training
- Orientation to pharmacy residency program, residency manual, residency purpose statement, ASHP Standards/CAGOs, Pharmacademic™, residency completion requirements, residency policies, residency electronic files/N drive documentation, required professional meetings, residency evaluation process and timeline, etc.
- Mentoring program and professionalism standards

UOFL HEALTH PGY1 LONGITUDINAL CURRICULUM

DRUG INFORMATION

Drug Information is a required 52-week, longitudinal LE, with orientation/training occurring during the 1st month of the residency. The drug information longitudinal is intended to be a pragmatic, real-world experience complete with projects that would otherwise be completed by an assigned clinical pharmacist. Projects within the scope of this longitudinal may ebb and flow in accordance with departmental needs, drug shortages, clinical issues, and new product availability. As such, it is difficult if not impossible to construct a timeline for progress of individual projects throughout the year. Some projects may present earlier in the year with higher urgency, other projects (such as a new formulary addition) may not be possible until later in the year. Occasionally, completion of one project may not be possible until another is completed (for example, a MUE that results in a QI project). It is up to the individual resident to ensure that each project is on track for completion by the end of the resident year.

Drug Information Preceptor Responsibilities include:

- Advising the resident in the choice and process of completing a formulary monograph or drug class review, MUE, QI/Performance Improvement project and two journal clubs (one formal, one informal).
- 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

An organized resident will aim to make steady, incremental gains in project completion throughout the PGY1 year. The table below presents a ‘phased’ approach to project completion:

	Monograph or Drug Class review	QI project	MUE
Phase 1	Select topic and assemble preceptor team Seek stakeholder input	Identify process for improvement and identify project team	Select medication or process for review and identify project team. Begin literature review and synthesis of information related to issue being investigated.
Phase 2	Complete literature review and use a template to make an initial draft	Have initial team or project meeting, establish goals	Draft an introduction or proposal. Create data collection sheet and have approved by preceptor group
Phase 3	Initial draft to preceptor group, await feedback.	Develop details of the project, meet with all impacted personnel before implementation. Gain approval if needed	Data collection phase. Interpret data and send draft of introduction, methods and results to preceptor group for assistance with interpretation and discussion.

Phase 4	Make modifications based on feedback, final draft suitable for P&T or appropriate subcommittees	Implementation phase may require a testing phase. Gather information and feedback related to impact of the project. Educate all impacted staff/departments. P&T presentation if needed.	Using preceptor feedback, complete main body of MUE written report and complete discussion. Make any modifications needed to make project suitable for subcommittee or P&T presentation.
Final Phase	Await P&T presentation, complete any final steps such as answering questions related to IT build or stakeholder education		
COMPLETED PROJECT			

August 1st: Residents shall receive a list of currently available projects or project suggestions (QI, MUE, and monograph/drug class review).

August 15th: Resident should be in Phase 1 of at least one project.

By end of quarter 1: At minimum, resident should have a total of 4 'phase points'. A 'phase point' is one unit of project completion. This could be accomplished by being in Phase 4 of one project; being in Phase 1 of all three projects; being in Phase 2 of two projects; being in Phase 3 of one project and Phase 1 of another project, etc.

By end of quarter 2: At minimum, resident should have a total of 8 'phase points'.

By end of quarter 3: At minimum, resident should have a total of 12 "phase points" to be poised to complete all assigned work by the end of the year.

At year end: All projects should be either completed or in their final phase.

TEACHING & LEARNING

Teaching and Learning is a required 52-week, longitudinal LE, with orientation/training occurring during the 1st month of the residency. Residents will participate in Sullivan University College of Pharmacy and Health Sciences Teaching Certificate program.

Residency Requirements	<ul style="list-style-type: none"> • Two hours of didactic lecture: includes development of learning objectives, appropriate delivery method, active learning, appropriate assessment strategy • One ACPE-accredited Continuing Education presentation (1.0 CEU) • One hour of didactic lecture for students at Sullivan University College of Pharmacy and Health Sciences – an evaluation link will be sent to the resident at the beginning of the quarter in which they are teaching. This link shall be embedded in lecture materials for student feedback after completion of the lecture. • Ten hours small group teaching/facilitation
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	<ul style="list-style-type: none"> • Residents should also document any small group facilitation through clinical topic discussions, case conferences, educational in-services, etc. in the teaching portfolio. • Residents will provide 3 small group facilitation sessions to students throughout UofL Health with specific focus on active learning techniques • Develop and present a 10-minute educational pearl on a teaching technique identified from the book chosen for Book Club. Topic should be approved by the teaching mentor • Participate in major student skills assessments (examples: patient counseling, patient case work-up/presentation, skills check off, presentation evaluation) • Precept/Co-precept 2 IPPE or APPE students during year: Ensure learner completes preceptor evaluation for the experience • Attend minimum of 2 committee or staff meetings during the year • Participate in the design/update of one course syllabus, IPPE/APPE syllabus or residency learning experience • Teaching Philosophy: Initial draft should be reassessed and edited each quarter as growth in teaching experiences occurs. Progression should be discussed with teaching mentor and longitudinal preceptor quarterly. • Teaching Portfolio: At the conclusion of the program, each participant will submit a teaching portfolio to their teaching mentor and the residency program director. Required portfolio elements include: <ul style="list-style-type: none"> ○ Table of Contents ○ Teaching philosophy ○ Examples of teaching and precepting work (including handouts, learning objectives, and examination questions) ○ Teaching/Precepting evaluations (including self-assessment, course coordinator, or supervisor assessment, peer evaluation) ○ Teaching/Precepting Narrative (include brief summary of how all teaching activities relate back to the principles in the teaching philosophy, areas for growth, etc.) ○ Other items related to teaching/precepting (i.e., educational stewardship committee, scholarship of teaching, awards or other recognitions, thank you notes ○ Completed Competency Checklist
Quarter 1	<ul style="list-style-type: none"> • Preceptor will review and orient the resident to learning/teaching activities and expectations of the SUCOPHS curriculum • Meet and greet with assigned teaching mentor • Identification of SUCOPHS didactic lecture topic and ULH CE topic • Completion of required Small Group/Experiential Teaching Seminar at SUCOPHS • First draft of teaching philosophy submitted to teaching mentor for review and feedback • Maintain documentation for Teaching Portfolio with examples of teaching activities, presentations, and any associated evaluation forms • Maintain Competency Checklist for final Teaching Portfolio
Quarter 2	<ul style="list-style-type: none"> • Completion of four “A la carte” Teaching Seminars (either live or via webinar) • Presentation of ULH small group facilitation topic discussion, as assigned • Maintain documentation for Teaching Portfolio with examples of teaching activities, presentations, and any associated evaluation forms • Maintain Competency Checklist for final Teaching Portfolio
Quarter 3	<ul style="list-style-type: none"> • Delivery of ULH CE and SUCOPHS didactic lecture (based on schedule) • Presentation of ULH small group facilitation topic discussion, as assigned • Submission of initial teaching portfolio draft to teaching mentor • Maintain documentation for Teaching Portfolio with examples of teaching activities, presentations, and any associated evaluation forms

Quarter 4	<ul style="list-style-type: none"> • Maintain Competency Checklist for final Teaching Portfolio • Delivery of ULH CE and SUCOPHS didactic lecture (based on schedule) • Delivery of Book Club Pearl Presentation at SUCOPHS • Presentation of ULH small group facilitation topic discussion, as assigned • Submission of final teaching portfolio draft to teaching mentor and residency program director
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RESEARCH

In order to develop competence in the arena of outcomes research and investigational research involving human subjects' protection, this rotation will be considered a longitudinal learning experience with orientation/training occurring during the 1st month of the residency. Project development will be on a timeline of July – December based on project presentation at either Vizient Conference poster session or ASHP Midyear Clinical Meeting (MCM) and Great Lakes Pharmacy Resident Conference (GLPRC) in April. The resident will choose, develop, analyze, write, and present an outcomes research project based on the goals & objectives of the facility.

Quarter 1	<p>Preceptors will meet with resident to review and orient the resident to research rotation/activities, research timeline and expectations</p> <p>Resident will identify research project topic from list of approved/previously vetted projects</p> <p>Completion of IRB sponsored account and CITI/HIPPA training</p> <p>Identify and meet with research team</p> <p>Present research proposal to pharmacy staff</p> <p>Complete IRB research proposal and IRB submission</p> <p>Abstract submission for poster presentation as research in progress for Vizient Conference and/or ASHP Midyear Clinical Meeting</p>
Quarter 2	<p>Preceptors to meet with resident for poster primer</p> <p>Data collection to be initiated upon IRB approval</p> <p>Vizient Conference and/or ASHP poster completed and printed, and presented to pharmacy staff. Attend Vizient Conference and/or ASHP MCM</p>
Quarter 3	<p>Preceptors will meet with resident to discuss journal identification for manuscript submission and writing manuscript education</p> <p>GLPRC preparation (abstract and presentation completion and submission)</p> <p>Begin manuscript writing (introduction and methods)</p> <p>Complete data collection</p> <p>Initiate statistical analysis</p>
Quarter	<p>Present GLPRC presentation to pharmacy staff</p>

STAFFING/SERVICE COMMITMENT

In order to develop competency in the arena of operational and clinical staffing within both UofL Hospital and Jewish Hospital, staffing/service commitment is a required 52-week, longitudinal LE with orientation/training occurring during the 1st month of the residency.

Weekend/Evening Staffing: Each resident will have staffing responsibilities to develop and strengthen his/her professional practice skills. PGY1 Pharmacy Residents are required to staff every 3rd weekend, either clinical staffing or distributive staffing roles at UofL Health - UofL Hospital or UofL Health - Jewish Hospital with an additional 4hr (4pm-8pm) central staffing shift once per week (Mon-Thurs). 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.

Holiday Staffing: Pharmacy residents participate in holiday staffing of the UofL Health - UofL Hospital and UofL Health - Jewish Hospital departments 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(s). Residents are allowed to pick their holidays at the beginning of the residency year after the program director has given sign up options (i.e., 2 residents for Labor Day, 2 residents for Thanksgiving, 1 resident for Christmas, etc.). The RPD will then communicate the resident holiday schedule to the inpatient pharmacy managers responsible for putting together the main pharmacists’ schedules. Additionally, the following dates are staffed with holiday coverage, but **all** residents are required to work unless prior scheduled PTO approval obtained from RPD: Oak’s Day (the Friday before Kentucky Derby), Black Friday, Christmas Eve, and New Year’s Eve.

ANTIMICROBIAL STEWARDSHIP

The Antimicrobial Stewardship is a required 52-week, longitudinal LE 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 throughout UofL Health to evaluate and determine appropriate antimicrobial therapy regarding the System’s Criteria for Use Antimicrobials. 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.

Each resident will be assigned a preceptor and given the appropriate tools to help optimize care during the first quarter. The resident and preceptor will work closely at the start utilizing direct instruction and modeling

techniques, as the resident gains confidence and independence coaching and facilitating will be the main preceptor feedback techniques used.

Each resident will be assigned a single antimicrobial or class grouping to evaluate for each one-month period. At the end of each month, the antimicrobial(s) will change. The antimicrobial(s) will be assigned by the preceptor and will be one of the System's Criteria for Use Antimicrobials. The resident will identify and review the specified antimicrobial daily (Monday – Friday, non-holidays). The resident should review, identify, and implement plan, discuss with preceptor if appropriate, communicate and document within 24 hours of the antimicrobial being ordered. It is the responsibility of the resident to identify coverage and notify the preceptor if the resident cannot meet the 24-hour due date. For offsite rotations with computer access, an antimicrobial less frequently ordered will be attempted to be selected, if possible, however it will be the responsibility of the resident to swap antimicrobial coverage months if approved by preceptor group. For offsite rotations with no computer access, a plan should be identified in advance on the antimicrobial stewardship practice for that month. At least 50% of the preceptors must approve.

Once reviewed, the resident should contact the healthcare member(s) involved and notify him or her of the plan or outcome. Documentation should be updated to reflect any findings, decisions, plans, etc. each day while the patient is on the specified antimicrobial (following the pathway expectations/instructions per facility). Daily documentation will stop if antimicrobial is approved (either by Pharmacy & Therapeutics approved policy or ID team member), discontinued, or the patient is discharged, dies, or is consulted by an ID Consult Team.

UOFL HEALTH PGY1 PROGRAM SPECIFIC INFO.

- A. Salary: PGY1 Pharmacy residents receive a bi-weekly paycheck from UofL Health
 - PGY1: \$56,160/annual salary
- B. Professional Leave: Residents are supported to attend professional meetings based on program specific requirements. PGY1 requirements include Vizient/ASHP-MCM and Great Lakes Pharmacy Residency Conference. Additionally, PGY1 residents are encouraged to submit abstract for presentation (platform, pearl, poster, etc.) at a state organized meeting (KSHP, KHA, etc.).
- C. Professional Stipend: Pharmacy residents receive professional stipend to support travel and registration for professional meetings, professional dues/certifications, national match/interviews, etc. (*Pharmacy Residency Programs: Education Days/Travel, 5100-1660*)
 - 2024-2025: PGY1: \$2250
- D. Office Days: PGY1 Pharmacy residents are granted an office day following their scheduled work weekend, from August through June of the resident year. Pharmacy residents should schedule office days accordingly with primary rotation preceptor and RPD. Office days can be remote or on-site, however, office days should be used to fulfill obligations to the pharmacy residency program completion requirements.
- E. 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. Priority in scheduling is given to ensure that resident PGY2 areas of interest are scheduled when possible prior to ASHP MCM during August – November months.

- F. PGY1 residents **are not** permitted to moonlight (internal or external). To ensure residency training program is in compliance with ASHP duty hour restrictions, resident will track duty hours in the manner described by the RPD within Pharmacademic™. Resident will notify the RPD if workload exceeds duty hour limits. Refer to the ASHP website for the current policy on duty hours at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635> associated “Pharmacy Residency Program - Resident Duty Hour Requirement” policy. The RPD will track and monitor resident duty hours to 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.
- G. Residents, to obtain a certificate of PGY1 completion, must have successfully completed and provide documentation of the below program completion requirements.

UOFL HEALTH PGY1 PROGRAM COMPLETION REQUIREMENTS*

Orientation/HR	Date Completed
Licensure by September 1 st (or by October 1 st with REC approval)	
BLS certification	
ACLS certification	
Completed incoming strengths finder assessment	
Completed annual sterile compounding competencies	
Completed all quarterly HR/clinical competencies (quarterly check off)	Q1: Q2: Q3: Q4:
Pharmacademic/Electronic Files	Date Completed
Resident has uploaded general residency, core, longitudinal and elective LE goals within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
Resident has uploaded all completed deliverables within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
Objective Achievement	Date Completed
Resident has successfully ACH-R \geq 80% of required ASHP objectives with no active Needs Improvement (NI) as of the end of June	
Research	Date Completed
Resident has completed residency research project including: <ul style="list-style-type: none"> • Initial project proposal presentation (<i>list completion date</i>) • IRB (<i>list completion date</i>) • Data collection/statistical analysis of results (<i>list completion date</i>) • Poster abstract submission (Vizient or ASHP MCM) (<i>list completion date</i>) • Presentation of Vizient or ASHP MCM poster (<i>list completion date</i>) • Research abstract submission (GLPRC) (<i>list completion date</i>) • GLPRC platform presentation (<i>list completion date</i>) • Submission of final write-up with manuscript formatted for journal of choice (<i>list completion date</i>) 	
Resident has submitted one (1) research project proposal for incoming year	
Teaching	Date Completed
Resident has completed one (1) 1-hr didactic lecture at SUCOP	
Resident has completed one (1) journal club evaluation of SUCOP student	
Resident has completed four (4) "a la carte" teaching sessions	1. 2. 3. 4.
Resident has precepted/Co-precepted two (2) IPPE or APPE students	1. 2.
Resident has completed three (3) required APPE small group lectures	1: 2:

	3:
Resident has completed a 1-hr ACPE accredited CE program	
Resident has completed six (6) pharmacy in-services	1: 2: 3: 4: 5: 6:
Resident has completed the SUCOP teaching certificate program and submitted final teaching portfolio (<i>see certificate from SUCOP</i>)	
Drug Information	Date Completed
Resident has completed two (2) Journal Club presentations	1: 2:
Resident has completed a drug monograph or drug class review	
Resident has completed a performance/quality improvement project	
Resident has completed a Bugs N Drugs newsletter article	
Resident has completed a medication use evaluation	
Staffing	Date Completed
Resident has completed all required staffing/service commitments at UofL Hospital and Jewish Hospital (2 holidays, ~17 weekends, ~45 4-8pm shifts)	
Administration/General Requirements	Date Completed
Resident has presented a leadership development pearl	
Resident has completed two (2) months of assigned code pager coverage	1: 2:
Resident has completed three (3) assigned minutes for P&T, SAS, Onc P&T	1: 2: 3:
Resident has completed resident job for the year (<i>list resident job</i>)	
Resident has completed the exit evaluation	

*For extenuating circumstances, completion requirements may be adjusted and approved by the RAC

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



APPENDIX B



DEPARTMENT OF PHARMACY SERVICES

**PGY1 Community-Based (Specialty Pharmacy) Pharmacy
Residency Manual
and Training Appendix
2024-2025**

PGY1 Community-Based Pharmacy Residency

The PGY1 Community-Based Pharmacy Residency Program is a comprehensive training program that incorporates direct patient care in both specialty and community pharmacy settings within a health-system. This program is structured according to ASHP'S Residency Program Design and Conduct and is designed to be individualized to the resident's professional goals and interests.

PGY1 Mission Statement

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

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

PGY1 Community-Based Residency Program Structure

The PGY1 Community-Based Residency Program is a 52-week training program that begins around mid to late June and ends 30th of June 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 (rotational, 6 weeks): Orientation to the hospital, pharmacy, drug distribution systems, computer systems and clinical pharmacy services including clinical policies and procedures. Resident will also be oriented to policies/procedures, evaluation process within PharmAcademic™, residency jobs, graduation requirements and the timeline for research, new or enhanced service, quality improvement project, drug information and teaching and learning certificate. This will include training on all outpatient clinical services (e.g., Board Authorized Protocols, naloxone training, etc.). Residents will also be recertified (if needed) in BLS.
- Outpatient Pharmacy Administration (longitudinal, 1 day/week, 11 months): Participate in staff planning activities, learn process of developing pharmacy budget, effective leadership strategies and communication techniques, trending of adverse drug events/medication errors, exposure to various management strategies, develop skills to create a new service within the organization, maintain pharmacy accreditation standards, ensure compliance with state and federal laws and regulations, and multiple opportunities to interact with department and institution administration teams.
- Specialty Pharmacy Operations (longitudinal, 1 day/week, 11 months): This experience will allow the resident to execute the functions of the staffing clinical pharmacist in a specialty pharmacy. Specifically, the resident will gain experience in specialty pharmacy intake (data entry, benefits investigation, financial assistance, patient onboarding), fulfillment (distribution, cold chain, supplies) and clinical services in accordance with the Patient Management Program. The resident will complete topic discussions to build their specialty disease state clinical knowledge in all specialty disease states managed by UofL Specialty Pharmacy, except for hematology/oncology.
- Specialty Pharmacy Operations – Oncology Satellite (longitudinal, 1 day/week, 4 months): This experience will afford many of the same operation skills taught within the Specialty Pharmacy Operations learning experience, yet clinically the resident will focus on the hematology/oncology patient population that we service out of the UofL Brown Cancer Center.

- Specialty Pharmacy Clinics (selective required, 5 clinics, 1 day/week, 2 months per clinic): The resident will select 5 specialty clinics to rotate through from a list of options provided at the beginning of the year. These experiences will allow the resident to provide direct patient care in a variety of specialty clinics. The resident will be expected to gain knowledge of the specialty disease state, provide medication education, integrate into the healthcare team, provide clinical interventions/recommendations, initiate other outpatient clinical services including immunizations and board authorized protocols, assist with access to medication and coordination of prescriptions, and other functions completed by the clinical pharmacist embedded within clinic. The resident will rotate through the following specialty clinics:
 - Cystic Fibrosis
 - Hepatitis C
 - Gastroenterology
 - Multiple Sclerosis
 - Oncology
 - Rheumatology
- Community Pharmacy Operations (longitudinal, 1 day/week, 5 months): The resident will provide safe and effective patient care services in this clinical staffing role by performing effective drug utilization reviews, dispense or administer (when appropriate) medications, educate patient/caregiver about medications, self-care strategies, medication adherence and referrals to other clinical services, and develop leadership skills through oversight of pharmacy technicians and clerks.
- Clinical Outpatient Pharmacy Services (longitudinal, 1 day/week, 6 months): The resident will provide outpatient clinical services in the community pharmacy including, but not limited to, the following: UofL Health medication management program, immunizations (both in the pharmacy and via offsite clinics), blood pressure screenings, Kentucky Board of Pharmacy Authorized Protocols (e.g. tobacco cessation, opioid use disorder, diabetes testing supplies, epinephrine), Kentucky naloxone dispensing, long-acting injectable antipsychotic medications, medication synchronization program and utilize OutcomesMTM® to complete comprehensive medication reviews (CMRs) and targeted medication reviews (TMRs). Further, the resident will assist with transitions of care for patients being discharged from the hospital via Meds to Beds (M2B) program.

Longitudinal Rotations: (Throughout the year but not scheduled during the day, 12 months)

- Drug Information (avg 2hrs/week): Provided in all rotations, continuous documentation of drug information provision (written and verbal), participation in the P&T committee, development/revision of policies, completion of three journal club presentations, 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.
- Research Project (avg 3hrs/week): Residents will gain experience in the design, department education and implementation of a research project, related to either their new service or quality improvement project. Residents will complete the 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 (avg 1hr/week): Residents assist with teaching/precepting of PharmD students during core rotations and student case conferences. Residents participate in a Teaching Certificate Program (Sullivan University College of Pharmacy & Health Sciences). Additional activities include providing lecture(s) for Sullivan

University College of Pharmacy (including the Specialty Pharmacy elective), leading small group discussions/sessions, and presenting CE lectures to the UofL Health pharmacy department.

- On-Call Service (4 months; avg 1hr/week of active work, yet available 128hr/week): The resident will learn to effectively serve as the On-Call Specialty Pharmacist by taking on-call for 4 months during their residency year. On-call hours occur from 5pm-9am on weekdays and 24/7 on weekends (i.e. when the pharmacy is closed). The resident will follow the On-Call policy and procedure, including proper documentation, answering the patient within 30 minutes of receipt of call and resolving the problem, which may include going onsite to the Specialty Pharmacy.

Elective Rotations:

The PGY1 Community-Based Residency schedule allows for three blocks for electives, each block is rotational, 1 day/week for 2 months. Exception: if population/public health is selected, it requires 1 day/week for 4 months, therefore only two electives would fit into the schedule.

- Academia at Sullivan University College of Pharmacy & Health Sciences – at least one faculty member at Sullivan will involve the resident in various aspects of academia – patient care lab, lectures, committees, development of content, etc.
- Outpatient Infusion Services – will focus on outpatient clinical infusion staffing duties at UofL Health infusion centers (downtown and NE campuses), will create new and review existing infusion order sets, will complete monographs for new infusions, etc. This will supplement the infusion knowledge gained from certain specialty clinics (i.e. GI, MS and rheumatology).
- Population Health and Public Health – this is a research-based elective rooted in population health and public health initiatives, including data collection and medical writing. *Note – this is in addition to required research project and drug information longitudinal learning experiences.*
- Psychiatry at UofL Health – Peace Hospital – this rotation will focus on psychiatry transitions of care as patients discharge, including administration of long-acting injectable antipsychotics at date of discharge.
- Specialty Pharmacy Accreditation and Outcomes – this elective will focus on analyzing specialty pharmacy patient care outcomes (i.e., cure rates for Hep C, pulmonary exacerbations in CF patients, etc.) that is necessary to help expand drug access and payor access. It will also assist in maintenance of URAC and ACHC accreditations.

PGY1 Community-Based Residency Program Preceptors

REQUIRED	
Clinical Outpatient Services	Abigail Krabacher, PharmD, BCACP, CDCES Tina Claypool, PharmD, BCACP, CDCES Joe Lambert, PharmD
Community Pharmacy Operations	Joe Lambert, PharmD
Drug Information – Longitudinal	Sarah Foushee, PharmD, BCPS
On-Call Service – Longitudinal	Chelsea Maier, PharmD, CSP
Orientation	Emily O’Reilly, PharmD, BCACP, CSP
Outpatient Pharmacy Administration	Chelsea Maier, PharmD Hope Maniyar, PharmD, MBA
Research – Longitudinal	Chelsey McPheeters, PharmD, BCPS
Specialty Pharmacy Clinics:	Sarah Foushee, PharmD, BCPS

<ul style="list-style-type: none"> • Cystic Fibrosis • Hepatitis C • Gastroenterology • Multiple Sclerosis • Oncology • Rheumatology 	Claire Thieneman, PharmD, BCACP, TTS Kaley Shepard, PharmD Meredith Niemann, PharmD, BCPS Alixandra Mann, PharmD, BCOP Chelsey McPheeters, PharmD, BCPS, BCACP
Specialty Pharmacy Operations	Sarah Foushee, PharmD, BCPS Emily O'Reilly, PharmD, BCACP, CSP Claire Thieneman, PharmD, BCACP, TTS
Specialty Pharmacy Operations – Oncology Satellite	Kim Keller, PharmD
Teaching and Learning – Longitudinal	Jennifer Brown, PharmD, BCPS, BCCCP
ELECTIVE	
Academia at Sullivan University College of Pharmacy and Health Sciences	Sarah Raake, PharmD, BCACP
Outpatient Infusion Services	Lauren Ingles, PharmD, BCPS, BCOP
Population Health and Public Health	Chelsea Maier, PharmD, CSP Demetra Antimisiaris, PharmD, BCGP, FASCP
Psychiatry at UofL Health – Peace Hospital	Taylor Sheehan, PharmD
Specialty Pharmacy Accreditation and Outcomes	Chelsea Maier, PharmD, CSP Emily O'Reilly, PharmD, BCACP

UOFL HEALTH PGY1 COMMUNITY-BASED PROGRAM SPECIFIC INFO.

- A. Salary: PGY1 Community-Based pharmacy residents receive a bi-weekly paycheck from UofL Health
 - PGY1: \$56,160/annual salary

- B. Professional Leave: Residents are supported to attend professional meetings based on program specific requirements. PGY1 Community-Based requirements include Vizient/ASHP-MCM and Great Lakes Pharmacy Residency Conference. Additionally, PGY1 Community-Based residents are encouraged to submit abstract for presentation (platform, pearl, poster, etc.) at a state organized meeting (KSHP, KHA, etc.).

- C. Professional Stipend: Pharmacy residents receive professional stipend to support travel and registration for professional meetings, professional dues/certifications, national match/interviews, etc. (*Pharmacy Residency Programs: Education Days/Travel, 5100-1660*)
 - 2024-2025 PGY1 Community-Based: \$2250

- D. PGY1 Community-Based residents **are not** permitted to moonlight (internal or external). To ensure residency training program is in compliance with ASHP duty hour restrictions, resident will track duty hours in the manner described by the RPD within Pharmacademic™. Resident will notify the RPD if workload exceeds duty hour limits. Refer to the ASHP website for the current policy on duty hours at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635> associated “Pharmacy Residency Program - Resident Duty Hour Requirement” policy. The RPD will track and monitor resident duty hours to 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.

- E. 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.

- F. Staffing Requirements - Each resident will have staffing responsibilities to develop and strengthen his/her professional practice skills. PGY1 Community-Based Pharmacy Residents staff through learning experiences including: specialty pharmacy operations, specialty pharmacy operations – oncology satellite, community pharmacy operations.

- G. On-Call Requirements – The resident will complete Specialty Pharmacy On-Call coverage for 5 months during their residency cycle.

- H. Residents, to obtain a certificate of PGY1 completion, must have successfully completed and provide documentation of the below program completion requirements.

**UOFL HEALTH PGY1 COMMUNITY-BASED
PROGRAM COMPLETION REQUIREMENTS***

Orientation/HR	Date Completed
Licensure by September 1 st (or by October 1 st with REC approval)	
BLS certification	
Completed incoming Strengths Finder assessment	
Completed annual compounding competencies	
All required KNOW modules and clinical competencies	Q1: Q2: Q3: Q4:
Pharmacademic/Electronic Files	Date Completed
Resident has documented all general residency, core, longitudinal and elective LE goals within electronic files and Pharmacademic	Q1: Q2: Q3: Q4:
Resident has uploaded all completed deliverables within PharmAcademic files	Q1: Q2: Q3: Q4:
Objective Achievement	
Resident has successfully ACH-R $\geq 80\%$ of required and elective ASHP goals/objectives with no active "Needs Improvement"	
Research	Date Completed
Resident has successfully completed residency research project including: <ul style="list-style-type: none"> • Initial proposal presentation (<i>list completion date</i>) • IRB (<i>list completion date</i>) • Data collection/statistical analysis of results (<i>list completion date</i>) • Poster abstract submission (Vizient or ASHP MCM) (<i>list completion date</i>) • Presentation of Vizient or ASHP MCM poster (<i>list completion date</i>) • Research abstract submission (GLPRC) (<i>list completion date</i>) • GLPRC platform presentation (<i>list completion date</i>) • Submission of final write-up with manuscript formatted and appropriate for submission to journal of choice (<i>list completion date</i>) 	
Resident has submitted one (1) research project proposal for incoming year	
Outpatient Pharmacy Administration	Date Completed
Resident has successfully completed a performance/quality improvement project.	
Resident has successfully contributed to the development, implementation, and evaluation of a new pharmacy service or enhancement of an existing service and written a formal business plan.	
Teaching	Date Completed
Resident has completed one (1) 1-hr didactic lecture at SUCOP	
Resident has completed one (1) journal club evaluation of SUCOP student	
Resident has completed four (4) "a la carte" teaching sessions	1.

	2. 3. 4.
Resident has precepted / Co-precepted two (2) IPPE or APPE students	1. 2.
Resident has completed three (3) required APPE small group lectures	1. 2. 3.
Resident has completed a 1-hr ACPE accredited CE program	
Resident has completed the SUCOP teaching certificate program and submitted final teaching portfolio (<i>see certificate from SUCOP</i>)	
Drug Information	Date Completed
Resident has successfully completed three (3) Journal Club presentations	1. 2.
Resident has successfully completed two (2) medical writing project, with at least one formal drug information response and at least one drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	1. 2.
Resident has successfully completed at least six (6) pharmacy in-services (nursing, physician, pharmacist, etc.) At least two (2) of these in-service should be directed toward a multidisciplinary audience.	1. 2. 3. 4. 5. 6.
Resident has successfully completed one (1) newsletter article	
Resident has successfully participated and taken minutes in QMC and Specialty Pharmacy Clinical Subcommittee meetings (total of four times, twice for each committee).	1. 2. 3. 4.
Staffing / Service Commitment	Date Completed
Resident has completed all staffing commitment responsibilities (~64 specialty pharmacy shifts, ~40 outpatient retail shifts (including outpatient clinical services))	
Resident has completed all service commitment responsibilities (on-call service provided for a total of 4 months).	
General Requirements	Date Completed
Resident has joined an external pharmacy organization, with committee involvement recommended.	
Resident has completed resident job for the year (<i>list resident job</i>)	
Resident has five de-identified patient healthcare records for all required services	
Resident has completed the exit evaluation and exit meeting with RPD	

*For extenuating circumstances, completion requirements may be adjusted and approved by the RAC

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.



APPENDIX C



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Oncology Pharmacy Residency Manual and Training
Agreement Appendix
2024-2025**

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 (one month)**
 - The resident is expected to provide clinical pharmacy services to all acute care medical oncology (MO) consult patients. The resident will participate in daily patient care rounds with the MO team. The oncology pharmacy resident is responsible for identifying and resolving any oncology medication-related issues for all patients on the service. The MO team consists of an oncology attending physician, 1-2 oncology fellows, medical residents, an on-call pharmacist, PGY2 oncology pharmacy resident, medical/pharmacy students. The MO consult 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 sarcoma, head and neck, pancreatic, breast, colorectal, lung, renal cell, and melanoma cancers. Daily patient care rounds are a required component of this rotation experience and residents are required to round 5 days a week.

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

- **Ambulatory Care Solid Tumor (two months)**
 - Ambulatory care rotation is a two-month required learning experience for the PGY-2 oncology pharmacy resident. The practice area is located across various supportive care, solid and hematologic malignancy clinics 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.

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

Longitudinal Rotations:

- **Ambulatory Care (10 month) (avg 8 hrs/week)**
 - 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 and they meet 1 day per week. 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 a week for 4 months, gastrointestinal clinic and lung clinic each for 3 months, one day a week throughout the residency year.

- **Service (52 weeks)**
 - **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 208-hour distributive shifts in the oncology pharmacy satellite throughout the residency year. The distributive shifts will be divided into major two major blocks. Approximately, half of the hours will occur during orientation and research/staff months. The other half of the hours will occur 1 day per week during ambulatory care solid tumor 2-month LE. If needed to meet the 208-hour requirement, the resident may staff 1-2 days during select CORE monthly rotations.
 - **Administrative:** (avg 1 hr/week) Resident will continuously be involved in staff planning activities, learn process of developing oncology pharmacy budget, exposure to various management strategies, develop skills to create a new service within the organization, develop leadership skills and participate in other opportunities that require resident to interact with various departmental administrative teams.
- **Research (52 weeks)** (avg 5 hrs/week)
 - Resident(s) will complete a 52-week 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 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, and Research/Staff LE. 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 (52 weeks)** (avg 2 hours/week)
 - 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 two policies or procedures, or create one new oncology pharmacy policy as well as research and prepare two drug monographs to the Oncology P & T subcommittee and UofL Health P & T committee. The resident will participate in informatics build, design, and validation for monograph formulary additions. The resident(s) will coordinate at least one public health community service project during the year. 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 and research/staff LE.

- **Investigative Drug Services (IDS) (52 weeks)** (avg 1 hour/week)
 - Residents will gain experience working with investigational drugs and Pharma-sponsored trials. Investigational Drug Service (IDS) within University of Louisville Health (ULH) is comprised of the following sites: Brown Cancer Center, University Hospital, UofL Clinical Trials Unit, Jewish Hospital, and Med Center Northeast. ULH houses Phase 1, 2, and 3 clinical trials conducted in both inpatient and outpatient settings. The pharmacy resident will be assigned 2 clinical trials (depending on the complexity of the available studies) to oversee. Under the supervision of the pharmacists, the resident will review the protocols, attend necessary meetings/site visits, develop order sets, organize the pharmacy binder, and provide necessary education to the clinical staff (ex. Pharmacy instruction sheet, in-services). The resident will also be responsible for reporting adverse effects and deviations as necessary.

- **Teaching & Learning (Elective/Optional if was not completed/offered in PGY1 year)** (avg 2 hrs/week)
 - Resident(s) assist with teaching/precepting of Pharm.D. students during core rotations and student case conferences. Residents participate in the Scholarship of Teaching and Learning Certificate (STLC) Program in conjunction with Sullivan University, College of Pharmacy. Additional activities include providing lectures for Sullivan University College of Pharmacy pharmacotherapy series, leading small group discussions/sessions, and presenting CE lectures at Sullivan University College of Pharmacy Grand rounds and to the University of Louisville

Health Care pharmacy department (required for PGY2 oncology residents that have not obtained STLC prior to PGY2 residency).

Elective Rotations:

- **Palliative Care (one month)**
 - The palliative medicine interdisciplinary team consists of the attending physician, oncology pharmacy resident, nurse practitioner, chaplain, psychologist, and other learners. The oncology pharmacy resident is expected to provide clinical pharmacy recommendations for consult patients. The resident will participate in daily patient care rounds with the palliative medicine team and is responsible for identifying and resolving any medication-related issues. The resident is expected to act as a liaison and communicate recommendations and interventions to the clinical pharmacist of the patient's primary team. The patient population treated by the palliative medicine service includes patients with solid tumors, hematologic malignancies, hematopoietic stem cell transplantation (HSCT) recipients as well as non-hematologic/oncologic conditions. The resident is expected to round 3 days a week and attend outpatient palliative care clinic 1 day per 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 4 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, neuroblastoma and non-malignant blood disorders (hemophilia, aplastic anemia, sickle cell anemia, and ITP). The resident is expected to round 4 days a week.

- **Multimodality (one month)**
 - This multimodality elective rotation is a dedicated month of experience where the resident will collaborate with various healthcare teams to experience the oncology patients overall treatment plan. The healthcare teams include but not limited to radiation oncology, palliative care, surgery oncology, colorectal surgery, rehabilitation medicine, and interventional radiology. They will attend outpatient clinics and operating rooms as dictated by the discipline. While on palliative care, the resident will attend daily rounds and develop evidence-based treatment plan with the team.

- **Clinical Infusion (one month)**
 - Infusion- clinical elective rotation is a 1 month learning experience. The clinical infusion pharmacist will be a hybrid position with both clinical and staffing responsibilities. The pharmacist will work in collaboration with the staffing pharmacist, pharmacy technicians, nurses, physicians, and research coordinators in reviewing labs, processing orders, and documenting chemotherapy dispensed. The pharmacist will also work in collaboration with physicians, nurse clinicians, ambulatory care clinical pharmacists, medication access coordinators, and research coordinators to ensure accurate chemotherapy dosing, and supportive care measures. The pharmacist will serve as an educational liaison for both patient and nurses in the infusion center.

- **Academia (one month)**
 - The Academic rotation is a 1-month elective rotation at Sullivan University College of Pharmacy (SUCOP). SUCOP is a 3-year, accelerated Doctor of Pharmacy program that educates approximately 300 students on an annual basis through both the didactic and experiential curricula. Pharmacy residents will perform didactic teaching in both large and small group settings, as well as precept students on academic APPE rotations. In addition to teaching, residents will gain experience in the areas of service, scholarly activity, and leadership.

- **Oncology Community-Based Practice Clinic (one month)**
 - The community-based practice rotation is a 1-month elective rotation for the PGY-2 oncology pharmacy resident. The practice site is located at the Brown Cancer Center - Bluegrass Clinic. The specialty pharmacists in this clinic area works in collaboration with the community-based physicians, nurse clinicians, disease coordinators, BCC outpatient pharmacists, medication assistant coordinators, and social workers. Hematology/oncology pharmacists provide support through recommendations regarding therapy choices, supportive care measures, oral chemotherapy, and act as an educator/liaison between infusion nursing, pharmacy, and the hematology/oncology team both on a patient case-by-case basis and when new standards of care for specific diseases or medications emerge. In addition, the hematology/oncology pharmacist is a patient educator and supporter.

- **Gynecology/Oncology (one month)**
 - Gynecology Oncology LE is an elective 1-month rotation. During outpatient clinic days the resident will participate in the care of oncology patients via telehealth appointments focusing on patients receiving chemo/immunotherapy and oral antineoplastic agents. Occasionally, patients are seen in the office on the 3rd floor of BCC for adverse effect management and/or new patient referrals. In addition, the resident will attend surgeries with the gynecology oncology team the other three days per week at U of L Hospital OR suite. The resident will become familiar with surgery terminology, anatomy of removal, and different types of surgeries. The resident will follow up as needed with the patient in the post-operative setting for those admitted to U of L Hospital as well as will coordinate chemotherapy admissions to 5E or 6S. The resident will become familiar with gynecology malignancy evidence-based treatment options, monitoring parameters, and goals of care.

- **Oncology Pharmacy Informatics (one month)**
 - Oncology Pharmacy Informatics is an elective 1-month rotation occurring at the Brown Cancer Center and virtually. 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.

- **Specialty Pharmacy Operations (one month)**
 - Specialty Pharmacy Operations is a 1-month elective experience that will allow the resident to execute the functions of the staffing clinical pharmacist in a specialty pharmacy. Specifically, the resident will gain experience in specialty pharmacy intake (data entry, benefits investigation, financial assistance, patient onboarding, etc.), fulfillment (distribution, cold chain, supplies, etc.) and clinical services in accordance with the Patient Management Program. The resident will complete topic discussions to build their specialty disease state clinical knowledge in multiple specialty disease states managed by UofL Specialty Pharmacy.

Scheduling of Rotations During Residency Year:

- The oncology pharmacy practice residency is a 12-month (52 week) program. Currently, eight months are dedicated to core rotations and four are available as elective rotations.
- Orientation (July) and Research/Project (December) are typically dedicated to orientation, research, and service components of the residency.
- During the chosen month from August – October, Acute Care Hematology/Oncology is expected to be completed.
- Bone Marrow Transplant is expected to be completed as a two-month sequential experience prior to December of the residency year.
- Electives are scheduled throughout the year based on availability of the rotation.

ULH PGY2 Oncology Program Requirements for Successful Residency Completion*

Orientation/HR	Date Completed
Licensure by September 1 st (or by October 1 st with REC approval)	
PGY1 Completion Certificate within 30 days from start date	
BLS certification (if not previously completed)	
ACLS certification (if not previously completed)	
Completed annual sterile compounding competencies	
Completed all quarterly HR/clinical competencies (quarterly check off)	Q1: Q2: Q3: Q4:
Pharmacademic/Electronic Files	Date Completed
Resident has uploaded all completed deliverables within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
Appendix items (direct patient care and non-patient care) have been completed and documented within Pharmacademic	Q1: Q2: Q3: Q4:
Objective Achievement	
Resident has successfully ACH-R $\geq 80\%$ of required and elective ASHP objectives with no active "Needs Improvement" and ACH-R $\geq 80\%$ (11 out of 13 objectives) in Competency Area 1	
Flipped Model Research	Date Completed
Resident has successfully completed residency research project including: <ul style="list-style-type: none"> • Data collection/statistical analysis of results (<i>list completion date</i>) • Abstract (HOPA) (<i>list completion date</i>) • HOPA poster (<i>list completion date</i>) • IRB (for next year resident class) (<i>list completion date</i>) • Final write-up with manuscript formatted and appropriate for submission to journal of choice (<i>list completion date</i>) 	
Teaching	Date Completed
Resident has successfully completed one (1) 1-hr CE program for UofL Health	
Resident has completed five (5) cancer conferences to oncology team members	1. 2. 3. 4. 5.
Resident has provided one (1)- 1 hr didactic lecture in an academic setting	
Resident has completed six (6) medical staff in-services	1. 2. 3. 4. 5. 6.
Resident has completed one (1) community service program	
Drug Information	Date Completed



Resident has completed medical writing project with updating two (2) existing policies or creation of one (1) new policy	1. 2.
Resident has completed a two (2) drug monographs or one (1) drug class review (excluding biosimilar review)	1. 2.
Resident has successfully completed one (1) performance/quality improvement or medication use evaluation project	
Staffing	Dates and Hours Completed
Resident has completed all staffing/service commitment responsibilities (2 holidays, ~14 clinical weekends, ~208 hours distributive)	
Administration/General Requirements	Date Completed
Resident has attended and participated in required monthly resident meetings (staff meetings, Residency Advisory Committee (RAC), bimonthly Oncology Pharmacy & Therapeutics (P&T), bimonthly Pharmacy & Therapeutics (P&T)	
Resident has documented monthly duty hour and wellness evaluations	
Resident has completed resident job for the year	
Resident has completed the exit evaluation and exit meeting with RPD	

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

PGY2 Oncology Program Preceptors

Learning Experience Precepted	Preceptor Name
PGY2 Oncology Residency Director Longitudinal Drug Information Oncology Informatics	Lesley Hall Volz, PharmD, BCOP, DPLA
Bone Marrow Transplant Outpatient Clinic	Lindsay Figg, PharmD, BCOP Megan Burd, PharmD, BCOP
Orientation	Lesley Hall Volz, PharmD, BCOP, DPLA Lauren Ingles, PharmD, BCPS, BCOP
Infectious Diseases	Ashley Ross, PharmD, BCPS
Bone Marrow Transplant Inpatient Service	Timothy Baize, PharmD, BCOP
Clinical Infusion	Lauren Ingles, PharmD, BCPS, BCOP
Acute Care Oncology/Hematology	Alixandra Mann, PharmD, BCOP Katlyn Mulhall, PharmD, BCOP Ryan Bycroft, PharmD, BCOP Logan Roberts, PharmD, BCOP
Pediatric Oncology Inpatient	Josh Elder, PharmD, BCOP
Ambulatory Solid Tumor 2-month Outpatient Clinic	Ryan Bycroft, PharmD, BCOP Alixandra Mann, PharmD, BCOP
Service – Administration	Cathy Whalen, PharmD
Service – Distribution	Lauren Ingles, PharmD, BCPS, BCOP
Longitudinal Ambulatory Care Solid Tumor Outpatient Clinic Breast Lung Gastrointestinal	Lesley Hall Volz, PharmD, BCOP, DPLA Katlyn Mulhall, PharmD, BCOP Brette Conliffe, PharmD, BCOP, DPLA
Longitudinal Research	Lindsay R. Figg, PharmD, BCOP
Longitudinal Investigative Drug Services	Sarah Slabaugh, PharmD
Palliative Care	Logan Roberts, PharmD, BCPS, BCOP

Multimodality	Megan Burd, PharmD, BCOP
Oncology Community-Based Practice Clinic	Logan Roberts, PharmD, BCPS, BCOP
Gynecology/Oncology Outpatient	Jasmine Browning, PharmD, BCOP Mika Kessans Knable, PharmD, BCOP, DPLA
Specialty Pharmacy	Emily O'Reilly, PharmD, BCACP, CSP

ROTATION PRECEPTORS - Multiple

Preceptor responsibilities are as follows:

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

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 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/Paid Time Off:** See PTO policy 5100-1610.
- **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, and Labor Day.
- **Weekends:** Over the 52-week program, residents will work ~14 clinical weekends.



APPENDIX D



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Critical Care Pharmacy Residency Manual and
Training Agreement Appendix
2024-2025**

PGY2 CRITICAL CARE PHARMACY RESIDENCY PROGRAM

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

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

PGY2 CRITICAL CARE MISSION STATEMENTS

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

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

PGY2 CRITICAL CARE PROGRAM STRUCTURE

The PGY2 program is a 12-month (52 weeks) 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.

Required Rotations:

Cardiovascular Intensive Care Unit (1 month): The resident will provide clinical pharmacy services to the CVICU patients at Jewish Hospital and will actively participate in daily rounds with the CVICU team. Residents will provide pharmaceutical care to critically ill patients, answer drug information questions, and provide renal/hepatic drug dosing and pharmacokinetic consults

Orientation (1 month): Orientation to UofL Hospital, inpatient pharmacy, drug distribution systems/workflow, computer systems, unit dose and IV admixture programs. Residents will also be oriented to UofL Hospital clinical services, UofL Health policies/procedures, pharmacy residency program (i.e., structure, residency manual, policies, completion requirements, etc.), the research timeline and longitudinal staffing.

Elective Experiences: (2, 1 month)

The resident will complete 2 months of elective experiences (each one month in duration). Residents may choose from the following Burn/Wound Care, Neonatal ICU, Nutrition, Solid Organ Transplant, Pediatric ICU.

Longitudinal Experiences: (Throughout the year, 12 months)

Administration and Practice Management: The primary goals of this learning experience are to: (1) gain insight into quality improvement strategies and their implementation in critically ill patients (2) improve vigilance in medication safety reporting and education (3) provide leadership in daily clinical operations such as code blue coverage and drug shortage situations. The practice area for this experience is University of Louisville Health downtown campus (UofL Hospital and UofL - Jewish Hospital). Resident will complete a quality improvement project, provide code blue coverage and participate in medication error review.

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.

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

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

**PGY2 CRITICAL CARE PROGRAM COMPLETION
REQUIREMENTS***

Pharmacademic/Evaluations	Date Completed
Resident has documented all general residency, core, longitudinal and elective LE goals within electronic files and Pharmacademic	
Resident has achieved at least SP or ACH on all required program core rotations, longitudinal rotations, and elective rotations	
Resident has successfully ACH-R >80% of required and elective ASHP goals/objectives with no active "Needs Improvement"	
Resident has completed all required self-evaluations for orientation, and (Q1, 2 and 4) longitudinal rotations.	
Resident has completed all preceptor and LE evaluations for all monthly and longitudinal rotations.	
Resident has initial and all quarterly mentor, development plans documented	
Orientation/HR	Date Completed
Licensure by September 1 st (or by October 1 st with REC approval)	
PGY1 Residency Completion Certificate	
BLS certification	
ACLS certification	
All required KNOW modules and sterile compounding annual competencies	
Research	Date Completed
Resident has successfully completed residency research project including: <ul style="list-style-type: none"> • IRB • Data collection/statistical analysis of results • Abstracts (ASHP MCM or Vizient, Great Lakes) • ASHP MCM poster • GLPRC /platform presentation • Final write-up with manuscript formatted and appropriate for submission to journal of choice 	
Administration and Practice Management	Date Completed
Quality Improvement Project	
Medication Safety Nursing Education	
Quarterly Review of Medication Errors	
Drug Information	Date Completed
Resident has successfully completed 4 Journal Club presentations	
Resident has completed a drug monograph, drug class review, treatment guideline or protocol	
Resident has successfully completed 1 hr CE presentation	
Resident has successfully completed 7 Critical Care Conference Case Presentations	
Resident has successfully completed a medication use evaluation	
Staffing	Date Completed
Resident has completed all staffing/service commitment responsibilities at UofL Hospital (2 holidays, ~13 weekends)	
Resident has completed a sufficient number of hours/days to complete the residency program (12 days PTO, personal/interview as approved by RPD and outlined in policy)	
General Requirements	Date Completed



Resident has attended and participated in required resident meetings (staff meetings, Residency Advisory Committee (RAC), Pharmacy & Therapeutics (P&T), monthly resident meeting, etc.)	
Resident has completed assigned code call	
Resident has documented monthly duty hours and wellness evaluation	
Resident has completed resident job for the year (i.e., JC, recruitment, community service, etc.)	
Resident has completed all PGY2 Critical Care Appendix items	
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.



APPENDIX E



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Ambulatory Care
Pharmacy Residency Manual
and Training Agreement Appendix
2024-2025**

Chelsey McPheeters, PharmD, BCPS, BCACP
Revised 7/2024



PGY2 AMBULATORY CARE PHARMACY RESIDENCY

The PGY2 Ambulatory Care Pharmacy Residency at UofL Health – UofL Hospital is an American Society of Health-System Pharmacists (ASHP) accredited residency program offering longitudinal ambulatory care learning experiences. Pharmacists who successfully complete the UofL Health PGY2 Ambulatory Care Pharmacy Residency will be innovative practitioners and pharmacy educators capable of assuming positions in multiple healthcare environments, engaging in research, academia, and becoming leaders in pharmacy organizations as Clinical Pharmacy Specialists in Ambulatory Care. 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.

MISSION STATEMENT

The fundamental 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 pharmacy students, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
3. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members and students.
4. Designing and implementing outcomes-based research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication.
5. Prepared to sit for Board Certification Exam in Ambulatory Care Pharmacy (BCACP).

PGY2 AMBULATORY CARE PROGRAM DETAILS

The PGY2 Ambulatory Care residency is a 52-week 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 Learning Experiences:

- **Orientation (every day for 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 (1/2 day for 6 months):** Provision of pharmaceutical care for general medicine patients in an interdisciplinary primary care resident clinic.
- **Anticoagulation Clinic (1/2 day for 5 months):** This longitudinal experience will enable the resident to provide comprehensive anticoagulation care in an outpatient clinic setting.
- **Cystic Fibrosis Clinic I (1/2 day for 5 months):** Opportunity to provide care to adult patients with cystic fibrosis within the University of Louisville Physicians Cystic Fibrosis Clinic.
- **Gastroenterology Clinic (1 full day for 3 months):** Resident will provide care to patients within an interprofessional gastroenterology clinic.
- **Hepatitis C Clinic I (1/2 day for 3 months):** Provision of pharmaceutical care for patients at risk for and/or infected with hepatitis virus within an interprofessional specialty clinic.
- **HIV Clinic I (1 full day for 2 months):** Interprofessional clinic where pharmacists see patients individually and with providers, with collaborative prescribing authorities related to antiretroviral therapy management for patients with HIV, pre-exposure prophylaxis for high-risk patients who are HIV-negative, and hepatitis C management for patients who are HIV-infected.
- **Medication Management Clinic (1/2 day for 11 months):** Pharmacist-run clinic providing chronic disease and comprehensive medication therapy management to employees and dependents of UofL Health. The resident will be responsible for ensuring safe and effective medication therapy, wellness self-management education, and follow-up communications with patients and providers. The resident will also have the opportunity to attend a weeklong diabetes camp and serve as a member of the camp medical staff as a part of this learning experience.

- **Multiple Sclerosis Clinic I (1 full day for 3 months):** 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 patients current DMT (administration schedule, adherence, side effects, copayments/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.
- **New Ambulatory Service (1 half day for 11 months):** 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.
- **Outpatient Oncology Clinic (1 full day for 2 months):** Provision of pharmaceutical care for general medicine patients in interdisciplinary oncology clinics.
- **Professional Development and Service (12 months/ ~3 hrs/week):** This is a longitudinal learning experience that focuses on the development of the resident's professional and service skillset. Examples of requirements evaluated by this longitudinal are: a continuing education seminar, didactic lecture at a college of pharmacy, quality improvement project, quarterly community service, and more.
- **Research – Flipped Model (12 months/~3 hrs/week):** 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 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 resident, submitting for IRB approval prior to completion of the program.
- **Rheumatology Clinic (1 full day for 3 months):** Resident will provide care to patients within a multidisciplinary rheumatology clinic alongside attending physician, medical residents, and rheumatology nurse
- **Specialty Pharmacy (1 full day for 3 months):** This experience will allow the resident to participate in the dispensing, patient counseling, and documentation functions of the specialty clinical pharmacist in a Specialty Pharmacy.
- **Specialty Pharmacy On Call (everyday for 4, 2-week blocks):** The resident will also serve as the on-call pharmacist for the specialty pharmacy 2 months out of the year. Our on-call policy outlines instructions for resident duty hours and when the resident is to transfer call to a different pharmacist if needed.

- **Staffing + Clinical Outpatient Services (1/2 day for 5 months):** 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. The resident will also participate in all Outpatient Clinical Service activities that are provided within the Outpatient Pharmacy, such as Board-authorized protocols (tobacco cessation, substance use disorder, diabetes testing supplies, etc.), Long-acting Injectable clinic, vaccinations, off-site vaccination clinics, off-site health fairs, and medication synchronization program activities. The resident may also be responsible for development of new Board-authorized protocol that best meets needs of the pharmacy and/or patient population at UofL Health. Protocol development may include CE, training, logistics, documentation, and quality analysis.
- **Scholarship of Teaching and Learning (12 months)*:** This is a required experience ONLY if residents did not obtain a teaching certificate prior to PGY2 residency. If residents did not receive a teaching and learning certificate during their PGY1, they will complete one during PGY2, through our collaboration with Sullivan University College of Pharmacy (SUCOP). General activities include providing lectures for SUCOP pharmacotherapy series, leading small group discussions/sessions, and presenting continuing education lectures at SUCOP grand rounds and to UofL Health pharmacy department.

Elective Learning Experiences: all electives are ½ day per week experiences

Up to 9 elective rotations are available for the resident within the 52 week program. Depending on the electives chosen, this number may be less based on the amount of time assigned to each elective. Elective opportunities are listed below with time associated for clarity. Other elective learning experiences may be developed based on resident interest and preceptor availability.

- **Academia (3 months):** Opportunity to expand upon teaching experiences within Sullivan University College of Pharmacy.
- **Ambulatory Care Administration (3 months):** Opportunity to work with the 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 with 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 various pharmacy practice settings.
- **Administration – Strategic Planning (3 months):** This elective will focus on developing ambulatory care pharmacy with an eye toward the future. The resident will work alongside pharmacy leadership working on growth and development for the outpatient team. Projects could range from specialty pharmacy accreditation to medication management billing.
- **Cystic Fibrosis Clinic II (3 months):** Expanding upon the skills gained in adult cystic fibrosis clinic I, residents will be given a higher level of autonomy for adult cystic fibrosis clinic II.

- **Emergency Medicine (1 full day for 3 months):** Provision of pharmaceutical care for patients presenting for urgent and emergent care at the hospital's emergency room.
- **Gastroenterology Clinic II (3months):** Expanding upon the skills gained in gastroenterology clinic I, residents will be given a higher level of autonomy for gastroenterology clinic II.
- **Hepatitis C Clinic II (3 months):** Expanding upon the skills gained in hepatitis C clinic I, residents will be given a higher level of autonomy for hepatitis C clinic II.
- **HIV Clinic II (3 months):** Expanding upon the skills gained in HIV I, residents will be given a higher level of autonomy and expectations for transitions of care during HIV II. A formal interprofessional clinic teaching session to the providers is a requirement of HIV II.
- **Hypercoagulopathy and Antithrombotics clinic (3 months):** Expanding upon the skills gained in anticoagulation clinic, residents will gain deeper insight into different patient populations and disease states related to coagulation.
- **Medical Writing (3 months):** Residents will be provided a half-day per week to work closely with a preceptor to improve medical writing skills. Requirements of this rotation include signing up to be a journal reviewer, participate in a journal review, and submit a final written manuscript to a journal for publication.
- **Multiple Sclerosis Clinic II (3 months):** Expanding upon the skills gained in multiple sclerosis clinic I, residents will be given a higher level of autonomy for multiple sclerosis clinic II.
- **Rheumatology Clinic II (3months):** Expanding upon the skills gained in rheumatology clinic I, residents will be given a higher level of autonomy for rheumatology clinic II.
- **Specialty Pharmacy II (3 months):** Expanding upon the skills gained in specialty pharmacy I, residents will be given a higher level of autonomy for specialty pharmacy II.
- **Staffing + Clinical Outpatient Services II (3 months):** The resident will primarily focus on the Outpatient Clinical Service activities that are provided within the Outpatient Pharmacy, such as Board-authorized protocols (tobacco cessation, substance use disorder, diabetes testing supplies, etc.), Long-acting Injectable clinic, vaccinations, off-site vaccination clinics, off-site health fairs, and medication synchronization program activities. The resident may also be responsible for development of new Board-authorized protocol that best meets needs of the pharmacy and/or patient population at UofL Health. Protocol development may include CE, training, logistics, documentation, and quality analysis.

PGY2 AMBULATORY CARE PROGRAM REQUIREMENTS

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

Pharmacademic/Evaluations
Goal R1.1 (Provide comprehensive medication management to ambulatory care patients following a consistent patient care process) must be achieved for residency
Resident has successfully completed all requirements of program core rotations, longitudinal rotations, and elective rotations.
Resident has successfully ACH-R >80% of required and elective ASHP goals/objectives with no active “Needs Improvement”
Resident has completed all required evaluations for learning experiences including self-evaluations, preceptor evaluations, and learning experience evaluations
Resident has completed initial and quarterly self-evaluations/assessments
Resident has initial and all quarterly development plans documented
Resident has maintained residency electronic folders and Pharmacademic™ files as outlined by RPD
Resident has completed the exit survey within Pharmacademic™ and exit meeting with RPD
Resident has documented monthly duty hours and wellness evaluation
Resident has completed the PGY2 Ambulatory Care direct patient care and education tracking log and documented progression
Orientation/HR
Licensure by September 1 st (or by approved extension of October 1 st)
PGY1 Residency Completion Certificate
BLS certification
All required KNOW modules and annual competencies
Research
Resident has successfully completed residency research project including: <ul style="list-style-type: none"> • Data collection/statistical analysis of results • Abstracts (ASHP MCM, Great Lakes) • Poster presentation at a national meeting • Podium presentation at regional meeting • Final write-up with manuscript formatted and submitted to journal of choice • IRB approval obtained for incoming resident
Professional Development and Service
Resident has successfully completed five formal presentations
Resident has successfully completed one continuing education program
Resident has successfully completed one didactic lecture at Sullivan University College of Pharmacy
Resident has successfully completed a clinical initiative
Resident has participated in volunteer service at least once per quarter during the residency year

Resident maintains involvement in professional local, state, and/or national organization(s).
Resident has served as primary preceptor for two PGY1 residents on Ambulatory Care rotation
Staffing
Resident has completed a sufficient number of hours/days to complete the residency program (no more than 37 days away from residency training including scheduled PTO, sick PTO, personal leave, etc.) as approved by RPD and outlined in policy
The resident has successfully completed 4, 2-week blocks of on-call services for the Specialty Pharmacy
Administration/General Requirements
Confirmation of PGY1 certificate
Resident has attended and participated in required resident meetings (staff meetings, Residency Advisory Committee (RAC), Pharmacy & Therapeutics (P&T), monthly resident meeting, service line meeting, Journal Club, etc.)
Resident has completed resident job assignment
Teaching *Required only if resident did not obtain teaching certificate prior to PGY2 residency*
Resident has successfully completed the SUCOP teaching certificate program and submitted final teaching portfolio (see certificate from SUCOP)
Resident has completed required resident small group lecture series
Resident has completed at minimum 6 pharmacy in-services to a variety of audiences

**For extenuated circumstances discussion/alternatives may be adjusted and approved by RAC

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

PGY2 AMBULATORY CARE PROGRAM PRECEPTORS

Rotation	Preceptor	Email
Orientation	Chelsey McPheeters, PharmD, BCPS, BCACP	Chelsey.mcpheeters@uoflhealth.org
Flipped Research Longitudinal	Emily O'Reilly, PharmD, BCACP, CSP	Emily.oreilly@uoflhealth.org
	Chelsey McPheeters, PharmD, BCPS, BCACP	Chelsey.mcpheeters@uoflhealth.org
Professional Development and Service Longitudinal	Claire Thieneman, PharmD, BCACP, TTS	claire.thieneman@uoflhealth.org
Adult Cystic Fibrosis Clinic I & II	Sarah Foushee, PharmD, BCPS, CSP	Sarah.foushee@uoflhealth.org
Adult Internal Medicine Clinic	Jodi Freedlund, PharmD, BCACP	Joanna.freedlund@uoflhealth.org
Anticoagulation and Hypercoagulopathy and Antithrombotics Clinics	Jodi Freedlund, PharmD, BCACP	Joanna.freedlund@uoflhealth.org
Medication Management Clinic	Tina Claypool, PharmD, CDCES, BCACP	Tina.claypool@uoflhealth.org
Gastroenterology Clinic I & II	Kaley Shepard, PharmD	kaley.shepard@uoflhealth.org
Hepatitis C Clinic I & II	Claire Thieneman, PharmD, BCACP	Claire.thieneman@uoflhealth.org
HIV Clinic I & II	Bailey Benidir, PharmD, AAHIVP	Bailey.bolten@louisville.edu
Multiple Sclerosis Clinic I & II	Meredith Niemann, PharmD, BCPS	Meredith.Niemann@uoflhealth.org
New Ambulatory Service	Chelsea Maier, PharmD, CSP	Chelsea.maier@uoflhealth.org
	Hope Maniyar, PharmD, MBA	Hope.maniyar@uoflhealth.org

U^{OF}L Health

Oncology Outpatient Clinic	Ali Mann, PharmD, BCOP	Alixandra.mann@uoflhealth.org
Rheumatology Clinic I & II	Chelsey McPheeters, PharmD, BCPS, BCACP	Chelsey.mcpheeters@uoflhealth.org
Specialty Pharmacy I & II	Emily O'Reilly, PharmD, BCACP, CSP	Emily.oreilly@uoflhealth.org
Specialty Pharmacy – On Call	Chelsea Maier, PharmD, CSP	Chelsea.maier@uoflhealth.org
Staffing + Clinical Outpatient Services I & II	Hope Maniyar, PharmD, MBA	Hope.maniyar@uoflhealth.org
Ambulatory Care Administration	Chelsea Maier, PharmD, CSP Hope Maniyar, PharmD, MBA	Chelsea.maier@uoflhealth.org Hope.maniyar@uoflhealth.org
Administration: Strategic Planning	Chelsea Maier, PharmD, CSP	Chelsea.maier@uoflhealth.org
Academia	Danielle Parker	DParker@sullivan.edu
Emergency Medicine	Pauline Thiemann, PharmD, BCPS	Pauline.thiemann@uoflhealth.org
Medical Writing	Emily O'Reilly, PharmD, BCACP, CSP	Emily.oreilly@uoflhealth.org

THE ORIENTATION PROCESS

The incoming PGY2 Ambulatory Care 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 outpatient pharmacy and specialty pharmacy drug dispensing services.
3. To give the resident a clinical orientation to the outpatient pharmacy services.

The orientation schedule for the incoming PGY2 Ambulatory Care 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
- Hospital orientation attendance
- 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 clinical services and board authorized protocols such as immunizations, diabetic testing supplies, vivitrol protocol, smoking cessation services, epinephrine protocol, and Narcan protocol
- Extensive training on the hospital and pharmacy computer systems (ScriptPro, Therigy, Epic, Cerner Powerchart, Theradoc, etc.)
- Training with staff pharmacists in the outpatient pharmacy and specialty pharmacy
- Assessment of clinical knowledge and skills through multiple pharmacy competencies/LEARN modules
- Research process/residency advisory committee orientation and IRB training
- Orientation to RPDC, Pharmacademic™, N drive documentation, evaluation process and timeline
- Mentoring program and professionalism standards



APPENDIX F



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Internal Medicine Pharmacy Residency Manual
and Training Agreement Appendix
2024-2025**

Vanessa VanArsdale Peterson PharmD, BCPS

Updated 6/2024



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

Purpose Statement: PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

The **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 PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
3. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members and students.
4. Designing and implementing a research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication.

Pharmacists who successfully complete the 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 (52 week) 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. If resident has completed PGY1 at UofL Health, orientation month will be replaced with an additional elective rotation.
- **Internal Medicine 1 (2 months):** Provision of pharmaceutical care for internal medicine patients on an interdisciplinary rounding service, pharmacokinetic monitoring, clinical intervention documentation, patient counseling, vaccination screening, medication reconciliation (admission and discharge), 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 (1 month):** The resident will continue to cultivate the skills developed during Internal Medicine 1 with a concentration on autonomy, precepting and education of pharmacy staff, nursing and medical teams.
- **Internal Medicine 3 (1 month):** Continuation of Internal Medicine 1 and 2 roles and responsibilities with a concentration on departmental leadership, 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.
- **Cardiology (1 month):** Participate in the interdisciplinary care of patients admitted to and/or consulted on by the UofL Hospital general cardiology service (2 weeks). For the second half (2 weeks) of the learning experience, the resident will transition to the Jewish Hospital cardiology service where management of hospitalized patients with heart failure will be the focus.
- **Medical Intensive Care (1 month):** Participate in the interdisciplinary care of patients in the medical intensive care units (MICU) while rounding with the MICU team, actively monitor antibiotic use, extensive pharmacokinetic drug monitoring, clinical intervention documentation, medication reconciliation, delivery of in-service(s) to physicians and/or nursing staff, and precepting APPE students and/or PGY1 residents.
- **Infectious Disease (1 month):** Participate in daily rounds with the Infectious Diseases consult service, actively monitor antimicrobial use for appropriate indication, dose, duration,

route, monitoring and efficacy. Resident will perform extensive pharmacokinetic/pharmacodynamics monitoring, dose adjustments, clinical intervention documents, vaccine screening, patient/physician medication-related education as needed, and precept APPE students and/or PGY1 residents.

- **Research (1 month):** Resident will receive 1 month dedicated to working toward completion of their selected residency research project. Resident will work on requirements of the research project including but not limited to submission of research proposal to the Residency Research Advisory Committee, obtain approval from the University of Louisville Institutional Review Board (IRB), Microsoft Access training, poster presentation at ASHP MCM, presentation of final results at the Great Lakes Pharmacy Residency Conference, and preparation of a final manuscript suitable for publication.
- **Elective Rotations (3, 1 month):** Antimicrobial Stewardship, Emergency Medicine, Internal Medicine – Hospitalist, Medical Oncology, Nutrition, Stroke Service, Ambulatory Care Specialty Clinics, Solid Organ Transplant (UofL Health – Jewish Hospital), Cardiovascular Surgery Intensive Care Unit (UofL Health - Jewish Hospital), Academia (Sullivan University College of Pharmacy), Neuro Intensive Care Unit, Substance Use Disorder Service (SUDS), Palliative Care

Longitudinal Rotations (12 months/52 weeks)

- **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 (subject to change based on departmental need) and two hospital recognized holidays. 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, one formal drug information question, 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, optional poster presentation at ASHP MCM or Vizient, 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 a minimum of four formal presentations/lectures. These presentations may be divided between didactic lectures at Sullivan University College of Pharmacy or University of Louisville School of Medicine, Continuing Education presentations at UofL Health and Internal Medicine noon report (minimum 1 of each). Optional participation in the Teaching Certificate Program with Sullivan College of Pharmacy will be provided if not completed during the resident's PGY1 experience. The resident will be required to present at the internal medicine department noon report.
- **Medication Safety:** 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 learning experience. 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 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:

Orientation/HR	Date Completed
Licensure by September 1 st (or by October 1 st with REC approval)	
PGY1 Completion Certificate	
BLS certification	
ACLS certification	
Completed incoming strengths finder assessment	
Completed all quarterly HR (KNOW)/clinical competencies (quarterly check off)	Q1: Q2: Q3: Q4:
Pharmacademic/Evaluations	Date Completed
Resident has documented all general residency, required, longitudinal and elective LE goals within electronic files and Pharmacademic.	Q1: Q2: Q3: Q4:
Resident has completed all required self-evaluations for each assigned rotation and longitudinal rotation.	Q1: Q2: Q3: Q4:
Resident has completed all preceptor and LE evaluations for all monthly and longitudinal rotations.	Q1: Q2: Q3: Q4:
Resident has initial and quarterly self-assessments documented.	Q1: Q2: Q3: Q4:
Resident has initial and all quarterly, development plans documented.	Q1: Q2: Q3: Q4:
Resident has completed the PGY2 Internal Medicine required topic log and documented progression within PharmAcademic.	Q1: Q2: Q3: Q4:
Objective Achievement	Date Completed
Resident has achieved at least SP or ACH on all required, elective, and longitudinal LE goals and objectives.	
Resident has successfully ACH-R \geq 80% Required Goal/Objective Achievement with no active "Needs Improvements". When goals/objectives have been achieved a minimum of one time in a required, elective or longitudinal, a discussion will take place between RAC committee members to determine if goal/objective has been achieved for residency.	Q1: Q2: Q3: Q4:
Research	Date Completed
Resident has successfully completed residency research project including: <ul style="list-style-type: none"> • Initial project proposal presentation (<i>list completion date</i>) • IRB (<i>list completion date</i>) • Data collection/statistical analysis of results (<i>list completion date</i>) • Poster abstract submission (Vizient or ASHP MCM) (<i>list completion date</i>) 	

<ul style="list-style-type: none"> • Presentation of Vizient or ASHP MCM poster (<i>list completion date</i>) • Research abstract submission (GLPRC) (<i>list completion date</i>) • GLPRC platform presentation (<i>list completion date</i>) • Final write-up of manuscript formatted and appropriate for submission to journal of choice (<i>list completion date</i>) 	
Resident has submitted one (1) research project proposal for incoming year	
Education/Academia	Date Completed
Resident has successfully completed six (6) pharmacy in-services (nursing, physician, pharmacist, etc.).	
Resident has participated in the continuing education program (UofL Hospital Pharmacy CE) by completing at least one (1) CE	
Resident has completed at least one (1) didactic lecture at SUCOP	
Resident has presented at least one (1) noon report presentation to the IM resident physician group	
Resident selects and completes one (1) additional CE, didactic lecture or noon report to complete a total of four (4) formal presentations.	
Resident has served as a primary preceptor for one (1) APPE student on an Internal Medicine rotation.	
Drug Information/Administration	Date Completed
Resident has successfully completed one (1) formulary monograph.	
Resident has successfully completed one (1) medication use evaluation (MUE) project, including final manuscript.	
Resident has successfully completed one (1) formal drug information question or case report suitable for publication.	
Resident has successfully participated in P&T (Minimum of one (1) presentation).	
Resident has successfully completed writing or updating one (1) department or medication policy and/or procedure/guideline.	
Resident has successfully completed one (1) performance/quality improvement project.	
Clinical Staffing	Date Completed
Resident has completed staffing/service commitment responsibilities (every 4 th weekend [~12 weekends], two (2) holidays).	
Administration/General Requirements	Date Completed
Resident has attended and participated in required resident meetings (staff meetings, Residency Advisory Committee (RAC), Pharmacy & Therapeutics (P&T), monthly service line meetings, monthly resident meetings, etc.).	
Resident has completed one (1) month of code call.	
Resident has documented monthly duty hours and wellness evaluation.	
Resident has completed resident job for the year (i.e., JC, recruitment, community service, etc.).	
Resident has completed the exit evaluation and exit meeting with RPD.	

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



PGY2 INTERNAL MEDICINE PROGRAM PRECEPTORS

Orientation	Vanessa VanArsdale, PharmD, BCPS
Orientation/Research	Vanessa VanArsdale, PharmD, BCPS
Internal Medicine 1	Vanessa VanArsdale, PharmD, BCPS David Kaylor, PharmD, BCPS Madeline Mitchell, PharmD, BCPS
Internal Medicine 2	
Internal Medicine 3	
Medical Intensive Care	Josh Samuelson, PharmD, BCCCP
Infectious Diseases	Ashley Ross, PharmD, BCPS Julie Harting, PharmD
Cardiology/Heart Failure	Riley Wildemann, PharmD, BCPS
Research	David Kaylor, PharmD, BCPS Riley Wildemann, PharmD, BCPS
Drug Information/Administration	Vanessa VanArsdale, PharmD, BCPS Hanna Earich, PharmD, BCPS
Education/Academia	Lindsey Jarboe, PharmD, BCPS Madeline Mitchell, PharmD, BCPS
Clinical Staffing	Vanessa VanArsdale, PharmD, BCPS
Medication Safety	Melissa Robertson, PharmD, BCPS
Emergency Medicine	Josh Senn, PharmD, BCPS, BCEMP
Cardiovascular Surgery Intensive Care Unit	Jimmy Byrnes, PharmD, BCCCP
Medical Oncology	Ryan Bycroft, PharmD, BCOP Megan Burd, PharmD, BCOP Ali Mann, PharmD, BCOP Katlyn Mulhall, PharmD, BCOP
Nutrition	Marx Cox, PharmD, BSCP, BCCCP
Stroke Service	Lindsey Jarboe, PharmD, BCPS
Solid Organ Transplant	McKenna Person, PharmD, BCPS
Academia	Sarah Raake, PharmD, MEd, BCACP, LDE
Neuroscience Intensive Care Unit	Lindsey Weitkamp, PharmD, BCPS, BCCCP
Substance Use Disorder Service	Courtney Eaves, DO
Ambulatory Care: Specialty Clinics	Chelsey McPheeters, PharmD, BCPS
Antimicrobial Stewardship	Audry Hawkins, PharmD, BCIDP
Internal Medicine – Hospitalist	Vanessa VanArsdale, PharmD, BCPS
Palliative Care	Kimberly Pate, MD



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



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. Total estimated time spent on clinical staffing is approximately 208 hours.

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 APPE student and resident presentations (including student case conference) while serving as secondary preceptor. Residents are encouraged to attend SUCOP lectures/CE events, weekly University of Kentucky grand rounds (via teleconference) and quarterly grand rounds at Sullivan College of Pharmacy. If the resident is unable to attend, he/she must read the posted minutes to remain current on procedures and changes within the department. Residents may be excused from attending these meetings if approved by their Rotation Preceptor AND Program Director, or if on vacation or administrative leave.

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

RESEARCH PROJECT SCHEDULE: To be provided by research project preceptor

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.
- 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 in the institution’s Adverse Drug Event Reporting Program.

- Document all identified near misses and medication events using the in the institution's Adverse Drug Event Reporting Program.
- **Average Time Commitment per Required Assignment (may vary based on resident)**
 - *Time commitment includes development, completion, and presentation, when applicable.*
 - Formulary monograph and presentation at P&T meeting: 10 hours
 - One formal drug information question: 10 hours
 - Medication use evaluation: 60 hours
 - Quality improvement project: 30 hours
 - Medication use policy and/or guideline: 20 hours

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), at least 1 will be a didactic lecture and at least 1 will be a 1-hour presentation to physician residents and interns at Internal Medicine Noon report. 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.

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 3 rotation.

RESIDENT ELECTRONIC PORTFOLIO (N-Drive)

This is the electronic record of all activities undertaken while a resident is at UofL Health – UofL Hospital. The electronic portfolio (N-drive) should include:

- Individual Resident Folder Components
 - Required/Elective LE Folders
 - Goals
 - Calendar
 - All projects, topic discussions, presentations, etc.
 - Longitudinal Folders (varies based on LE; goals, calendar, all projects, topic discussions, drafts/final presentations, etc.)
 - Clinical Staffing
 - Evaluations
 - Research
 - Research project timeline
 - Research project proposal/protocol
 - ACCP abstract and poster (if applicable)
 - ASHP MCM abstract and poster (if applicable)
 - Great Lakes Pharmacy Residency Conference abstract and presentation
 - Manuscript
 - Research nomination form
 - Drug Information/Administration
 - Drug information questions
 - Monograph
 - Medication use evaluation
 - Medication use policy/guidelines
 - Quality improvement project
 - Education/Academia
 - Didactic lectures and evaluations
 - ACPE CE and evaluations
 - Noon-report
 - In-services
 - Local organization submission (KSHP, etc.)
 - Medication Safety
 - Resident job
 - Development Plan
 - Initial, Q1-Q4 development plans*
 - Goals/Objective progression
 - PGY2 Appendix tracking (topic log)
 - Goal/Objective ACH-R Tracking Reports
 - Initial goals/objectives review*
 - Updated each month starting in Q2 by RPD*
 - Personal
 - 1 Offer/Acceptance letter signed scanned*

- 2 Manual, training and policy agreement signed scanned*
- 3 PGY1 residency certificate
- 4 Kentucky Board of Pharmacy License
- 5 Certifications (ACLS, BLS)
- 6 Clifton Strengths Finder Results
- 7 Pre-residency self-assessment questionnaire*
- 8 CV
- 9 Photos
- 10 Program completion requirements checklist*
- 11 Program checklist*
- 12 PGY2 certificate upon completion scanned signed*
- 13 Exit survey
- 14 Overall residency goals
- RAC Reports
 - Progress reports prior to monthly RAC meeting
- Resident Metric Dashboards
 - Resident quarterly metric dashboards (Q1-4)

Pharmacademic™ File Requirements

- Files
 - All required completion documents/projects must be saved as completed
 - i.e., required presentations/in-services, drug information questions, MUE, QI, monograph, ACCP abstract/poster, Great Lakes presentation, manuscript, etc.
 - **Please make sure named appropriately for easy reference by surveyors**
 - i.e., MUE – Name of Topic, Date
 - i.e., DI Question – Title
 - i.e., ACCP Poster – Title
 - i.e., QI Project - Title
- Close Out Documentation
 - Upload of signed certificate
 - Program completion requirements checklist
 - Program checklist
 - PGY2 Appendix Completion (topic log)

RESIDENT ROTATIONS

During their 52 week 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.

Learning experiences without a pharmacist as the primary preceptor (palliative care, substance use disorder, and internal medicine – hospitalist) will not be scheduled until resident meets the following criteria:

- 1) Completion of quarter 1 (i.e. earliest scheduling of rotation is quarter 2, but preferably quarter 3 or 4).
- 2) RPD and IM RAC must agree via majority vote that the resident is ready for independent practice on an elective rotation
- 3) The resident's readiness for independent practice is documented within the resident's development plan



APPENDIX G



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Emergency Medicine Pharmacy Residency
Manual and Training Agreement Appendix
2024-2025**

PGY2 EMERGENCY MEDICINE (EM) PHARMACY RESIDENCY PROGRAM

The PGY2 Emergency Medicine Pharmacy Residency at UofL Health – UofL Hospital is an American Society of Health-System Pharmacists (ASHP) accredited 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.

PGY2 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 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 professional pharmacy conference and submitted for publication.

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

PGY2 EM PROGRAM STRUCTURE

The PGY2 EM program is a 12-month (52 week) training program that begins in July and ends June 30th of 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.

Core Rotations:

- **Orientation (3 weeks):** Orientation to the residency program structure and expectations as well as 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 discharge counseling.
- **Emergency Medicine 1 (8 weeks):** The Emergency Medicine 1 (EM1) rotation is the first of five core learning experiences residents will complete in the UofL Hospital Emergency Department. This learning experience will focus on introduction to emergency medicine clinical pharmacy services with emphasis on acute trauma resuscitation and management. All EM learning experiences involve the provision of clinical and operational patient care services to all patients in this unit ranging from ambulatory care to critically ill acuity levels. The rotation is designed to familiarize the residents with principles utilized by the emergency medicine clinical pharmacists as they relate to providing patient care services as a member of the interdisciplinary care team. Residents will complete the Emergency Medicine Pharmacy Competency Training Checklist by the end of EM1.
- **Emergency Medicine 2 (4 weeks):** Continuation of Emergency Medicine 1 roles and responsibilities as residents will take ownership of managing patients in the emergency department, trauma resuscitations, the discharge culture service, co-precept PGY1 pharmacy residents and student pharmacists and continue to develop professional working relationships and incorporate themselves into the interdisciplinary care team. Scheduled topics for this month will focus on neurology and neurocritical care patient populations.
- **Emergency Medicine 3- Infectious Disease (4 weeks):** Continuation of Emergency Medicine 1 and 2 roles with a focus on infectious diseases, sepsis, and antimicrobial stewardship. 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. Residents will attend ED Sepsis Committee meetings, response to ED Code sepsis alerts and incorporate proactive antimicrobial stewardship services.
- **Emergency Medicine 4- Community Focus (6 weeks):** Continuation of Emergency Medicine 1, 2, and 3 roles and responsibilities within UofL Health's Community EDs located at Mary and Elizabeth Hospital and Jewish Hospital. Residents will serve as a primary EM pharmacy resource for the community EDs within the UofL Health system. Additionally, residents will be challenged to develop interprofessional working relationships with new providers, take on precepting roles for PGY1 residents and student

pharmacists, and practice in a new ED setting with different resource availability than the academic medical setting.

- **Emergency Medicine 5- Advanced Topics in Critical Care and Emergency Medicine (4 weeks):** This is the last of the EM core learning experiences for residents where they will be practicing at an independent level as the primary EM pharmacy resource for providers and support staff. Continuation of building upon previous EM 1, 2, 3, 4 experiences and other non-EM rotations serving as the last month of EM in QTR4. Residents should be operating at a high level of independence and autonomy and taking on primary precepting roles when available for all levels of learners on the Emergency Medicine rotation.
- **Critical Care (Two 4-week blocks):** Choice of two ICU rotations in the Medical, Neurosurgical, or Surgical/Trauma intensive care units. 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 PGY1 residents.
- **Research and Concentrated Toxicology (3 weeks):** Residents will attend ASHP Midyear Clinical Meeting for networking, attending educational seminars, and present their research project posters. Additionally, residents will have 2 weeks of dedicated time at the Kentucky Poison Control Center (PCC) and actively participate in the daily operations, communication and medical management and consultative services for PCC toxicology consults.
- **Baptist Health Louisville Emergency Medicine 1 (2 weeks) Rotation** at Baptist Health East Louisville community hospital emergency department. Participate in the interdisciplinary care of emergency medicine patients in a community setting ED within the Baptist Health System for a wide variety of disease state and patient population interactions.
- **Elective Rotations (Two 4-week blocks):** Residents may choose from the following: Medical Intensive Care, Neurosurgical Intensive Care, Surgical Intensive Care, Cardiac Intensive care (Jewish Hospital), Pediatric Emergency Department (Norton Children's Hospital), Infectious Disease, Internal Medicine, Advanced Toxicology (Poison Center).

Longitudinal Rotations:

- **Toxicology (51 weeks; 8 hours/month):** 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. Many of the required topics related to toxicology are facilitated through this longitudinal. Residents

will have dedicated time at the PCC during QTR1 (2 days), QTR2 (2 weeks) and QTR4 (1 week) at the Kentucky Poison Control Center throughout the year.

- **Research Outcomes (51 weeks; 12 hours/month):** 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), research results presentation at a professional pharmacy conferences, and preparation of final manuscript suitable for publication. A flipped research model is utilized where residents will begin data collection on an already IRB-approved project and then identify, develop, and submit to IRB a new research project in QTR3/QTR4 for next year's resident.
- **Staffing and Practice Management (51 weeks; approximately 13 weekend (Saturday/Sunday) shifts [312 hours] and 2 holidays [16 hours]):** Resident will learn to effectively staff the emergency department by learning to prepare and dispense medications according to facility requirements, staffing every 4th weekend. Residents will hone their prioritization skills while integrating information systems into their daily practice, learning Chapter 797 clean room guidelines, drug informational skills when fielding questions from physicians/nurses, staff supervision skills of the medication reconciliation techs, dispensing systems, automation/robotics, clinical documentation, decentralized order entry to ensure safe and appropriate medication therapy for patients. Residents will write up and submit quarterly drug information question encountered during staffing weekends and conduct an inventory optimization project for the automated dispensing cabinets in the Emergency Department. Residents will be responsible for maintaining inventory tracking for the Mass Casualty Incident (MCI) code drug bags throughout the year.
- **Teaching and Practice Leadership (51 weeks; 10 hours/month):** In addition to pharmacy student and PGY1 resident teaching and precepting responsibilities on individual rotations, the resident is required to complete 4 formal presentations/lectures. These presentations will include 2 presentations to the Emergency Medicine resident during their weekly conference, a didactic lecture to pharmacy students, and a and Continuing Education (Grand Rounds) presentations. Residents will develop in-services for a variety of audiences that include pharmacists, nurses, and EMS personnel as well as participation in a quarterly journal club. Participate in staff and department/service line 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. Residents will also take an active role in helping to precept APPE student pharmacists and PGY1 residents during EM rotation experiences.

Additional Program Opportunities:

- Pediatric Advanced Life Support (PALS) certification
- ATLS Class Audit
- EMS Ride-alongs (with local EMS personnel, ED Attending/EMS Medical Directors, and EMS Fellow)

**PGY2 EMERGENCY MEDICINE PROGRAM
PRECEPTORS**

Orientation	
Emergency Medicine 1, 2, 3, 5	Joshua Senn, PharmD, BCPS, BCEMP Nick Cottrell, PharmD, BCPS, BCEMP Peyton Howell, PharmD, BCCCP Casey Venable, PharmD, BCEMP Stephen Neal, PharmD, BCEMP
Emergency Medicine 4	Sam Katzman, PharmD, BCPS, BCEMP Pauline Thiemann, PharmD, BCPS, BCEMP
Baptist East Hospital Emergency Medicine	Megan Webb, PharmD, BCPS, BCEMP
Research and Concentrated Toxicology	Joshua Senn, PharmD, BCPS, BCEMP Jay Adams, PharmD, DABAT
MICU	Joshua Samuelson, PharmD, BCCCP
Trauma/Surgical ICU	Mark Cox, PharmD, BCPS, BCCCP Kristen Livers, PharmD, BCCCP
Neurology/Stroke	Lindsey Jarboe, PharmD, BCPS
Neurosurgical ICU	Lindsay Weitkamp, PharmD, BCPS, BCCCP
Internal Medicine	David Kaylor, PharmD, BCPS Madeline Mitchell, PharmD, BCPS
Infectious Diseases	Ashley Ross Pharm.D., BCPS, BCIDP
Pediatric Emergency Medicine Norton Children’s Hospital	Kiley Hunter, PharmD, BCPPS
Cardiac Intensive Care	Jimmy Byrnes, PharmD, BCPS, BCCCP
Toxicology (Elective)	Ashley Webb, MSc, PharmD, DABAT Jay Adams, PharmD, DABAT
Staffing and Practice Management	Nick Cottrell, PharmD, BCPS, BCEMP Stephen Neal, PharmD, BCEMP
Teaching and Practice Leadership	Joshua Senn, PharmD, BCPS, BCEMP
Research Outcomes	Pauline Thiemann, PharmD, BCPS, BCEMP Casey Venable, PharmD, BCEMP
Toxicology (Longitudinal)	Jade Daugherty, PharmD, BCPS, BCEMP

**PGY2 EMERGENCY MEDICINE PROGRAM
COMPLETION REQUIREMENTS**

Orientation/HR	Date Completed
KY Pharmacist licensure by September 1 st (or by October 1st with RAC approval)	
PGY1 Residency Completion Certificate	
BLS certification	
ACLS certification	
Completed all quarterly HR/clinical competencies (quarterly check off)	Q1: Q2: Q3: Q4:
Complete sterile compounding annual competencies	
Complete EM Pharmacist Orientation and Competency Checklist by the end of EM1 Learning experience.	
Completed incoming strengths finder assessment	
Pharmacademic/Electronic Files	Date Completed
Resident has uploaded general residency, core, longitudinal and elective LE goals within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
Resident has uploaded all completed deliverables within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
The resident submits monthly duty hours and resident well-being evaluations within Pharmacademic.	
Objective Achievement	Date Completed
Resident has successfully ACH-R \geq 80% of required ASHP objectives with no active Needs Improvement (NI) as of the end of June	
Toxicology	Date Completed
Shadowing experience at the Kentucky Poison Control Center.	
Submission of a reflective write up of experience at KY PCC (R6.1.1).	
Development of a toxicology-focused education (MEDucation).	
Development of a toxicology-focused patient case write up to be submitted for publication (e.g. case study).	
Research Outcomes	Date Completed
Completion of a residency research project that includes data collection and analysis as well as a final manuscript appropriate for submission for publication.	
Submission of research project to IRB.	
Presentation of research project and results at 2 professional conferences.	1. 2.
Submission of a minimum of one research proposal to the resident's preceptor intended for a future resident(s)	
Staffing and Practice Management	Date Completed

Resident has completed all required staffing/service commitments at UofL Hospital (2 holidays, 13 weekends)	
Completion of 4 drug information question write-ups (1 per quarter)	Q1: Q2: Q3: Q4:
Identification and implementation of 1 inventory optimization opportunity for the Emergency Department Automated Dispensing Cabinets (Omnnicell).	
Responsible for maintaining inventory and tracking drug expiration within the Mass Casualty Incident (MCI) to-go drug bags for assigned quarters.	Q1: Q2: Q3: Q4:
Teaching and Practice Leadership	Date Completed
Develop and present 1 EMS in-service/education.	
Develop and present 2 lectures to EM medical resident weekly conference.	1. 2.
Develop and present 1 Pharmacist Grand Rounds CE.	
Develop and present 1 nursing education/in-service (in person or MEDucation).	
Serve as a mentor for a PGY1 resident's developed MEDucation.	
Develop and present 1 classroom didactic lecture for student pharmacists.	
Participate in the development and/or assessment (check-off) of 1 pharmacist clinical competencies.	
Serve as co-preceptor for at least 1 APPE student pharmacist or PGY1 pharmacy resident during EM rotation.	
Conduct and implement a quality improvement project.	
Development of a new or updates to an existing pharmacy policy, protocol, or powerplan.	
Presentation of 4 journal clubs.	1. 2. 3. 4.
Administration/General Requirements	Date Completed
Resident has completed resident job for the year (<i>list resident job</i>)	
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. 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.



APPENDIX H



DEPARTMENT OF PHARMACY SERVICES

**PGY2 Infectious Diseases Pharmacy Residency
Manual and Training Agreement Appendix
2024-2025**

PGY2 ID MISSION STATEMENTS

Purpose: PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

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 and advancing direct patient care, participating in practice management, developing, or implementing pharmacy services, and providing drug information and consults to other providers.
2. Coordinating and facilitating antimicrobial stewardship initiatives and administrative duties that promote antimicrobial optimization and management.
3. Developing educational skills through participation in academic rotations, providing therapeutic lectures to undergrad pharmacy students and/or other learners, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
4. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members, and students.
5. 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 ID 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 ID.

PGY2 ID PROGRAM STRUCTURE

The PGY2 ID program is a 52-week training program that typically begins in July and ends 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 or Orientation/Project (four weeks):** The resident will receive a general introduction to the hospital which will include an orientation by the official hospital human

resources department, both UofL Hospital and Jewish Hospital overview, inpatient pharmacy departments, medication distribution systems/workflow, and computer systems. The resident will also be oriented to UofL Hospital and Jewish Hospital clinical services, UofL Health policies/procedures, and PGY2 ID residency program, including project requirements and timeline. This will include multiple meetings with preceptors for focused topic discussions. Residents will also be recertified (if needed) in basic life support (BLS) and advanced cardiovascular life support (ACLS). If the resident has completed PGY1 at UofL Health, the orientation portion to the hospitals will be replaced with the project month (orientation/project) and an additional elective rotation will be available. The PGY2 ID residency program review will remain for all ID residents.

- **Introduction to Microbiology (two weeks):** The goal for this rotation is to further develop the pharmacy resident's pharmacotherapy knowledge base of ID and microbiology. The resident will rotate through the microbiology lab to learn workflow, preparation, and evaluation of standard culture techniques, as well as aspects of fungal and mycobacterial culturing, mechanisms of serology testing, and molecular diagnostic capabilities and applications.
- **Infectious Diseases Consult I (six weeks):** The goal for this rotation is to further develop the pharmacy resident's pharmacotherapy ID knowledge and develop the skills necessary to serve as the ID pharmacist. To achieve this, the resident will participate in daily interdisciplinary rounds with one of the ID consult teams, optimize antimicrobial use for various infectious diseases using evidence-based medicine, monitor for drug interactions and adverse events, document interventions, communicate regularly with team members, and anticipate ID-related issues. Additionally, the resident will be responsible for monitoring and adjusting antimicrobials based on pharmacokinetic and pharmacodynamic principles, responding to drug information questions, and providing education to the medical team regarding pharmacologic treatment plans and adverse effects as needed.
- **Infectious Diseases Consult II (five weeks):** ID Consult II will continue to cultivate the skills and build upon the practices, goals, and concepts from ID Consult I. Residents will be expected to be practicing at a high level of independence with added responsibility as they incorporate knowledge, skills, and critical decision making cultivated throughout the year in preparation for post-residency clinical practice. During ID Consult II, the resident will have a concentration of additional ID disease states not previously discussed on ID Consult I, higher patient census and departmental leadership responsibility opportunities, and focus on precepting and education.
- **Antimicrobial Stewardship I (six weeks):** The goal for this rotation is to further develop the pharmacy resident's pharmacotherapy ID and antimicrobial stewardship (AMS) knowledge. To achieve this, the resident will participate in daily prospective audit and feedback activities, serve as a medication expert and help answer questions from providers, pharmacists, and nursing staff regarding antimicrobial use, monitor and respond to culture reports in real time throughout the day, and evaluate dosing regimens for patients on antimicrobials. Additionally, the resident will assist in AMS projects or

policy development to help advance the AMS program across the health system and provide education regarding appropriate use of antimicrobials for common infections.

- **Antimicrobial Stewardship II/Tele-Stewardship (five weeks):** AMS II, will continue to cultivate the skills and build upon the practices, goals, and concepts from AMS I. Residents will be expected to be practicing at a high level of independence with added responsibility as they incorporate knowledge, skills, and critical decision making cultivated throughout the year in preparation for post-residency clinical practice. During AMS II, the resident will have a concentration of added AMS responsibilities, additional AMS ID discussions not previously covered/seen on AMS I, tele-stewardship, departmental leadership responsibility, and teaching and education.
- **Bone & Joint Infectious Diseases Consult (four weeks):** The goal for this rotation is to further develop the pharmacy resident's pharmacotherapy ID knowledge, specifically related to skin and soft tissue and bone and joint (B&J) infections and develop the skills necessary to serve as the ID pharmacist. To achieve this, the resident will participate in daily interdisciplinary rounds with the B&J ID consult team, optimize antimicrobial use for various infections utilizing evidence-based literature, monitor for drug interactions and adverse events, and anticipate ID related issues throughout the inpatient stay and transitions of care. Additionally, the resident will be responsible for monitoring and adjusting antimicrobials based on pharmacokinetic and pharmacodynamic principles and responding to drug information questions as well as providing education to the medical team regarding pharmacologic treatment plans and adverse effects. The resident will have an increased focus on appropriate evidence-based recommendations on antimicrobials for long term use and discharge, as well as monitoring requirements for long term antimicrobials in the setting of B&J and skin and soft tissue infections. The resident will also be in B&J clinic at least weekly to gain experience in long term follow up of these patients.
- **Immunocompromised Infectious Diseases – Selective Required (four weeks, BMT or SOT):** The goal for this rotation is to further develop the pharmacy resident's pharmacotherapy ID knowledge in the setting of the immunocompromised patient. To achieve this goal, the resident will participate in daily immunocompromised patient care rounds and provide pharmacy clinical services and care to patients on either the Bone Marrow Transplant (BMT) or Solid Organ Transplant (SOT) Service. The resident will be responsible for optimizing antimicrobial use (with a focus on immunocompromised host infections), monitoring for drug interactions and adverse events, responding to drug information questions, providing education as needed, and anticipating ID related issues.
- **Project (four weeks):** If the ID resident has not already completed a project month during the beginning of the ID residency (i.e., residents who did not complete PGY1 at UofL Health), then a month will be dedicated to facilitating the progression of the ID required projects.
- **Elective Rotations (three, four weeks):** Residents may choose from the following: BMT (UofL Health – UofL Hospital), Cardiovascular Intensive Care Unit (UofL Health –

Jewish Hospital), Emergency Medicine (UofL Health – UofL Hospital), KASIC (Norton Hospital), Pediatric ID (Norton Children’s Hospital), SOT (UofL Health – Jewish Hospital), Trauma/Burn (UofL Health – UofL Hospital), Travel ID & Global Health (UofL Health), or additional experience(s) designed per resident interest. Of note repeat rotations require learning experience approval and must be different objectives and activities from the original rotation.

Longitudinal Rotations:

- **Ambulatory Care (six months, 2 quarters):** Longitudinal ambulatory care rotation is a six-month required learning experience for the PGY2 ID resident. The practice area is located in the 550 clinic and split equally between the Ryan White Human Immunodeficiency Virus (HIV) Clinic (consecutive three months) and B&J ID Clinic (consecutive three months). The resident will attend clinic one day per week (approximately 13 HIV clinic one full 8-hour day on Tuesdays per week and approximately 13 B&J one half day on Wednesdays typically starting at 1300 and ending around 1700 per week), unless otherwise noted, and provide clinical support in decision making for antimicrobial and antiretroviral optimization and monitoring, assess patient compliance, assist with transitions of care, and acts as an educator/liaison between providers, nurses, patients and pharmacists. The pharmacy resident, under coaching and facilitation of the preceptor, will learn the role of a pharmacist and provide care for outpatient ID patients.
- **AMS Administration (52 weeks):** The resident will attend and be involved in the AMS subcommittee longitudinally and will be responsible for assisting in the management of the AMS program across the health system so that the resident is able to function in such a committee, including leading initiatives, when he/she takes a job post residency. The goal of this rotation is to give the resident experience(s) with policy or guideline optimization or evaluation, formulary review, antibiogram creation, ID metric review and tracking, and strategies to improve and/or assess AMS initiatives. The resident will be required to assist with, prepare, and run at least three (3) subcommittee meeting(s) (max 6 hours/month when running and preparing full meetings); present at least one (1) ID-related project/policy in the subcommittee or in P&T (30 min/month presentation; DI project estimated total of 20 hour project); participate in the PGY1 AMS Longitudinal rotation as a preceptor (8 hours/month) and an escalator (4 hours/month); and participate in review of ID medication event reporting and monitoring (2 hours observation x 1 minimum), and facilitate implementation of at least one (1) ID-related policy/project (not one's own) presented at subcommittee from conception to completion (10 hours x 1). See specific details and requirements for residency completion in the resident completion checklist.
- **Clinical Staffing (52 weeks):** The 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 an eight-hour shift every fourth weekend or approximately 13 weekends and two holidays (subject to change based on departmental need). Total estimated time spent on clinical weekend staffing is

approximately 208 hours (~ 13 weekends) and 16 hours of 1 major and 1 minor holiday. 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. 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. Residents will optimize prioritization skills while integrating information systems into their daily practice, drug informational skills when fielding questions from providers/nurses, staff supervision skills, dispensing systems, automation/robotics, and clinical documentation to ensure safe and appropriate medication therapy for patients. As the year progresses, the resident will act as a mentor and preceptor to PGY1 residents.

- **Drug Information (52 weeks):** The 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 one (1) ID-related formulary monograph/class review and presentation at UofL Health AMS or P&T committee, a minimum of one (1) formal ID-related drug information question, development/revision of a minimum of one (1) ID-related System policy/protocol/guideline, and a minimum of one (1) ID-related medication use evaluation (MUE) and one (1) ID-related quality improvement project are required. The commitment time per required assignment varies, but an estimated average is as follows: ID-related monograph/class review: 18 hours, ID-related DI question: 8 hours, ID-related MUE: 60 hours, ID-related QI: 30 hours, and ID-related policy/guideline/protocol: 20 hours. See specific details and requirements for residency completion in the resident completion checklist.
- **Outcomes Research/Resident Research Project (52 weeks):** The resident will develop, implement, and complete a year-long residency ID-related research project. Requirements include submission of research proposal to the Residency Research Advisory Committee, obtain or ensure approval from the University of Louisville IRB, presentation of final results at the Great Lakes Pharmacy Residency Conference, and preparation of a final manuscript suitable for publication. At the end of the longitudinal research experience, the resident will submit a minimum of one (1) ID-related research proposal to the resident's preceptor intended for a future resident(s). The resident will also be required to participate in a minimum of one (1) ID-related journal club. This allows the resident an opportunity to not only successfully complete a research outcomes experience but also contribute to future residents' learning experiences. Time commitment varies based on resident, project, and month, but 16 hours/month is the average (~192 hours). Journal club participation time commitment is estimated to be 8 hours per journal club. See specific details and requirements for residency completion in the resident completion checklist.
- **Teaching & Learning (52 weeks):** In addition to pharmacy student and/or PGY1 resident teaching and precepting responsibilities on individual rotations, the PGY2 ID resident will be required to serve as the primary preceptor for an APPE student or a PGY1 resident during either ID Consult 2 or AMS 2 rotation. The resident is required to

complete a minimum of four (4) formal ID-related presentations/lectures. These presentations will be divided between (1) didactic lecture at Sullivan University College of Pharmacy (at least one), (1) formal presentation to the ID Division or UofL Health (at least one), (1) CE presentation (at least one), and (1) Antimicrobial Stewardship Lecture Series presentation (at least one). The resident is required to lead at minimum five (5) ID-related topic discussions. The resident will also be required to submit content to present (i.e., CE, podium presentation, poster presentation, pearl) at a state (i.e., KSHP Spring or Fall meeting), regional (GLPRC), or national level organization (e.g., IDSA, SIDP, etc.) and attend one state, regional, or national meeting during their residency year (e.g., KSHP meeting, Midyear Clinical Meeting, GLPRC, IDWeek). Optional participation in the Teaching Certificate Program with Sullivan College of Pharmacy will be provided if not completed during the resident's PGY1 experience. Time commitment varies depending on the requirement, but an average of 40 hours/non-CE formal presentations, 45 hours/CE formal presentation, 16 hours/topic discussion, and 1 hour for conference presentation (see DI/Research time commitments for specific project work.) When the resident serves as the primary preceptor 5 hours/week dedicated to precepting roles and responsibilities is typical. See specific details and requirements for residency completion in the resident completion checklist.

RESIDENT ROTATIONS OVERVIEW

During the resident's 52-week 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.

PGY2 ID PROGRAM COMPLETION REQUIREMENTS*

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

Orientation/HR*	Date Completed
Licensure by September 1 st (or by October 1 st with REC approved extension)	
PGY1 Residency Completion Certificate	
BLS certification (active upon hire)	
ACLS certification	
All required KNOW or Pharmacy STARs modules	
Completed incoming strengths finder assessment (or assessment if done as PGY1)	
Completed annual sterile compounding competencies	
Completed all quarterly HR/clinical competencies (quarterly check off)	Q1: Q2: Q3: Q4:
Pharmacademic/Evaluations*	Date Completed
The resident has documented all general residency, required, longitudinal, and elective learning experience goals within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
The resident has uploaded all completed deliverables within Pharmacademic files (quarterly check off)	Q1: Q2: Q3: Q4:
The resident has updated the PGY2 ID required topic log (Appendix) progression and final completed Appendix within PharmAcademic (quarterly check off)	Q1: Q2: Q3: Q4: Completed:
Objective Achievement*	Date Completed
The resident has successfully ACH-R \geq 80% of required ASHP objectives with no active Needs Improvement (NI) as of the end of June	
Appendix Log Completion*	Date Completed
The resident has completed PGY2 ID required topic log (Appendix) as of the end of June	
Ambulatory Care*	Date Completed
The resident has completed clinic commitment (HIV: ~1 full 8-hour day per week for 1 quarter=~12 clinic days and B&J: ~1 half-day 4-hours per week for 1 quarter= ~ 12 half clinic days)	
Antimicrobial Stewardship Administration*	Date Completed
The resident has prepared/assisted with/ran at least three (3) AMS meetings	
The resident has presented at least one (1) ID-related project or policy completed at AMS or P&T	
The resident has participated in AMS PGY1 AMS Longitudinal Rotation as a preceptor, and as an escalator by quarter 4	

The resident has participated in review of ID medication event reporting and monitoring process	
The resident facilitated implementation of at least one (1) ID-related policy/project (not one's own) presented at SAS from conception to completion	
Drug Information*	Date Completed
The resident has discussed developing an organized system for remaining current and evaluate medical literature (electronically submitted and discussed with preceptor)	
The resident has prepared at minimum one (1) formulary ID-related monograph/class review that's presented to SAS or P&T	
The resident prepared at least one (1) formal ID-related drug information question	
The resident developed/revised at least one (1) ID-related System policy/protocol/guideline	
The resident completed at minimum one (1) ID-related medication use evaluation and one (1) ID-related quality improvement project (these items may be linked or independent of one another)	
Outcomes Research/Resident Research Project*	Date Completed
Resident has completed residency ID-related research project including: <ul style="list-style-type: none"> • Initial project proposal presentation (<i>list completion date</i>) • IRB (<i>list completion date</i>) • Data collection/statistical analysis of results (<i>list completion date</i>) • Research abstract submission (GLPRC) (<i>list completion date</i>) • GLPRC platform presentation (<i>list completion date</i>) • Submission of final write-up with manuscript formatted for journal of choice (<i>list completion date</i>) • Submission of a minimum of one (1) ID-related research proposal to the resident's preceptor intended for a future resident(s) 	
Participate in minimum (1) roundtable journal club with preceptor group	
Teaching & Learning*	Date Completed
The resident At least four (4) formal presentations (at least one (1) of each: <ol style="list-style-type: none"> 1. Didactic lecture at Sullivan University College of Pharmacy 2. Formal presentations to the ID Division or UofL Health 3. CE presentation 4. Antimicrobial Stewardship Lecture Series presentation 	1. Didactic Lecture 2. System/ID Presentation 3. CE 4. ABX Stewie Series
The resident submitted at least one (1) ID-related content to present (i.e., CE, podium presentation, poster presentation, pearl) at a state (i.e., KSHP Spring or Fall meeting), regional (GLRPC), or national level organization (e.g., IDSA, SIDP, etc.)	
The resident led at least five (5) ID-related topic discussions	1. 2. 3. 4. 5.
The resident served as an ID-related primary preceptor during ID Consults II or AMS II	

The resident has attended at least one (1) state, regional, or national level meeting	
Clinical Staffing*	Date Completed
The resident has completed clinical staffing/service commitment responsibilities (two holidays and ~13 weekends)	
Administration/General Requirements*	Date Completed
The resident joined at least one (1) ID-related external pharmacy organization, with committee involvement recommended	
The resident has completed resident job for the year (<i>list resident job</i>)	
The resident has completed the exit evaluation and exit meeting with RPD	

*For extenuated circumstances, alternatives may be adjusted and approved by RAC.

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.

Upon completion of all requirements of the residency program to the satisfaction of the RPD and RAC, the residency certification will be awarded to the resident.

PGY2 INFECTIOUS DISEASES PROGRAM PRECEPTORS

Orientation	Ashley Ross, PharmD, BCPS, BCIDP
Orientation/Project	Ashley Ross, PharmD, BCPS, BCIDP
Introduction to Microbiology	Audry Hawkins, PharmD, BCIDP
ID Consult I	Ashley Ross, PharmD, BCPS, BCIDP Julie Harting, PharmD, BCIDP
ID Consult II	Ashley Ross, PharmD, BCPS, BCIDP Julie Harting, PharmD, BCIDP
AMS I	Audry Hawkins, PharmD, BCIDP Carlee Shifko, PharmD, BCIDP
AMS II/Tele-Stewardship	Audry Hawkins, PharmD, BCIDP Carlee Shifko, PharmD, BCIDP
B&J ID Consult	Ashley Ross, PharmD, BCPS, BCIDP Julie Harting, PharmD, BCIDP
Immunocompromised ID	Timothy Baize, PharmD, BCOP Megan Burd, PharmD, BCOP McKenna Person, PharmD
Project Month	Ashley Ross, PharmD, BCPS, BCIDP Audry Hawkins, PharmD, BCIDP Julie Harting, PharmD, BCIDP Carlee Shifko, PharmD, BCIDP
Ambulatory Care	Ashley Ross, PharmD, BCPS, BCIDP Julie Harting, PharmD, BCIDP Bailey Benidir, PharmD, AAHIVP
AMS Administration	Audry Hawkins, PharmD, BCIDP

Clinical Staffing	Ashley Ross, PharmD, BCPS, BCIDP
Drug Information	Ashley Ross, PharmD, BCPS, BCIDP
Outcomes Research/Resident Research Project	Carlee Shifko, PharmD, BCIDP
Teaching & Learning	Julie Harting, PharmD, BCIDP
Bone Marrow Transplant (ULH)	Timothy Baize, PharmD, BCOP Megan Burd, PharmD, BCOP
Cardiovascular Intensive Care Unit (Jewish)	Jimmy Byrnes, PharmD, BCCCP
Emergency Medicine (ULH)	Josh Senn, PharmD, BCPS, BCEMP
KASIC (Norton Hospital)	Ashley Wilde, PharmD, BCIDP
Pediatric ID (Norton Children's Hospital)	Drew Stahl, PharmD
Solid Organ Transplant (Jewish)	McKenna Person, PharmD
Trauma/Burn Unit (ULH)	Mark Cox, PharmD, BCCCP Kristen Livers, PharmD, BCPS, BCCCP
Travel Infectious Diseases & Global Health (UofL Health)	Ashley Ross, PharmD, BCPS, BCIDP
Jewish Hospital Site Coordinator	Audry Hawkins, PharmD, BCIDP

ORIENTATION

Incoming PGY2 ID residents will spend one month in an orientation period focusing on Pharmacy and System structure and processes during July. If the resident completed his/her PGY1 at UofL Health, then the orientation will focus on the PGY2 Residency Program items, processes, requirements, etc. and timing may be adjusted (please see Orientation/Project for specific details.) Two additional weeks will have a focus on the System's Microbiology Department and processes.

This orientation period serves four main purposes:

1. To familiarize the resident with the residency program and UofL Health System.
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 hospitals.
4. Familiarize the resident with the microbiology lab process and capabilities.

The orientation schedule for incoming PGY2 ID residents is developed by the RPD 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/pass
- Attendance at the hospital orientation
- Human Resources/Hospital policies (e.g., harassment reporting, leave)
- Tour of the Pharmacy Department and campus
- Pharmacy payroll and time clock procedures

- Exposure to Investigational Drug Service, pharmacy dispensing technology, med carousel, and pre-packing services
- Extensive training on the hospital and pharmacy computer systems (e.g., Cerner Powerchart/PharmNet, Pharmacy Stars, Theradoc, pharmacy compounding software, Baxa, RL Solution, Eforms, etc.)
- Training with staff pharmacists in inpatient area, intravenous (IV) area, and clinical staffing roles
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/KNOW modules
- BLS/ACLS certification/recertification process
- Orientation to RPDC, Pharmacademic™, residency manual, residency purpose, The Standard, residency N drive documentation, evaluation process, timeline, resident policies/procedures, residency structure, expectations, description of rotations, objectives, etc.
- Review of requirements and longitudinal processes/needs (e.g., research process, RAC orientation, and IRB training)
- Residency policies (e.g., strategies for maintaining well-being, duty hours)
- Participation in regularly scheduled residency activities (e.g., RAC meetings, AMS meetings, journal club, team building exercises)
- Mentoring program and professionalism standards
- Discussion with resident on his/her goals, expectations, self-reflection pre-residency of strengths and weaknesses, etc.
- Rotating through microbiology lab stations to gain an understanding of lab processes and building microbiology knowledge and awareness
- Develop a keen understanding of how microbiology lab molecular technology and reporting works

RESIDENT RESPONSIBILITIES

- To develop a personal program of learning to foster continued professional growth with guidance from the professional staff.
- To participate in supervised patient care commensurate with my scope of training and licensure.
- 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.
- 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.
- 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.
- 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.

- 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 resident is subject to termination and release from the PGY2 ID pharmacy residency program for failure to obtain Kentucky licensure by September 1st. Until licensure is obtained, the resident will be practice 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.
- To comply with hospital and department policies as outlined during orientation.
- 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.

Beyond rotation requirements, the resident expectation and responsibilities are as follows:

Staffing Responsibilities:

The PGY2 ID Resident will have clinical staffing responsibilities to develop and strengthen his/her professional practice skills. The resident is required to clinically staff every fourth weekend. Total estimated time spent on clinical staffing is approximately 208 hours (~ 13 weekends).

Pharmacy residents participate in holiday staffing of the department on an equal basis with other pharmacists and are assigned to staff two 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. Total estimated time spent on clinical staffing for holiday coverage is 16 hours (~ 2 holidays).

Meeting Attendance:

Residents are required to attend the following meetings: Residency and pharmacy related meetings [i.e., journal club session(s), monthly RAC and/or service line meetings, pharmacy departmental meetings, monthly AMS meetings, P&T meetings (when presenting/at preceptor/RPD discretion), KSHP/KPRN meetings (at preceptor/RPD discretion), and all formal clerkship student and resident presentations (including student case conference) while serving as primary or secondary preceptor] and ID related meetings [Weekly ID didactic lectures with the Division of ID, Diagnostic Stewardship meetings, and Infection Control and Prevention meetings (required while on Project month, ID Consult I&II, AMS I&II, and B&J Consult, encouraged when on other rotations).] 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 RPD, or if on vacation or administrative leave.

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

Resident Project:

The resident will be required to complete a residency project. The project must be focused on ID clinical practice, and should be of ultimate benefit to the Pharmacy Department or UofL Health. 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 RPD/Longitudinal main preceptor will assist with research timeline, learning research procedures, and in completing their project in a timely manner. All projects must be presented to the Residency Research Committee (RRC)/RAC for feedback and comments prior to the project commencing.

Projects must follow a strict timeline, which contains key deadlines that must be met throughout the year. Proof of meeting these deadlines must be turned into the RAC 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.

RESEARCH PROJECT SCHEDULE: To be provided by research project preceptor.

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 RPD, 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 based on an incomplete project.

Drug Information:

To achieve rotation objectives must complete all required items (discussed above), in addition, the resident expectation and responsibilities to general drug information questions include the following:

- 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®.

- Written responses may be directed to questions encountered and researched during clinical rotations and/or weekend staffing assignments.
- 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 in the institution's Adverse Drug Event Reporting Program.
 - Document all identified near misses and medication events using the in the institution's Adverse Drug Event Reporting Program.

Presentations:

- The resident is required to give multiple presentations throughout the residency year. The preceptor(s) for the Teaching & Learning, Drug Information, and/or AMS Administration longitudinal experiences will determine deadlines for items.
- At least four of these presentations will be formal and meet the following criteria: (1) at least one is approved by ACPE for pharmacist CE (1hr CE), (2) at least one will be a didactic lecture at Sullivan College of Pharmacy, (3) at least one will be a one-hour presentation to either the ID Division or UofL Health team members, and (4) at least one Antimicrobial Stewardship Lecture Series presentation.
 - The formal CE presentation will require the following to be turned into the Resident CE Coordinator: title, three to five objectives, a copy of the resident's curriculum vitae, a brief one paragraph description of the purpose of the seminar and completed conflict of interested paperwork.
- The resident is required to present residency updates, goals, concerns, etc. during RAC meetings.
- The resident is required to present throughout the year at AMS and P&T meetings (e.g., project updates, longitudinal requirements, etc.)
- The resident is also required to give multiple formal oral presentations of their research project, at the beginning proposal stage, and practice prior to GLPRC and lastly formally at GLPRC in April-May.
- The resident will also be required to submit content to present (i.e., CE, podium presentation, poster presentation, pearl) at a state (i.e., KSHP Spring or Fall meeting), regional (Great Lakes Conference), or national level organization (e.g., IDSA, SIDP, etc.) and attend one state, regional, or national meeting during their residency year (e.g., KSHP meeting, Midyear Clinical Meeting, GLPRC, IDWeek).
- The resident may 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.)

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 ACPE presentation, which meets criteria for one of four formal presentations).
- Assist in the training and precepting of APPE/IPPE students while on rotation.
- Act as primary preceptor for an PGY1 or APPE student during ID Consult II or AMS II rotation.
- Participation in the PGY1 AMS Longitudinal Rotation (as indicated in the AMS Administration Longitudinal Rotation).

Resident Electronic Portfolio (N-Drive):

This is the electronic record of all activities undertaken while a resident is at UofL Health. The electronic portfolio is available to help track and organize documents throughout the year. However, all deliverables must be uploaded by the end of June into PharmAcademic. The electronic portfolio should include:

- Required/Elective LE Folder
 - Goals
 - Calendar
 - All projects, topic discussions, presentations, etc.
- Longitudinal Folders (see program specifics)
 - Goals
 - Drafts/final projects
 - Save all required components for each LE
- Development Plan
 - Initial, Q1-Q4 development plans
 - Program Completion Checklist
 - Appendix (disease state topic list)
 - Objective progress
 - Appendix tracking
- Personal
 - Early Commit documents
 - Scanned/signed offer letter
 - Licensure
 - Certification (ACLS, BLS)
 - CV
 - PGY1 Residency Certificate of Completion
 - Overall residency goals

- Clifton Strengths Finder Results
- Certificate upon completion
- Exit Survey
- RAC Reports
 - Progress reports prior to monthly RAC meeting

Pharmacademic™ File Requirements:

All deliverables and items/examples on the completion checklist should be uploaded.

- BLS/ACLS
- Scanned/signed offer letter
- All required completion documents/projects must be saved as completed
 - E.g., required Presentations/in-services, MUE, QI, Monograph, GRLC presentation, Manuscript, etc.
 - **Please make sure named appropriately for easy reference by surveyors**
 - i.e., MUE Final – Name of Topic, Date
 - i.e., Presentation 1 Final – Title
 - i.e., QI Project Final – Title
 - i.e., Monograph/Class Review Final – Title
 - i.e., GLPRC Final – Title
 - i.e., Manuscript Final - Title
- Close Out Documentation
 - Upload of signed certificate
 - Completion checklist(s)
 - PGY2 Appendix Completion

Other Program Opportunities:

- See specifics for benefits/travel details/vacation/PTO/leave/holidays in designated sections of this manual. The ID resident will be allotted four office days throughout the year; these days must be scheduled and RPD approved in advance and be non-consecutive days.
- Travel: Residents attend ASHP-MCM (optional), GLPRC (required), and IDWeek (IDSA) conference or other ID focused conference (required). Interview and/or licensure leave is granted at the discretion of the residency and in compliance with ASHP standards and requirements.



APPENDIX I



DEPARTMENT OF PHARMACY SERVICES

**Pharmacy Residency Program Policies & Training
Agreement Acknowledgement
2024-2025**

5100-0300: Pharmacy and Ambulatory Licenses and Registrations

PURPOSE:

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

DEPARTMENTS AFFECTED:

Pharmacy

POLICY:

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 (DEA) 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 Medical Centers must maintain the following current licenses, permits, and registrations (where required):

- Pharmacy License (if required)
- Drug Enforcement Agency (DEA) Registration (if required)
- Power-of-Attorney for anyone authorized to order controlled substances and additional DEA-222 forms.
- 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 (PGY1/PGY2) 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 to ensure residents are licensed by October 1st. 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 (PGY1 and PGY2 programs: 35 weeks of 52-week program or 2/3 of program). Failure to meet the adjusted deadline will result in termination of the resident employment.

- PGY2 residents who completed PGY1 training outside of UofL Health must provide a copy of ASHP accredited (or candidate status) PGY1 certificate to their residency program director for verification by July 15th. Failure to do so will result in termination of the resident employment.

- Copy of the completed PGY1 certificate will be uploaded into Pharmacademic and the resident electronic residency portfolio.

VII. Pharmacy technicians will maintain required registrations and certifications.

PROCEDURE:

1. The Pharmacist-In-Charge (PIC) is responsible for assuring that all licenses, permits and registrations for the pharmacy are procured, current, and posted.
2. The DEA registrant at each facility is responsible for procuring and maintaining a current DEA registration for the pharmacy.
3. The DEA registrant is responsible for executing power-of-attorney to any employee authorized to order schedule II controlled substances.
4. The Ambulatory Medical 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.
5. The above permits, licenses, and registrations must be displayed (or filed) in accordance with federal, state, and local regulations.
6. Per the policy 6800-0030-1 Licensure, Certifications, and Registries, primary source verification is performed by Human Resources upon hire and annually thereafter for all pharmacists and technicians.
7. Pharmacists and technicians are required to notify the organization of adverse changes in licensure or certification within one business day of the change and prior to any scheduled work shift.

REFERENCES:

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

5100-1600: Pharmacy Residency Programs

Applies to: UofL Health Pharmacy Residency Programs

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. Manager Pharmacy Residency Training:** Responsible for oversight and coordination of administrative duties/activities for the conduct and accreditation of all PGY1 and PGY2 pharmacy residency programs and residency program directors at UofL Health.
- B. PGY1 Program Director:** The Director of Pharmacy appoints a clinical pharmacist who has a Doctor of Pharmacy to serve as the PGY1 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. PGY2 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 PGY2 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.
- 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 (*5100-1600A 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 (PGY1 & PGY2) at UofL Health. Each individual resident requiring a performance improvement 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 (*5100-1600B 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 (PGY1 or PGY2).
 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 PGY1 and PGY2 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.

APPENDIXES:

5100-1600A Residency Advisory Committee (Appendix A)

5100-1600B Residency Executive Committee (Appendix B)

5100-1600 Appendix A: Residency Advisory Committee

Applies to: UofL Health Pharmacy Residency Programs

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 structure consists of the following members:

1. UofL Health – UofL Hospital General PGY1/Combined RAC: Meets monthly
 - a. PGY1 Residency Program Director
 - b. PGY1 Residency Preceptors (Required, Elective and Longitudinal)
 - c. Pharmacy Management
 - d. Resident Mentor(s) for all residents
 - e. Pharmacy resident(s)
 - i. Present for preceptor development presentations and provide brief update summarizing resident RAC progress report
 - f. PGY1 CB/PGY2 Pharmacy Resident Preceptors and/or RPD:
 - i. Provide general program and/or resident updates based on discussions from program specific RAC
2. PGY1 CB/PGY2 Program Specific RAC: Meets at minimum quarterly
 - a. Residency Program Director(s)
 - b. Pharmacy Resident Preceptors (PGY1 CB/PGY2 program specific)
 - c. Pharmacy Management
 - d. Resident Mentor(s) for all residents
 - e. Pharmacy resident(s)

Responsibilities:

1. Reviews, maintains, and assures that all residency programs are in compliance with the American Society of Health System Pharmacists (ASHP standards) and Residency Program Design and Conduct (RPDC).
2. Maintains, reviews, and approves all applicable residency policies, procedures, and job descriptions annually.
3. Annually reviews the qualifications of the RPD(s) and preceptors including tracking of required Academic & Professional form, CV, and signed preceptor appointment.
4. Establishes preceptor functions, responsibilities, and overall development of teaching/precepting skills.
5. Assures the overall program structure, residency goals, completion requirements and specific learning objectives are met.
6. Annually assesses the structure of the program by evaluating all preceptor and learning experience resident evaluations.
7. Reviews the initial individualized developmental training plan, training schedule and learning objectives and their quarterly developmental progress in the residency.
8. Reviews, maintains, and updates the learning experiences of the residency program to be consistent with ASHP guidelines.
9. Establishes residency applicants' requirements, application evaluation and selection process.

5100-1600 Appendix B: Residency Executive Committee

Applies to: UofL Health Pharmacy Residency Programs

Definitions:

The **residency executive committee** (REC) is responsible for the oversight of all performance improvement plans, verbal/written warnings, probation and/or dismissals of **pharmacy residents** from within the pharmacy residency programs (PGY1 & PGY2). Each individual resident requiring a performance improvement 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 (PGY1) or post graduate year two (PGY2) 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 **Manager of Pharmacy Residency Training** is the designated individual in charge of providing leadership to the PGY1 and PGY2 pharmacy residency training programs.

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.

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 performance improvement 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 using Human Resources required forms for all verbal warnings, written warnings, performance improvement plans, final written warning, and termination documents.

5100-1605: Resident – Duty Hour Requirements

Applies to: UofL Health Pharmacy Residency Programs

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. Restrictions will be in compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

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 (i.e., resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually), staffing/service commitment, in-house call, administrative duties, work from home activities (i.e., taking calls from home and utilizing the electronic health record related to at home duties), and scheduled/assigned activities (i.e., conferences, committee meetings, classroom time associated with required teaching activities, health/wellness events) that are required to meet the goals and objectives of the residency program.
 - b. Activities that are NOT considered reportable duty hours include reading, studying and academic preparation time (i.e., presentations, topic discussions, journal clubs, closing knowledge gaps), travel time (i.e., to and from work, off-site locations, conferences) and hours that are not scheduled by the residency program director.
2. **Moonlighting:** voluntary, compensated, non-pharmacy or 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.
 - a. Moonlighting hours (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program and must not interfere with the resident's fitness for work nor compromise patient safety.
3. **Continuous Duty:** defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
4. **At-Home Call Program:** At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - a. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
 - b. At-home call hours are included in the maximum of 80 hours a week calculation and in included in the tracking of hours only if they meet the following criteria:
 - i. If a resident is called into the hospital/organization from at-home, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 - ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80-hour maximum weekly hour limit.

POLICY:

1. Residents will document hours spent in their residency programs in an effort to assure that the ASHP duty hour requirements are met.
2. Pharmacy residents will not be on-site at UofL Health facilities for more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
3. Postgraduate year 1 residents (PGY1) are not permitted to moonlight, internally or externally.
4. Postgraduate year 2 residents (PGY2) may be permitted to moonlight, internally or externally at the Residency Program Director (RPD) and Resident Advisory Committee's (RAC) discretion.
 - a. The resident must be in good standing with the programs requirements and moonlighting hours will be documented and counted towards duty hours.
 - b. Maximum number of moonlighting hours (internal and/or external) allowed within all PGY2 programs is 24 hours per month.
 - c. Resident must receive approval from RPD prior to completing moonlighting hours.
 - d. Resident must document completion of moonlighting hours within the monthly resident duty hours report within Pharmacademic™.
5. Pharmacy residents must have a minimum of one day in seven days free of duty (when averaged over 4 weeks).
6. Pharmacy residents must have a minimum of 8 hours between scheduled duty hour periods.
7. Continuous duty periods for residents should never exceed 16 hours.
8. Residency programs directors must track compliance within Pharmacademic™, at a minimum frequency of monthly, with the Duty Hour Requirements for Pharmacy Residency Programs and be able to identify and follow up on any instances of non-compliance.
9. At-Home On-Call Program: The UofL Health-UofL Hospital Specialty Pharmacy On-Call program is considered an at-home on-call program.
 - a. This applies ONLY to the PGY1 Community Based and PGY2 Ambulatory Care residents that participate in the above at-home on-call specialty program. All other pharmacy residents do not participate in at-home on-call program.
 - b. Time logged in the specialty pharmacy on-call log must be included in reported duty hours.
 - c. Any weekend day in which on-call work is completed, whether at home or onsite, counts as a duty day.
 - d. Should four different weekend days require on-call work, the resident will notify preceptor to assume on-call duties on future weekend days for the remainder of the assigned on-call month to ensure compliance with one-day-in-seven free of duty averaged over 4 weeks.

GUIDELINES:Documentation:

1. Postgraduate year 1 (PGY1) residents and Postgraduate year 2 (PGY2) residents will document compliance with these standards monthly by completing a Duty-Hour Attestation and Wellness Assessment within Pharmacademic™.
 - a. PGY1 Community-Based & PGY2 Ambulatory Care residents must report all at-home on-call hours within the monthly assessment.
 - b. PGY2 residents must document all approved moonlighting hours within the "moonlighting" section of the monthly assessment.
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 policy *5100-1620 Pharmacy Residency Programs: Corrective Action/Dismissal of Pharmacy Resident*.

5. The Pharmacy Residency Director(s) will review all resident duty-hours, moonlighting hours (if applicable), and wellness assessments monthly throughout the residency year. Any variances will be reported to the Residency Executive Committee (REC) and Manager of Pharmacy Residency Training. Duty hour violations will result in corrective action as outlined by policy *5100-1620 Pharmacy Residency Programs: Corrective Action/Dismissal of Pharmacy Resident*.
6. PGY2 Residents that are approved to moonlight, it will be the resident's program director's responsibility to monitor cumulative monthly hours and 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.
 - a. If a 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 future moonlighting privileges will be suspended and/or revoked.
 - b. If the decision is to suspend and/or revoke privileges of moonlighting, it will be the program RPD's responsibility to communicate decisions to inpatient/outpatient pharmacy leadership.

REFERENCE

1. ASHP. (2022, December) *Duty Hour Requirements for Pharmacy Residencies*. Retrieved from <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

5100-1610: Paid Time Off and Personal Leave - Pharmacy Residents

Applies to: UofL Health Pharmacy Residency Programs

PURPOSE:

To provide fair and consistent guidelines on the approval process of paid time off (PTO), holiday time, and personal leave for pharmacy residents.

DEPARTMENTS AFFECTED:

Pharmacy

DEFINITIONS:

- Paid time off (PTO) for pharmacy residents consists of a combination of sick time, vacation time, and personal time that the pharmacy resident accrues to be used throughout the residency program.
- Holiday time is accrued for the 6 approved holidays (Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas, and New Year's Day).
- Personal leave is provided by UofL Health on an annual basis on January 1st of each year (4 days - 32 hours per calendar year).

POLICY STATEMENTS:

1. Residents must follow the guidelines below to request scheduled PTO/personal leave.
2. Both the Residency Program Director (RPD) and the current preceptor must approve requests for scheduled PTO/personal time.
3. Requests may be denied for residents that have outstanding deadlines not met or if the scheduled PTO taken during the learning experience exceeds 5 days in duration.
4. All pharmacy resident leave (scheduled PTO, sick PTO, etc.) or time away from residency program, (i.e., bereavement leave, religious time, jury duty, military leave, parental leave, etc.), cannot exceed a combined 37 days without requiring extension of the program (*Pharmacy Residency Programs – Extended Leave, 5100-1670*).

GUIDELINES:

1. 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.
2. RPD and/or designee will be responsible for tracking all pharmacy resident time away from program (sick, vacation, personal, bereavement, professional leave, etc.) to ensure < 37 days used within 52-week residency program.
3. Residents are permitted to take a maximum of 12 days of scheduled PTO during the 12-month (52-week) residency training program.
4. If resident leave is illness related, sick PTO and/or personal time will be assigned and occurrence of absence guideline followed (*policy 6800-0006.1-1, UofL Health Attendance and Tardiness – Hospitals and Medical Centers*).
5. Residents additionally receive all 6 official UofL Health holidays as days off of rotation that are not assigned as part of residency program staffing/office day requirements.
 - a. PGY1, PGY2 Internal Medicine, PGY2 Infectious Diseases, PGY2 Emergency Medicine, PGY2 Critical, PGY2 Oncology: Residents receive 4 holidays off and are required to work 2 holidays based on inpatient pharmacy department staffing needs. Residents are allowed to utilize a day off following the holiday utilizing previously accrued "holiday time" in lieu of working scheduled holiday.
 - b. PGY1 CB/PGY2 Ambulatory Care: Residents receive 6 official holidays.

- c. In the event the official holiday falls on a weekend, the following applies:
 - i. If residency is based within the ambulatory/outpatient clinic setting (PGY1 CB/PGY2 Ambulatory Care): Observed holidays apply and are subject to RPD approval.
 - ii. If residency is based in the acute/inpatient or mixed setting (PGY1/PGY2 EM/PGY2 CC/PGY2 IM/PGY2 Oncology/PGY2 Infectious Diseases): Observed holidays do not apply. If you do not work the holiday that falls on the weekend, any additional time off of rotation before/after weekend holiday follows the same process for PTO requests.
6. The RPD and the current preceptor must approve requests for PTO. No more than 5 days may be taken during any required learning experience. Additionally, any request for 5 days in duration must be approved at least 90 days in advance of request. Requests will be denied for a resident whose work is not up to date or if time result in program extension unless an extended leave has been previously requested and approved (Pharmacy Resident).
7. Consistent with the PTO policy for pharmacists, PTO days will not be approved for scheduled resident weekends and holidays. These days must be traded with another pharmacist / resident. In addition, the RPD must approve the trade prior to the occasion.
 - a. PTO may be limited or not approved for all residents during the weeks of Thanksgiving, ASHP Midyear Clinical Meeting (early December), Christmas/New Years, KSHP Spring meeting (mid-April), Kentucky Derby week, Great Lakes Pharmacy Residency Conference (late April), and the last two weeks of the program.
 - b. The following dates are unofficial holidays that have variable staffing within both the inpatient and outpatient pharmacy departments: New Year's Eve, Christmas Eve, Kentucky Oaks, day after Thanksgiving (Black Friday).
 - i. Residents must have RPD approved office day or approved PTO, if not scheduled to staff.
8. Personal leave may be used at the RPD discretion for sick days, licensure, and interview dates. Maximum number of personal days off must not exceed 4 days within the 52-week residency training program.
9. To request time off (PTO or personal leave), the resident must email the RPD and/or designee. The RPD and/or designee will then communicate the decision, with the resident, preceptor, and departmental administrative assistant for payroll.
10. 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.
11. In the event of an approved, extended leave by the resident, the Residency Executive Committee (REC) and RPD will provide the resident with specific guidelines and timeline for the fulfillment of all residency requirements. Failure to meet the adjusted deadline will result in termination of the resident's employment. (*Pharmacy Residency Program – Extended Leave, 5100-1670*).
12. 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: UofL Health Pharmacy Residency Programs

DEPARTMENTS AFFECTED: Pharmacy, Human Resources

PREAMBLE:

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

1. The pharmacy resident must abide by all provisions of the Pharmacy Resident Manual. 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 acknowledging that they have reviewed and understand all policies and terms at the time that they sign their offer letter of employment with the residency program.
2. 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 a performance improvement plan (PIP) 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.
3. If the pharmacy resident fails to successfully complete the Kentucky pharmacy licensure examination by the deadline indicated in the residency manual and training agreement (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. The REC reserves the ability to adjust the deadline, allowing a one-time extension until October 1st to obtain licensure.
 - a. Resident schedule may be adjusted by the RPD to allow for non-patient care learning experiences during non-licensed period.
 - b. To complete residency training, PGY1/PGY2 residents must practice as a licensed pharmacist for 2/3 of residency training program (35 weeks of 52-week program). Failure to meet the adjusted deadline will result in the termination of residents' employment.
4. 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.

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 (i.e., resident project, manuscript, lecture/CE, unsatisfactory progress on achieved for residency (ACH-R) of the competency-based objectives for the residency program, multiple objectives scored as needs improvement (NI) on a learning experience, etc.).

4. Does not follow policies and procedures of the hospital, Department of Pharmacy Services, or Residency Program (i.e., violations of moonlighting, duty-hour requirements, etc.).
5. Engages in gross negligence.
6. Does not complete the required 45 of 52 weeks (> 37 days total leave including scheduled PTO, sick PTO, bereavement, personal leave, etc. which are all tracked as part of time away from residency training).
 - o Residents will be allowed to complete up to 12 weeks in the event of hospital approved non-FMLA leave as outlined in policy *5100-1670 Pharmacy Residency Programs – Extended Leave*
7. Consistent failure to meet deadlines for major resident projects (i.e., research, drug information, CE, P&T committee presentations, didactic lectures, etc.).

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

- Performance Improvement Plan (PIP)
- Verbal warning
- Written warning
- Final written warning
- 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 RPD. 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 5100-1600A*). 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/Written Warning

Residents may be initially provided a verbal/written warning by the RPD and/or Manager of Pharmacy Residency Training for actions outlined above in 1-7. The resident, RPD and/or Manager of Pharmacy Residency Training 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/written warnings are not required before probation or performance improvement plan (PIP) is issued if the concern regarding the individual's performance places others in harm.

Performance Improvement Plan (PIP)

It is the duty of the RPD 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, RPD and/or Manager of Pharmacy Residency Training and resident mentor should meet with the resident at the earliest possible date, outlining in writing the deficiencies within the PIP, how they are to be corrected, the time in which this correction is to occur, and date of re-evaluation. Copies of the PIP will be shared with the REC, HR, 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.

The RPD shall provide both a time and a mechanism for re-evaluation within the PIP. As a general rule, a minimum of 30 calendar days will be allowed for the resident to correct the identified deficiencies. However, some PIPs may be for shorter or longer periods of time as determined by the REC. If at the end of the PIP, 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 as outlined by Human Resources. If the REC is satisfied that the resident has corrected the identified deficiencies and any other deficiencies which may have arisen during the probationary period, then the resident will be notified in writing that the probationary status has been lifted.

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 performance improvement



plan, the resident will be placed on probationary status by the REC.

At the discretion of the REC and pharmacy management, a resident may be placed on probation at any time without prior corrective action or documented PIP, 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: PGY2 Early Residency Commitment Process

Applies to: UofL Health Pharmacy Residency Programs

PURPOSE:

To define the process of early commitment to a Postgraduate year 2 (PGY2) pharmacy residency program by Postgraduate year 1 (PGY1) 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

REQUIREMENTS

1. The UofL Health pharmacy residency programs will inform the current residents of those PGY2 pharmacy residency positions available for the following residency year during the September and October RAC meetings.
2. The PGY2 programs offering early commitment will register all available PGY2 positions with NMS before the annual deadline established by NMS.
3. The PGY1 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- residents applying for promotion to a PGY2 residency program is as follows:
 - Resident(s) will provide a formal signed letter expressing interest for the PGY2 residency to the applicable PGY2 residency program director (RPD), PGY1 RPD, Manager of Pharmacy Residency Training and VP of Pharmacy Services by November 15th. This can be submitted electronically as email attachment or hardcopy.
 - Residents may only submit one letter to one PGY2 program for consideration of early commit within

UofL Health.

- Eligibility of PGY1 pharmacy residents expressing interest in a specialty residency will be assessed by the PGY2 program director, PGY1 program director and resident mentor. Eligibility of a PGY1 resident will be determined by the following criteria:
 - Applicant is a current PGY1 resident at UofL Health – UofL Hospital.
 - Applicant has an active pharmacy licensure and is in good standing with the Kentucky State Board of Pharmacy
 - Resident must be in good standing within the current PGY1 program, good time management skills with no outstanding deadlines, and not on a performance improvement plan; if a resident has had a previous performance improvement plan, all disciplinary concerns must be resolved at time of application to be eligible for consideration for early commitment to a PGY2 pharmacy residency program.
 - Applicant illustrates good character, work ethic and professionalism.
- An interview will be carried out by the PGY2 RPD 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 PGY2 program, the interview process will allow candidates to be ranked prior to decisions.
 - Residents that do not meet eligibility criteria or are deemed unacceptable after the peer interview process will be declined an offer for early commitment by email from the PGY2 RPD, copying the PGY1 RPD, Manager of Pharmacy Residency Training, and VP of Pharmacy Services by the Friday of the week following November 15th.
 - UofL Health pharmacy residency programs may elect to not offer early commitment for program(s) and defer to the normal application process within PhORCAS as outlines by NMS. Decisions will be communicated prior to November 15th.
 - Residents declined an offer for PGY2 residency training during the early commit process may then re-apply for the PGY2 residency program in the normal application process within PhORCAS.
 - Members of the RAC will be informed of the status of the PGY2 residency position via email by the end of November.
- Residents offered a PGY2 residency position in the early commitment process will be provided a signed formal acceptance letter by the RPD (electronic email attachment or hardcopy). Additionally, within registration, for the National Match, an electronic agreement (<https://natmatch.com/ashprmp/documents/progecpagmt.pdf>) must be signed by the resident and



PGY2 residency director by the Friday of the week following November 15th (copy will be sent to Manager of Pharmacy Residency Training and PGY1 RPD). Lastly, residents must sign an acknowledgement of review of the UofL Health Pharmacy Residency Training Manual and provide it to RPD.

5. The offer for a PGY2 residency position is contingent upon successful completion and receipt of PGY1 residency certificate.
6. No solicitation or discussion of early acceptance offer status to applicants and ranking for PGY2 positions will be discussed with residency program personnel or applicants outside of the PGY2 program interview process.

DOCUMENTATION

1. PGY1 resident(s) and PGY2 RPD(s) will document compliance of these standards by signing and retaining a copy of the residency training agreement and a copy of the PGY2 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 PGY2 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 PGY1 RPD, PGY2 RPD, Manager of Pharmacy Residency Training and VP of Pharmacy Services 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.

5100-1631: Residency Interview Process

Applies to: UofL Health Pharmacy Residency Programs

PURPOSE:

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

The goal of the pharmacy residency programs at UofL Health is to foster, facilitate, and enhance the learning of pharmacy residents regardless of background or socioeconomic status. The pharmacy residency programs at UofL Health strive to support residents from all aspects of human differences, social identities, and social groups (diversity) in a fair and just manner (equity) and provide a safe environment where residents feel a sense of belonging (inclusion). The UofL Health Pharmacy Department takes a holistic approach in reviewing each candidate's experiences, attributes, and competencies. Each residency program utilizes standard assessment tools (rubrics), developed by each residency advisory committee (RAC), to assess candidate applications. During interviews, each residency program will ask every candidate the same set of questions, developed by their RAC, in a structured format to allow for an equitable assessment of every candidate. The pharmacy residency programs at UofL Health do not tolerate any exclusionary or discriminatory behaviors.

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 involvement
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
10. PGY2 Applicants: Applicants are completing or have completed an ASHP-accredited or candidate status PGY1 residency program.

Application Screening Process:

1. Multiple reviewers such as Residency Program Director (RPD), Pharmacy Residency Preceptors, and pharmacy residents review each completed application within PhORCAS/WebAdmit™ and score each candidate using an objective application scoring rubric developed by the respective residency program and residency advisory committee (RAC). At minimum, every application is evaluated by at minimum two reviewers.
2. Application reviewers enter scores for each candidate into PhORCAS/WebAdmit™. RPD and/or designee will average scores for all candidates to determine who will be sent an invitation for interview based on

highest average scores, allowing on average 4-6 interview candidates per available resident position. Total interview numbers are determined by individual programs based on applicant pool and availability.

3. In the event that a resident candidate cancels their scheduled on-site or virtual interview, the next highest scoring applicant will be sent an email invite for interview.
4. Resident candidates will be notified via email of the date and time for their scheduled on-site interview or virtual interview at least 2-3 weeks in advance. Included in the email confirmation will be an itinerary for the interview day, campus map, UofL Health Residency Training Manual which includes residency policies (i.e., licensure, PTO/extended leave, duty hours, corrective action/dismissal, PGY2 early commit, etc.), residency program completion requirements, program start date/terms of appointment, stipend and benefits information, and financial support for required professional meeting attendance.

Interview Layout:

1. The interview team will consist of the RPD(s), Pharmacy Manager(s), and a selected number of residency program preceptors.
2. A maximum of 4 resident candidates will be interviewed each day.
3. All applicants will be offered an option for either on-site or virtual interview.
4. At the start of the residency interview, the resident candidates will meet with the RPD and/or designee and discuss specifics about the residency program, staffing, completion requirements, employee benefits, etc. Resident candidates are encouraged to discuss any questions regarding the residency training manual, residency policies and program completion requirements that were initially provided with prior interview confirmation.
5. During the interview as outlined in the scheduled itinerary provided previously by RPD, resident candidates may be asked to participate in a session to assess oral communication skills (i.e., topic presentation, patient case presentation, patient counseling exercise, etc.). Additionally, resident candidates may also be required to complete a short, written exercise or patient case to assess written communication skills and baseline clinical knowledge.
6. Resident candidates are asked questions throughout the interview sessions that are pre-determined by each individual program and respective Residency Advisory Committees (RAC). Interview questions are used consistently by all interviewers for all residency candidates. Resident candidates will be scored using an objective interview scoring rubric by each member of the interview team based on their responses to the above outlined questions.
7. All resident candidates will be given a tour of the pharmacy department and hospital. When interview format is virtual (phone/video conference), candidates will be provided a video or powerpoint tour of the hospital campus, pharmacy department(s), and resident office space.
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 and/or designee 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 spreadsheet/workbook by the RPD. Average scores will be calculated in an excel spreadsheet based on the resident candidate evaluation scoring rubric designed by the RAC for each specific residency program, taking into account all components of the resident interview process (i.e., interview scores, presentation, patient case scores, etc.). The RPD will compile a rank list using the average scores for all candidates interviewed.
2. Current residents and the interview team will meet and discuss the rank order for resident candidates starting with the combined average rank list. Any decisions to move and/or remove candidates during rank meeting, must be approved by majority vote from the interview team. The interview team 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.

3. The RPD will enter and submit the finalized candidate rank list onto the NMS website immediately following the meeting.

Post-Match Results:

1. An email will be sent out to all pharmacy staff and the newly matched resident candidates on the day that the NMS match results are made available.
2. Matched residents, in addition to the email, will receive a formal offer letter that includes HR pre-employment requirements, resident salary, start dates/appointment term, UofL Health Residency Manual, residency program completion requirements and residency policies (i.e., licensure, PTO/extended leave, duty hours, corrective action/dismissal, PGY2 early commit, etc.) within 1 week of the NMS match results. Additionally, each matched resident will be provided a job requisition number to formally apply for employment as a pharmacy resident at UofL Health. The offer letter and signed acknowledgement page from the manual must all be signed and returned to RPD within 30 days of receipt.
3. By early May, prior to the start of the residency program, matched residents will have received communication(s) regarding Kentucky State licensure and will be contacted by UofL Health Human Resources department to schedule a time and date to complete all required hiring documentation (i.e., job description review, licensure, background check/fingerprinting, vaccination documentation, etc.).

Phase II Process:

1. If all positions are not successfully filled during Phase I, the program(s) will enter Phase II of NMS. 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 using an objective applicant scoring rubric (see above “Application Screening Process”). Although the timeline will be expedited, the same process of review and scoring will be followed.
3. A modified interview will be scheduled and occur either on-site or via phone/video conference using an objective interview scoring rubric (see above “Interview Layout”).
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 (see above “Resident Candidate Ranking/Match Process”).
5. Post-match Phase II results are communicated in the same manner as Phase I results (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) utilizing the same application and interview scoring rubrics (see above “Application Screening/Interview Layout”) and modified interview process (see above “Phase II Process”).

5100-1650: Pharmacy Residency Research Requirements

APPLIES TO: UofL Health Pharmacy Residency Programs

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 UofL Health pharmacy residents will conduct and complete successful research projects.

PURPOSE:

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

POLICY:

PGY1 Programs:

1. The Residency Research Committee (RRC) will solicit and develop potential PGY1 research project topics. The RRC ensures that all project topics are feasible to complete in one year and are in line with the organization's goals.
2. Each PGY1 resident will have their own research committee which will be responsible for overseeing the progress of the individual resident's research.
3. PGY1 residents shall be provided a project timeline at the beginning of their residency that will include deadlines for proposal identification and development, presentations, abstract and manuscript submissions, and committee report.
4. At a minimum, each PGY1 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.

PGY2 Programs:

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

DEPARTMENTS AFFECTED: Pharmacy

GUIDELINES:

PGY1 Programs:

1. Organization of Residency Research Committee (RRC)
 - a. Consists of the Research Longitudinal Preceptor and 1-2 other PGY1 preceptor(s).
 - b. Meets on an as needed basis to aid in its mission to support PGY1 resident research.
 - c. Responsible for soliciting and developing potential PGY1 research project topics.
 - d. Charged with ensuring research project topics are feasible to complete in one year and in line with the organization's goals.
 - e. Serves a supporting capacity to the resident and the research committee for PGY1 Outcomes Research projects.

PGY2 Programs:

1. Organization of Residency Research Committee (RRC)

- a. Consists of the Research Longitudinal Preceptor and 1-2 other PGY2 preceptor(s).
- b. Meets on an as needed basis to aid in its mission to support PGY2 resident research.
- c. Responsible for soliciting and developing potential PGY2 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 PGY2 Research projects.

PROCEDURE(S):

PGY1 Programs:

1. Selection of PGY1 residency projects
 - a. Each department member proposing a PGY1 residency project for the upcoming residency year must submit a brief research proposal to the RRC.
 - b. The RRC will screen each submission for feasibility, suitability for publication, and the proper supervision offered to the resident.
 - c. Residents may select research topics from an approved menu of eligible projects or pursue a topic of their own interest that has been approved by the RRC.
2. Selection of research committee
 - a. Each PGY1 resident will have their own research committee which is responsible for overseeing the progress of the resident's research. This research committee will be comprised of, at a minimum:
 - i. **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.
 - ii. **Associate Investigators:** Collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. Also participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the manuscript, and perform any other functions of a collaborator.
 - iii. **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 his/her 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. 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 regional residency conference, Great Lakes Pharmacy Resident Conference.
 - c. Complete a manuscript of their research project as determined by the resident's research committee.
 - 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:
 - d. Substantial contributions to project conception and design, data collection, or data analysis and interpretation.
 - e. Drafting or critically revising the final work
 - f. Final approval of the published work.

PGY2 Programs:

1. Selection of PGY2 residency projects
 - a. Each department member proposing a PGY2 residency project for the upcoming residency year must submit a brief research proposal to the PGY2 specific Residency Advisory Committee (RAC).
 - b. PGY2 RAC 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 PGY2 RAC.
2. Research Timeline
 - a. A specific timeline for research activities will be developed by the PGY2 RAC/Research longitudinal preceptor.
 - b. The timeline will include proposal identification and development, presentations, abstract and manuscript, and committee report deadlines.
3. Residency Research Requirements
 - a. Depending on the PGY2 program specifics, PGY2 residents may present their research project as a poster at the ASHP Midyear Clinical Meeting, project results at a regional residency conference, or poster/presentation at national meeting (i.e., SCCM, HOPA, ACCP, etc.)
 - b. Complete a manuscript of their research project as determined by the resident's research committee.
 - c. Comply with all deadlines and major research activities as denoted in the research timeline.
4. 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:
 - d. Substantial contributions to project conception and design, data collection, or data analysis and interpretation.
 - e. Drafting or critically revising the final work
 - f. Final approval of the published work.

5100-1660: Education Days/Travel Pharmacy Residents

Applies to: UofL Health Pharmacy Residency Programs

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 or residency stipend, 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.
 - 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 residency program.
 - c. Residents will be responsible for all expenses beyond the maximum annual amount.
 - d. Residency stipend is for individual expense/use only.
2. Pharmacy residents will be reimbursed, up to the maximum allowable amount, for the following in addition to being provided professional educational days:
 - a. Membership dues
 - b. Meeting registration fees
 - c. Hotel expenses
 - d. Travel expenses: Airfare and/or mileage
 - e. Transportation fares to/from meeting, hotel, and/or airport
 - f. Meals
 - g. Other expenses: National Match fees, Personnel Placement Services (PPS) interview fees, PhORCAS application fees, etc.
3. All eligible expenses must be accompanied by itemized receipts and submitted for reimbursement within 30 days of occurrence. Alcoholic beverages are not eligible for reimbursement and must be excluded. 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: UofL Health Pharmacy Residency Programs

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.

DEPARTMENTS AFFECTED:

Pharmacy, Human Resources

POLICY:

1. The pharmacy resident must abide by all provisions of the UofL Health Pharmacy Residency Programs Training Manual and complete all program requirements (refer to PGY1/ PGY2 program specific completion requirements).
2. 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)*.
3. The residency program is a minimum of 52 weeks in duration. To complete pharmacy residency training, all PGY1/PGY2 residents complete ≥ 35 weeks of their residency as a licensed pharmacist.
4. All pharmacy resident leave (scheduled PTO, sick PTO, etc.), or time away from residency program (i.e., bereavement leave, religious time, jury duty, military leave, parental leave, etc.), cannot exceed a combined 37 days without requiring extension of the program.

GUIDELINES:

1. 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 as long as total leave does not exceed 37 days (including all previous time away from residency training). Any additional time off will result in extending the program.
2. Each extension request is reviewed on a case-by-case basis by the Residency Executive Committee (REC).
3. Extensions are limited to a maximum of two requests during the resident's PGY1 or PGY2 training program, and event(s) must not exceed a combined total of 12 weeks. 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.
4. If extension is granted, the REC will provide the resident with specific guidelines and timeline for the fulfillment of all residency requirements. Failure to meet the adjusted deadline will result in termination of the resident's employment.
 - a. When training is extended, extension must reflect the content and length of experiences and requirements missed.
 - b. Resident salary and benefits will continue during training extension.

5100-1680: Resident Well-Being

APPLIES TO: UofL Health Pharmacy Residency Programs

PURPOSE: The purpose of this policy is to outline procedures and provide resources to support a culture of well-being for pharmacy residents. The American Society of Health-System Pharmacists (ASHP) statement on commitment to clinician well-being and resilience recognizes that a healthy and thriving workforce is essential to ensuring optimal patient outcomes and safety.

DEPARTMENTS AFFECTED: Pharmacy

POLICY STATEMENT(S): Burnout affects today's pharmacists, residents, student pharmacists, and pharmacy technicians at unprecedented rates. The pathway to burnout can include emotional exhaustion leading to depersonalization and cynicism, and ultimately a decreased sense of personal accomplishment. Stressors include heavy workload, sleep deprivation, and difficult patient encounters which may ultimately have a negative impact on patient care. Providing education and creating a positive culture can help to combat the effect these stressors have on well-being and prevent burnout seen among healthcare providers.

PROCEDURE(S):

Concern for Resident Well-Being

- **Resident concern for personal well-being:** Resident can access resources available below and/or may utilize assigned pharmacy mentor or any other trusted person(s) to discuss mental health and well-being concerns. If unable to obtain the help required, concerns should be immediately addressed with associated Residency Program Director (RPD).
- **Preceptor or Co-resident concern for a resident's well-being:** When applicable, concerns will be escalated to the resident's assigned pharmacy mentor. The resident and mentor can then make a decision to mitigate access to resources for the resident if needed or escalate to the RPD. If a concern needs to be addressed anonymously, a letter may be sent to the RPD or pharmacy director.

Methods for Promoting Well-being and Preventing Burnout

- **Resident mental health and well-being education:** During orientation general well-being and burnout will be discussed. In the first quarter of each residency year, there will be a presentation to educate residents regarding signs of burnout, methods for promoting well-being, and available resources.
- **Preceptor development:** Annually, a resident led preceptor development activity will be conducted to overview signs of burnout and available resources for residents struggling with well-being.
- **Resident job:** The PGY1 resident assigned as Social Chair, will have the responsibility to coordinate monthly events for residents to promote work-life balance and resident bonding.
- **Quarterly resident-mentor meetings:** In addition to discussion of resident goals, opportunities and overall development plan, the resident mentor should evaluate resident well-being and work-life balance evaluation for any signs of burnout.

Resources Available

- **National Suicide Prevention Lifeline: 1-800-273-8255**
 - Resource if you or someone you know is suicidal or in emotional distress. Trained crisis workers are available.
- **UofL Health's Emotional Support Line: 502-861-5920**

- Mental health support for UofL Health team members and providers available from 8am to 10pm daily. Mental health therapists are on call to provide behavioral health resources and offer support and guidance.
- UofL Health Employees: Employee Assistance Program: (502) 451-8262 or 1-800-441-1327
 - Immediate counseling available for employees in crisis or after a traumatic event.
 - Services available: 8 free counseling sessions for each topic listed.
- ASHP Well-Being & You: <https://www.ashp.org/wellbeing>
 - Resources on recognizing and combating burnout in the workplace.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline: **1-877-726-4727**
 - General information on mental health and locate treatment services in your area. Available Monday through Friday 8am to 8pm.
- Find a provider with UofL Health insurance: [Anthem.com/findadoctor](https://www.anthem.com/findadoctor)

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- Bridgeman PJ, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *Am J Health Syst Pharm*. 2018;75(3):147-152.
- Williams E, Martin SL, Fabrikant A, Wang A, Pojasek M. Rates of depressive symptoms among pharmacy residents. *Am J Health System Pharm*. 2018;75(5):292-7.



**Pharmacy Residency Training Manual & Policies
UofL Health PGY1, PGY1 CB, PGY2 Programs**

By signing this document, I agree that I have read the UofL Health Pharmacy Residency Training Manual, all applicable pharmacy residency policies, and program specific appendix information. I acknowledge receipt and understanding of all residency requirements and program specific requirements required for successful completion of residency training at UofL Health. I have read and agree to abide by all applicable hospital, departmental, pharmacy residency policies, and complete all residency requirements as outlined while I am employed as a Pharmacy Resident at UofL Health.

Resident Signature

Date

Residency Program Director Signature

Date

Manager of Pharmacy Residency Training Signature

Date