

# UConn John Dempsey Hospital / UConn Health

2021 – 2022

**UCONN  
HEALTH**



## **PGY-1 Pharmacy Residency Handbook**

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## WELCOME!

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Welcome to John Dempsey Hospital / UConn Health! We are pleased that you have chosen to participate in our residency program.

We pride ourselves in providing a unique and innovative pharmaceutical care program in which all our pharmacists participate. Patients are our primary customers and we strive to establish a good pharmacist-patient relationship with them. You will find all our pharmacists and technical staff committed to providing good customer service for every one of our patients.

For the resident, we offer an opportunity to participate in an active pharmacy practice in a number of clinical settings, including inpatient pharmacy practice and our ambulatory care clinics. Our medical teaching environment allows residents to develop strong teaching skills. Our capable research staff is an excellent resource for assisting the resident in developing a solid foundation in research design and analysis.

Most of all, members of our staff are committed to supporting the residency program and assisting residents throughout the residency year. It is a year for tremendous learning! Please do not hesitate to ask them for any assistance.

We hope you will enjoy your residency year at UConn Health. We look forward to your many contributions to our program!

Kevin W. Chamberlin, PharmD

*University Director of Pharmacy Residency Programs*

*PGY1 Pharmacy Residency Program Director*

Kim Metcalf, PharmD

*Associate Vice President of Pharmacy and Ancillary Services*

Adam Jankowski, PharmD

*Associate Director for Hospital Operations for Pharmacy*

Bahar Matusik, PharmD

*Ambulatory Associate Director for Pharmacy*

Approved by RAC:

**6/10/21**

3/8/2013; updated: 6/10/2021; 6/4/2020; 6/13/2019; 6/29/18; 8/18/16; 6/16/16; 5/29/15; 3/31/14; 3/8/13

**PGY1 Pharmacy Residents (PGY1)**

Megan Pantos, PharmD (Western New England University, 2021)

Marrium Qureshi, PharmD (University of Connecticut, 2021)

ThuyDuong (June) Tran, PharmD (University of Connecticut, 2021)

Andre Wang, PharmD (University of Connecticut, 2021)

## UConn Health

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UConn Health is a vibrant, integrated academic medical center that is entering an era of unprecedented growth in all three areas of its mission: academics, research, and clinical care.

Based in Farmington, Connecticut – a popular suburb of the state’s capitol of Hartford – UConn Health is home to the School of Medicine, School of Dental Medicine, John Dempsey Hospital, UConn Medical Group, UConn Health Partners, University Dentists, and a thriving research enterprise.

With approximately 5,000 employees, UConn Health is a major economic driver in the region, generating nearly \$1 billion annually in gross state product. It is closely linked with the University of Connecticut’s main campus in Storrs through multiple, cross-campus academic projects. The university hospital, John Dempsey Hospital provides specialized and routine inpatient and outpatient services for adults. It is widely recognized for its excellence in geriatrics, maternal-fetal medicine cardiology cancer and orthopedics. In addition, the John Dempsey Hospital is home to the only full service Emergency Department in the Farmington Valley.

The physicians of UConn Health form the region’s largest multispecialty practice. This includes a wide range of outpatient services, ranging from primary care, OB/GYN and dermatology to personalized services for older adults through the UConn Center on Aging, and many specialty services. Patients are seen on the Farmington campus, as well as satellite offices in West Hartford, East Hartford, Avon, Simsbury, Southington, and Storrs.

In all, the practice includes more than 450 physicians with expertise in more than 50 specialties.

### AFFILIATIONS:

University of Connecticut School of Pharmacy

### AUTHORIZED BEDS:

228 beds (including intensive care, medicine, surgery, psychiatry, and neonatal intensive care)

### TYPE OF FACILITY:

Tertiary Care, Academic Medical Center

### SPECIAL PROGRAMS:

The Pat and Jim Calhoun Cardiology Center

Maternal-Fetal Medicine Associates

The Connecticut Children’s Medical Center’s Neonatal Intensive Care Unit (NICU) at UConn Health

The Carole and Ray Neag Comprehensive Cancer Center

New England Musculoskeletal Institute

UConn Center on Aging

### RESEARCH:

Since UConn Health's inception, its administration and faculty have been committed to maintaining high-quality research programs as part of the institution's fabric. This commitment has enabled UConn Health to recruit distinguished researchers with expertise in molecular biology, cell physiology, cancer immunology, and stem cell research among other fields.

Through Bioscience Connecticut, the original research building on the UConn Health campus is being renovated and modernized, including space for start-up bioscience businesses.

In addition, Bioscience Connecticut is bringing about a new collaboration between the state, UConn, Yale University, and the prestigious Jackson Laboratory. The project enables Connecticut to assume a position of global leadership in genomics and personalized medicine by developing new medical treatments tailored to each patient's unique genetic makeup. The Jackson project is housed in its own building on the UConn Health campus.

These developments follow the addition in 2010 of the University's Cell and Genome Sciences Building that houses the Stem Cell Institute as well as cutting edge cell biology and genetics research, and technology transfer in the areas of stem cell biology, advanced microscopy and imaging, computational biology, and genetics. They unite in a cross-disciplinary, collaborative setting to enhance Connecticut's role as a leader in stem cell research and accelerate discoveries that ultimately could lead to therapies treating a broad range of diseases and disorders.

UConn Health is also home to a robust clinical trials program that intersects with many clinical specialists. And all intellectual endeavors are supported by our own Lyman Maynard Stowe Library.

#### ACCREDITATION:

UConn Health and John Dempsey Hospital are accredited by The Joint Commission

## **PHARMACY SERVICES**

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### **Pharmacy Mission Statement**

1. To provide a safe, efficient and economical healthcare system medication distribution system in the outpatient and inpatient settings;
2. To provide pharmaceutical services that meet the needs of the patients, in conjunction with the medical staff;
3. To develop pharmacists' clinical practice as an integral part of patient care in the healthcare system;
4. To develop pharmacy technicians' pharmacy practice as an integral partner to the pharmacist in the provision of pharmaceutical care to patients and clinical staff of the healthcare system;
5. To serve the drug information needs of the healthcare system staff, namely physicians, nurses, pharmacists and patients;
6. To develop standards and systems for the delivery of pharmaceutical services that will become an integral part of the healthcare system's quality management and cost containment programs;
7. To provide in-service and other educational programs consistent with the needs of the healthcare system;
8. To participate in research programs which promote the development of newer agents useful in the management and treatment of diseases;
9. To serve as an educational clinical, hospital and ambulatory externship site for pharmacy students;
10. To serve as an educational residency site for pharmacy residents.

## Pharmacy Vision Statement

Our vision is to continue to be a leader in providing quality pharmaceutical care with a focus on complete and confidential service to patients across the entire health care spectrum through:

- Expanding the role of the pharmacist as a clinician and drug information expert
- Expanding the role of the pharmacy technician as a pharmacy technical expert

Empowering our pharmacy experts and continuously developing their roles will enable the Pharmacy Service:

- To provide pharmaceutical services that meet the needs of the patients, in conjunction with the medical staff
- To monitor all important aspects of care through established structures and processes to assure that the right drug and right dose get to the right patient by the right route at the right time and to evaluate the outcomes of care
- To provide patient medication counseling and health education, as well as staff education and drug information services

## Description

The Inpatient Pharmacy Service at the John Dempsey Hospital is open 24 hours per day, 7 days per week under the direct supervision of the Associate Vice President of Pharmacy and Ancillary Services, Kimberly Metcalf, MS, PharmD, and the Associate Director for Hospital Operations for Pharmacy, Adam Jankowski, PharmD. Bahar Matusik, PharmD, is our Ambulatory Associate Director for Pharmacy. Services provided include pharmaceutical care for patients, technical support, and education and research. The inpatient pharmacy utilizes a de-centralized unit-dose service (Pyxis®ES), as well as a centralized unit-dose system, with barcode medication administration (MAK), IV additive service for inpatients (utilizing DoseEdge™) and automated unit dose packaging software. The pharmacy also provides IV additive service and chemotherapy preparation service for multiple infusion centers, and provides bulk drug to outlying clinics. The pharmacy also utilizes pharmacy-wide perpetual inventory software called Pharmogistics which communicates to storage devices such as carousels. TUGS® are utilized to deliver meds to the inpatient units. John Dempsey Hospital uses the Epic EMR for all patient care documentation. With the exception of the neonatal intensive care unit, all medications orders are placed through a computerized provider order entry (CPOE) system.

The pharmacy staff is organized into units according to area of work: Clinical coordinators, inpatient clinical staff, anticoagulation clinic, investigational drug service. Pharmacists staffing each unit provide pharmaceutical care services for their patients. These services include:

- 1) Identifying, resolving and preventing drug related problems;
- 2) Identifying goals of therapy, monitoring parameters and desired outcomes;
- 3) Educating the patient regarding medication regimens. The Pharmacy Service promotes active participation in daily pharmaceutical care activities to ensure quality patient care and assesses patient outcome.

## Pharmaceutical Care for Patients

The pharmacy staff is organized into units according to area of work: Clinical coordinators, inpatient clinical staff, anticoagulation clinic, investigational drug service, and correctional managed health care. Pharmacists staffing each unit provide pharmaceutical care services for their patients. These services include: 1) identifying, resolving and preventing drug related problems, 2) identifying goals of therapy, monitoring parameters and desired outcomes, and 3) educating



the patient regarding medication regimens. The Pharmacy Service promotes active participation in daily pharmaceutical care activities to ensure quality patient care and assesses patient outcome.

The **clinical coordinators** have multiple, yet individual roles. One clinical coordinator will provide consultative services to ensure positive patient outcomes, act as a resource for the unit Pharmacists, maintain and update informational on-line data base on IV Medications, maintain and update Alaris Guardrail software on IV Medications to ensure patient safety, maintain and update IV titrate Policy, educate providers on requirements and monitor for compliance, maintains and update hospital formulary to ensure cost-effective use of medications, develop and evaluate assigned competency assessments, lectures pharmacists and providers on topics of mutual interest review and update Policies consistent current standards of practice and monitor compliance, develop, update and measure compliance with Anticoagulation Policies and practices consistent with NPSG 3:05.01, will assist in managing strategies for drug shortages, and will communicate and makes appropriate therapy changes based on available med supply consistent with the patient care plan. The oncology clinical coordinator is also responsible for properly validating outpatient chemotherapy orders as well as maintaining updated chemotherapy orders sets. The ED clinical coordinator will also perform clinical services in the ED for ED hold patients.

The **clinical staff pharmacist** is responsible for providing care to patients on the medical, surgical, psychiatric, hematology/oncology, intensive care, and step-down units. Responsibilities include interviewing patients as appropriate to complete medication reconciliation upon admission, providing discharge medication counseling to appropriate patients, participating in physician rounds as appropriate, providing recommendations for drug selection and dosing, providing consultations on pain management, patient-controlled analgesia, total parenteral nutrition, and pharmacokinetic dosing, as well as validating provider medication orders. Before an order is validated, the clinical staff pharmacist will review all active orders and pertinent labs to assess the order for appropriateness. We have a de-centralized unit-dose service with barcode medication administration (MAK), IV additive service and an electronic Lifetime Clinical Record (LCR).

The **anticoagulation clinic** is staffed by professionals with specialized training in anticoagulation management with physician medical director oversight. Through a comprehensive process which includes on-site laboratory testing, the clinic monitors the patient's therapy and adjusts dosages according to protocol to maintain a therapeutic International Normalized Ratio (INR). At each clinic visit, the provider also monitors patients for hemorrhagic and thromboembolic complications and provides patient education regarding the safe use of anticoagulation therapy. Our Anticoagulation Clinic maintains computerized records specific to the management of patients receiving anticoagulation, which greatly enhances the safety and proper dosing of medication.

The goal of **Investigational Drug Services (IDS)** is to ensure that clinical trials are carried out safely, effectively, and efficiently. IDS assures compliance with all federal, state, The Joint Commission, and Internal Review Board regulations concerning investigational study medication. The service is covered by a member of IDS during business hours: Monday-Friday, 7:30 a.m. to 4 p.m. After hour services for an investigational study are provided by the main pharmacy staff.

**UConn Health Pharmacy Services Inc.** is a **hospital-owned specialty pharmacy** where pharmacists can improve coordination of care by extending pharmacy care beyond the four walls of the hospital. The specialty pharmacy services allows our services to reach into patient homes, retaining patient relationships while improving medication adherence. Pharmacists in this setting monitor patients' status while creating a better care model for patients and physicians.

## Technical Support

The medication needs of inpatients are met during working hours utilizing the pharmacy technical staff as well as automated dispensing machines (Pyxis). The pharmacy technical staff accomplishes dispensing to the unit-based Pyxis machines through scheduled and unscheduled Pyxis fills. Medications that are not kept in the Pyxis machines are prepared for unit dose delivery within the pharmacy. New intravenous and oral medications are dispensed from the inpatient pharmacy by technicians under the supervision of the pharmacist and/or Pyxis machine. Technicians work in a centralized and de-centralized manner to effectively coordinate appropriate drug distribution. This system results in greater drug distribution efficiency and allows for more involvement of the pharmacist in providing quality pharmaceutical care.

## **Educational Programs**

UConn Health is fully committed to pharmacy education and training, maintaining an active academic relationship with the UConn School of Pharmacy. Senior clinical clerkships are routinely provided to pharmacy students from the University of Connecticut. All pharmacists participate in the education of pharmacy technicians, pharmacy students, and the pharmacy resident(s).

## **UCONN HEALTH PHARMACY STAFF INVOLVED IN RESIDENCY**

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### **Pharmacy Administration**

Kim Metcalf, PharmD – Associate Vice President of Pharmacy and Ancillary Services, ext. 7943

Adam Jankowski, PharmD – Associate Director for Hospital Operations for Pharmacy, ext. 7627

F. Bahar Matusik, PharmD – Ambulatory Associate Director for Pharmacy, ext. 3601

### **Residency Program Director**

Kevin W. Chamberlin, PharmD, FASCP – University Director of Pharmacy Residency Programs & PGY1 Residency Program Director, ext. 2281

### **School of Pharmacy Faculty (John Dempsey Hospital or UConn Health Outpatient Pavilion Practice Sites)**

Jeffery Aeschlimann, PharmD – Infectious Diseases, ext. 1488

Cassandra Doyno, PharmD, BCPS – Critical Care / Emergency Medicine, ext. 2167

Lisa M. Holle, PharmD, BCOP – Outpatient Oncology, ext. 5195

Marissa Salvo, PharmD, BCACP – Adult Primary Care, ext. 8988

### **Clinical & Staff Pharmacists**

Jillian Cavallari, PharmD, BCPS – Pharmacist, ext. 7627

Jennifer Czerwinski, PharmD – Investigational Drug & Medication Safety Pharmacist, ext. 2085

Kaitlyn Elliott, PharmD, BCPS – Pharmacist, ext. 7627

Douglas Hackenyos, PharmD, BCOP – Oncology Clinical Coordinator, ext. 2251

Sean Johnston, RPh – Critical Care Coordinator, ext. 5122

Marek Kolodziej, PharmD – Clinical Coordinator, Operations, ext. 4221

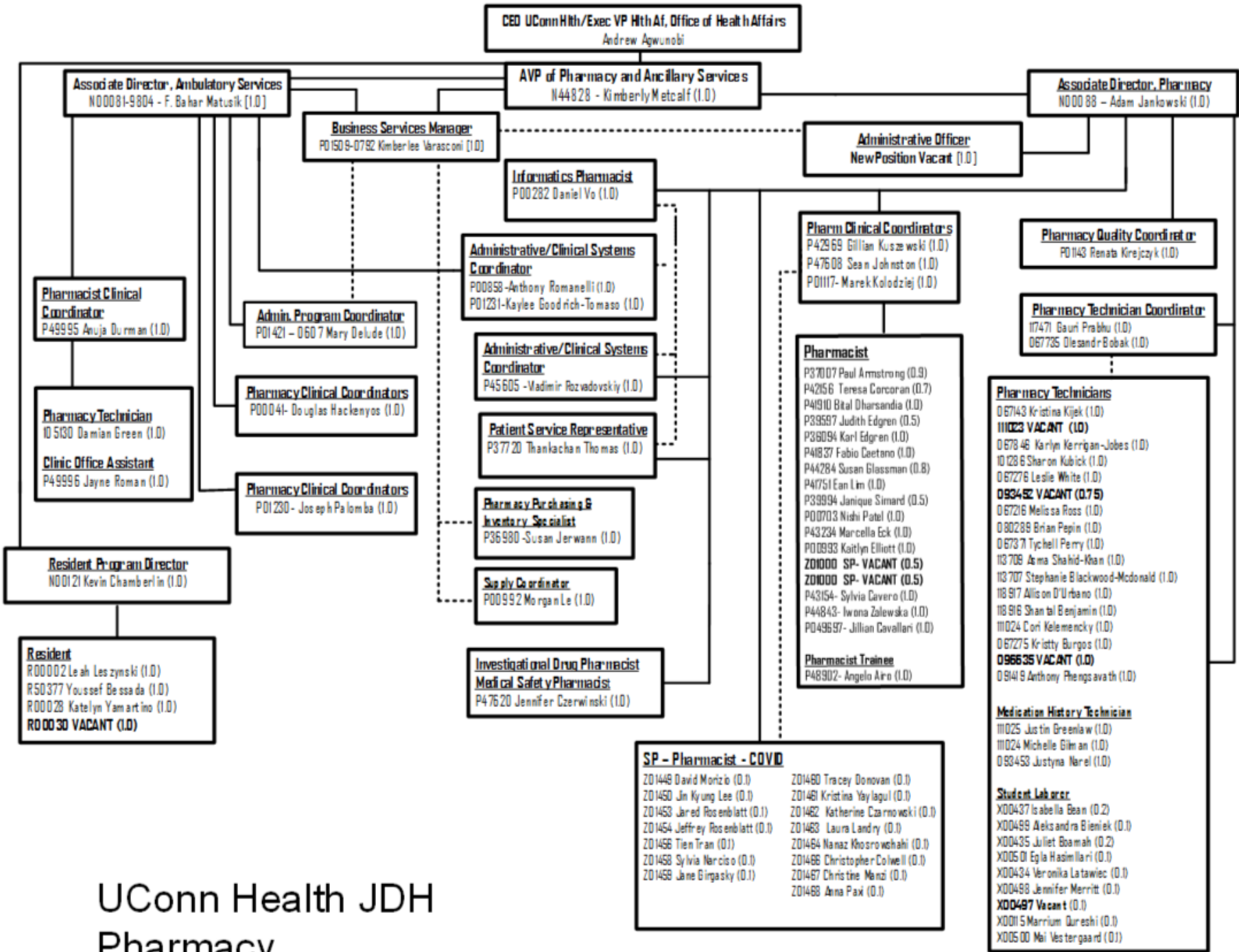
Gillian Kuszewski, PharmD, BCPS – Pharmacy Clinical Coordinator, ext. 2077

Nishi Patel, PharmD – Pharmacist, ext. 7627

Anuja Rizal, RPh, PharmD, CACP – Anticoagulation Clinical Coordinator, ext. 6906

Sylvia Slattery, PharmD, BCPS – Pharmacist, ext. 7627

Daniel Vo, PharmD – Informatics Pharmacist, ext. 5156



UConn Health JDH  
Pharmacy

# UConn Health Formulary Management

## HOSPITAL FORMULARY SYSTEM

### **Policy:**

The formulary system operates under the auspices of the Pharmacy, Therapeutics, and Medication Safety Committee (P+T Committee) to promote rational, cost-effective use of medications at John Dempsey Hospital. The P+T Committee is responsible for policy development, communication, education, and formulary management.

### **DEFINITIONS:**

The formulary system is an ongoing process whereby an organization's pharmacy and medical staff, working through the Pharmacy, Therapeutics and Medication Safety Committee, evaluate and select from among the drug products available those considered most useful in patient care. These products then are routinely available for use within the organization. The **hospital formulary** is a continually revised compilation of medications and medication-associated products or devices; medication use policies; important ancillary information; decision support tools; and organizational guidelines. This promotes rational, evidenced-based, clinically appropriate, safe and cost-effective medication therapy.

### **PROCEDURE:**

#### **Role of the Pharmacy Therapeutics and Medication Safety Committee**

The P+T and Medication Committee is responsible for overseeing the effective and efficient operation of the formulary system. It is composed of representatives from the medical staff, pharmacy service, nursing service, quality improvement managers and hospital administration. The P+T Committee shall meet as often as necessary at the call of its chair, but at least once every quarter. It shall maintain a permanent record of its proceedings and activities, and shall report to the Medical Board. The Committee is responsible to the Medical Staff as a whole, and its policy recommendations are subject to approval by the Hospital Medical Board. The P+T Committee assists in the formulation of broad professional policies relating to drugs in the hospital, including their evaluation, selection, procurement, storage, distribution, administration, and use. The committee reviews adverse drug events; reviews medication errors, performs ongoing review of the hospital formulary; and recommends policies, procedures, and practices to reduce errors with medications. The P+T Committee should initiate, direct, and review the results of medication-use evaluation programs to optimize medication use and patient outcomes. It is the responsibility of the P+T Committee to provide integrity to the formulary system by assuring that drugs designated as being on the **hospital formulary** are appropriately listed, and stocked in the pharmacy, and that prescribing practices are consistent.

#### **Application of the Formulary System**

The formulary system applies to all prescribers: house-staff, attending physicians, and other practitioners with prescribing authority.

#### **"Formulary" Designation**

Only those drugs determined by the P+T Committee to be most advantageous in patient care based on safety, efficacy, and cost and shall be designated as formulary drugs. **The following designations can be assigned by this committee: 1. Formulary drugs that are stocked; 2. Formulary drugs that are not stocked but available upon request; and, 3. Non-formulary drugs that require a written request and may be obtained if no alternative is available after discussion between the pharmacist and the prescriber.** Drugs are listed in the formulary by their generic names, even though trade names may be

in common use in the hospital. Physicians are strongly encouraged to prescribe drugs by their generic names. The Department of Pharmacy is responsible for selecting, from available generic equivalents, those drugs to be dispensed pursuant to a physician's order for a particular drug product. Generally, this choice is consistent with competitive bids awarded by the Hospital's group purchasing organization.

### **Adding or Deleting Drugs to/from the Formulary**

Attending physicians or pharmacists may request that drugs be added to the formulary by completing the **"Proposal for Admission of Drug to the Hospital Formulary"** request form and forward to the Pharmacy Clinical Coordinator. The P+T Committee may initiate its own review of a drug if a non-formulary drug is frequently being prescribed for hospital patients. Routine drug class reviews may also trigger formulary additions or deletions. When a drug is added to the formulary, consideration should routinely be given to deleting other similar items. Drugs are added to the formulary based on objective, scientific data. Considerations include effectiveness based on FDA approved indications, side effect profile, cost, medication error potential, and comparison to alternative agents. After discussion with the requesting physician(s) and experts in the field, the Clinical Coordinator of Pharmacy services (or designee) provides an objective evidence-based medical evaluation for each drug requested for formulary addition to assist the Committee in its deliberations. The physician or pharmacist who requests the addition of a drug to the formulary may be invited to attend the P+T Committee meeting when the topic is on the agenda. The Committee will approve the medication based on the FDA approved indications and other non-FDA approved indications based on review of the scientific literature and information provided by the requesting prescriber. The decisions of the P+T Committee are communicated to the requesting physician or pharmacist by the Clinical Coordinator or the Director of the Pharmacy (or designee). Non- FDA approved uses of formulary medications require the pharmacist to review the literature to identify that scientific efficacy is established and that dosing and use is appropriate for the patient. Any questions/concerns will be directed to the prescribing MD/LIP. New medications added to the formulary will be considered for a Drug Utilization Evaluation (DUE) based on safety, efficacy and cost considerations.

### **Conflict of Interest**

The "Proposal for Admission of Drug to the Hospital Formulary" must state whether the requesting physician Does or Does Not have a personal financial interest in this drug based on the UCONN Health Center Policy and Procedure on Conflicts of Interest in Research (POLICY NUMBER 2006-01). Prior to any vote for addition or deletion of drugs to the formulary, members of the P+T Committee will be informed of the drug manufacturer's name; members must recuse themselves from voting if a potential conflict of interest exists for the requested drug or for a competing drug in the same pharmacological class.

### **Therapeutic Equivalents**

The P+T Committee maintains a "Therapeutic Interchange Policy and List" for John Dempsey Hospital. Therapeutic interchange is the practice of switching or dispensing drugs that are chemically distinct but therapeutically similar in terms of their efficacy, safety, and tolerability profiles. The goal of therapeutic interchange is to achieve an improved or neutral outcome with the new agent while reducing overall treatment costs. This policy allows pharmacists, without prescriber permission, to substitute a product from the same class of drug, even though they are not chemically equivalent. A current list of drugs which have John Dempsey Hospital P+T Committee approved therapeutic equivalents may be found at: [www.uchc.edu](http://www.uchc.edu) --> faculty & staff--> Nursing--> Medication references --> Therapeutic Interchange List.

### **Restricted Formulary Drugs**

Formulary drugs may be restricted in their use by: (1) medical service (eg, a drug restricted to use by NICU attending physicians); (2) prescribing criteria (eg, a drug restricted to use by specific indication); or (3) patient care area (eg, a drug restricted to use only in the ICU).

### **Communication of Formulary Decisions**

Physicians and other health care providers are informed of committee decisions via changes in the Physician Order Entry System.

### **Formulary Status of New Drugs**

New drugs approved by the Food and Drug Administration (FDA), but not yet approved for formulary addition by the P+T Committee are **non-formulary** medications. The P+T Committee will evaluate these medications based on formal requests for addition to the formulary, increasing requests for non-formulary dispensing of the drug, and literature review. Prior to committee deliberation, use of the drug should conform to the non-formulary drug use process.

### **Obtaining Non-Formulary Drugs**

When a non-formulary drug is prescribed, a pharmacist will contact and inform the prescribing physician that the drug is a non-formulary medication and therefore is not stocked in the pharmacy. The pharmacist will inform the physician of alternative medications which are on the formulary and likely to have a similar therapeutic benefit.

### **House-staff physicians:**

If a house-staff physician feels that the non-formulary drug is still needed, authorization from the attending physician on that service must be obtained. The house-staff physician contacts the attending physician, who authorizes the pharmacy to obtain and dispense the non-formulary drug by issuing a medication order.

### **Attending physicians:**

If an attending physician, in consultation with a pharmacist, determines that the non-formulary drug is needed, Pharmacy staff will provide a "Request for Non-Formulary Drug" form to the physician who must complete the form and return it to the pharmacist or pharmacy department in a timely manner. The physician should then issue a medication order stating that the "Request for Non-Formulary Drug" has been submitted through the POE system. The drug will then be obtained by pharmacy for a specific patient. Non-formulary drugs are usually obtained within 24 to 48 hours, but this may take longer depending on product availability. The P+T Committee, the Pharmacy Clinical Coordinator or Director of Pharmacy may specify that some products not be ordered, dispensed, or stocked, even on a non-formulary basis.

### **Pharmacy Procedures for Non-Formulary Drugs:**

Should a non-formulary drug need to be dispensed, a pharmacist must first ensure that authorization from the attending physician has been obtained. The pharmacist should then proceed to order the drug. Only drug products that are required emergently may be obtained through the borrow/loan process from other healthcare institutions.

### **Monitoring of Non-Formulary Drug Prescribing**

The Clinical Coordinator of Pharmacy compiles and analyzes data regarding non-formulary drug use on a regular basis and reports this to the P+T Committee. The Committee determines appropriate action necessary to maintain the integrity of the formulary system. This may include reconsidering a drug for

formulary addition, undertaking an educational effort to reduce inappropriate prescribing, or imposing prescribing restrictions.

#### **Formulary Production and Distribution**

The Pharmacy is responsible for the annual review, updating, and publication of the formulary. The Pharmacy will be responsible for the distribution of one copy of the formulary to all patient care areas of the hospital.

## **UConn Health Committees and Pharmacy Involvement**

Pharmacy actively participates, or is a standing member of, the following medical center committees:

- Falls Committee
- Infection Control
- Pharmacy and Therapeutics (P&T) Committee
- IV Medication Guidelines Committee
- Partnership 4 Patients Re-admission Prevention Team
- Investigational Review board (IRB)
- Shared Governance
- Cancer Committee
- Chemotherapy Committee
- Ethics Committee
- Code Cart Committee
- Antimicrobial Stewardship Program
- Medication Safety
- Opioid Task Force
- Others, both standing and ad-hoc

## **UCONN HEALTH RESIDENCY PROGRAM OVERVIEW**

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### **Residency Program Purpose**

PGY1 pharmacy residency programs build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year 2 (PGY2) pharmacy residency training.

Our PGY1 Pharmacy Residency at JDH/UConn Health is intended to develop pharmacists into well-rounded, competent clinical practitioners, emphasizing evidence-based medicine and providing compassionate patient care as integral members of the multidisciplinary team. Upon completion, our resident(s) is/are qualified to practice independently or pursue specialized training with the capability and flexibility to adapt to future changes in healthcare.

## **Program Outcome**

The PGY1 Pharmacy Residency Program at UConn Health is intended to be a broad-based learning and practice experience. Upon completion it is expected that the resident will be a confident and capable practitioner who will be able to function in a variety of practice settings. The setting is largely inpatient acute care, with some learning experiences in ambulatory care, all as part of an interdisciplinary healthcare team. The program is designed to be broad in scope so as to allow the resident the opportunity to gain the skills necessary to function in these practice settings. The residency is also designed to allow the residents to develop strong communication skills that will allow them to educate other healthcare professionals, patients, and the community. The acquisition of these skills should also afford them the opportunity to further enhance their knowledge through specialized training in a PGY2 residency or fellowship.

## **Pharmacy Residency Program: Accreditation & History**

The Pharmacy Service offers a PGY1 Pharmacy Residency. Kevin W. Chamberlin, PharmD, FASCP is the RPD and University Director of Pharmacy Residency Programs. Additional PGY1 spots and PGY2 specialties are being explored. The program was granted full accreditation status with the American Society of Health-System Pharmacists in the summer of 2013.

The Pharmacy Residency Program at John Dempsey Hospital / UConn Health was re-established in 2012 after losing funding support following the 1998-99 residency year. The program was initially started in 1974-75 and had one or two residents per year, in addition to a Drug Information/Poison Center Specialty Resident.

The program has a strong affiliation with the UConn School of Pharmacy through its many preceptors and faculty located at UConn Health, its Teaching Certificate program for residents and preceptors, and much more.

### **The Teaching Program**

The Pharmacy Service is fully committed to pharmacy education and training, and maintaining an active academic relationship with the University of Connecticut School of Pharmacy. Senior clinical clerkships (Advanced Pharmacy Practice Experiences (APPEs)) are provided to these students and the resident will have a role in acting as a part-preceptor to these students, providing some formal and informal teaching via a layered learning model. All pharmacy staff is expected to participate in the education of pharmacy technicians, pharmacy students, and pharmacy residents.

### **Research**

Numerous opportunities for meaningful clinical research are available at UConn Health. For successful completion of the residency, the resident is expected to complete a project which is of a quality suitable for submission for publication in a recognized medical/pharmacy journal. Details of how to develop your research project will commence immediately after the start of your residency year.

## **Qualifications of the Residency Program Director**

The Residency Program Director is appointed by the Director of Pharmacy Services to oversee the residency program; however, the Pharmacy Director has ultimate responsibility for the program. As defined by the ASHP Standards, the RPD has demonstrated sustained contribution and commitment to pharmacy practice, maintains high professional ideals, has distinguished himself in practice, and has the desire and aptitude to teach. The RPD earned an advanced pharmacy degree and completed an ASHP-accredited residency.



## **Qualifications of the Preceptors / Preceptor Development Process**

Each learning experience is assigned a qualified pharmacist preceptor. Preceptors are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Some preceptors have completed residency programs and a Doctor of Pharmacy degree or have obtained equivalent qualifications and experience. The next pages describe the Preceptor Appointment and Reappointment process at UConn John Dempsey Hospital.

## **Selection and Qualifications of the Resident**

For the pharmacy residency program the applicant must be licensed (or be eligible for licensure in CT and complete such no later than 90 days after the start of the residency, per ASHP Standards (but must, at minimum, hold a State of Connecticut Pharmacy Intern license if not yet licensed), be a citizen of the U.S.A. (naturalized citizens must provide proof of naturalization) or hold a visa allowing for completion of your residency year (we cannot sponsor your visa), have received a Doctor of Pharmacy degree from an ACPE-accredited School of Pharmacy, adhere to the rules of the resident matching program (RMP), and be a highly motivated pharmacist who desires advanced education and training leading to an enhanced level of professional practice in pharmacy practice.

Incoming residents are expected to have scheduled all of their board exams (and preferably sat for them) prior to the start of residency. Understanding that scheduling can be difficult, accommodations will be made during the first 14 days of the residency for the purpose of completing board examinations. Failure to pass required board exams within the first 90 days of the residency will result in individual review by the RPD. This review will require development of a remediation plan between the RPD and resident exploring the feasibility of a residency extension and/or dismissal from the program. Be it known that residents must be licensed pharmacists for at least 2/3 of the residency year, per ASHP Residency Standards (2014).

Application materials must include: an official transcript from the School of Pharmacy, three letters of recommendation (preferably 1-employer, 1-academia/preceptor, 1-of applicant's choosing), letter of intent, and CV. Applications must be received by the December 26<sup>th</sup> deadline to be considered for the residency program beginning on or near July 1<sup>st</sup>. Residents for the PGY1 and program are selected through the matching program.

Members of the Residency Advisory Committee (RAC) review and rank applicants with a pre-defined, in-house process. After applications have been ranked, applicants will then be invited for a 1-day interview (it could be virtual or on-site at their own expense; all candidates will be offered the same process opportunities). The RAC will reconvene upon completion of the interview process, discuss and review feedback from the rankings and interview scores, rank prospective candidates, and the RPD will submit the RAC's selection(s) to the RMP.

## **Residency Program Functions and Responsibilities**

### **Director, Department of Pharmacy**

The Director of the Department of Pharmacy has ultimate responsibility for the residency program and has appointed the Residency Program Director who provides the coordination and oversight for the residency program.

### **Residency Program Director**

Residency Program Director is appointed by the Director of Pharmacy, to coordinate and oversee their respective residency programs. The Residency Program Director is a member and Chair of the Residency Advisory Committee. The RPD is accountable to the Director and is responsible for ensuring that:

1. Residents are adequately oriented to the residency and Pharmacy Services;
2. Overall program goals and specific learning objectives are met;
3. Training schedules are maintained;
4. Appropriate preceptorship for each learning experience is provided;
5. Resident evaluations based on the pre-established learning objectives are routinely conducted;
6. The residency program meets all standards set by ASHP (American Society of Health-Systems Pharmacists);
7. Communication with residents is maintained throughout the program to ensure an optimal experience and to resolve problems or difficulties;
8. All resident requirements are completed prior to recommendation for certification;
9. Residency Program Design and Conduct reviewed at least annually, if not continually, through on-going continuous quality improvement measures and/or annual program review with RAC;
10. Exit surveys and interviews with resident(s) for feedback on program design and conduct;
11. Tracking residency graduates as they leave the program.

## Rotation Preceptors

Each learning experience is directed by a pharmacy preceptor who is responsible for:

1. Developing learning experience goals and specific learning objectives for the block, in conjunction with the Residency Program Director;
2. Reviewing the learning experience goals and specific learning objectives with the resident at the beginning of the learning experience;
3. Introducing the resident to the general work area and people with whom he/she will be working;
4. Describing the daily activities and work flow patterns involved in the learning experience, including useful information such as frequently used phone numbers and where to find forms;
5. Meeting with the resident on a regularly scheduled basis;
6. Helping the resident achieve the learning experience objectives by providing direction to the appropriate resources;
7. Providing a midpoint and final evaluation of progress toward experience learning objectives which is discussed with the resident (verbal and/or written feedback throughout the learning experience (including midpoint); final evaluation must to be written and documented within PharmAcademic within 7 days of concluding the learning experience, but ideally on or before the last day of the experience).
8. In the case where a learning experience is led primarily by a non-pharmacist preceptor, it will be deemed elective, occur later in the residency year, have a pharmacist supporting the preceptor (e.g., the RPD), and the resident will have to first be reviewed by the RAC and deemed appropriate to advance to the elective experience.

## Research Preceptors

The research preceptor(s) will be assigned to each resident as a primary co-investigator. The research preceptor(s) responsibilities include:

1. Advising the resident in defining a project that will be completed within the residency allotted time;
2. Assisting the resident in developing the research protocol including study hypothesis, study design, methodology, and analysis;
3. Coordinating research resources for statistician review and advice in the protocol design, analysis, and power determination;
4. Assisting the resident in obtaining any approvals (i.e., Institutional Review Board (IRB) (vs. QA/QI)) if necessary;
5. Ensuring that the resident maintains progress on the project according to the research timetable;

6. Guides the resident on data collection, data analysis, and summary of results;
7. Assists the resident in preparation of the poster presentation at the ASHP Midyear Clinical Meeting;
8. Assists the resident in preparation of the platform presentation at the Eastern States Conference for Residents, Fellows, and Preceptors;
9. Ensures that the resident's research project is written in manuscript form suitable for publication as required by the residency requirements.

## Resident Responsibilities

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to participate in these activities. The resident's assignments, learning experiences, and other planned activities will contribute to the resident's management of priorities, time, resources, and activities external to the residency. The resident will be expected to:

- Follow all UConn Health rules and codes of conduct in accordance with professional, respectful, courteous, and confidential behavior;
- Be in prompt attendance for all assigned learning experiences, scheduled meetings, conferences, and seminars;
- Professional attire always: **NO** casual, revealing, trendy attire;
- Complete projects within deadline or give reasonable notification of delays;
- Perform within guidelines provided by the hospital's and pharmacy service's policies and procedures;
- Notify learning experience preceptor 1 week in advance of each new block;
- Solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each learning experience;
- Provide learning experience and preceptor evaluations at the completion of each assigned block;
- Notify the RPD and preceptor of any absence due to illness;
- Submit all leave requests to the RPD as soon as possible;
- Complete all residency requirements within the residency year.

## **Residency Advisory Committee (RAC)**

The Residency Advisory Committee is established in accordance with the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Residency Programs.

**A. Purpose:** The purpose of the RAC is to guide the overall pharmacy residency program(s) at John Dempsey Hospital and UConn Health with respect to the established ASHP Accreditation Standards. This includes maintaining standards with respect to qualifications of the training site, residency program directors and preceptors, and resident selections, as well as the residency training program and pharmacy service, resident and program evaluations, and certification. The executive committee serves as the decision-making body with regards to the program and represents the advisory board in their decisions.

### **B. Responsibilities and Functions:**

#### **In conjunction with the Residency Program Director:**

1. Reviews, maintains, and assures that the residency program complies with current ASHP accreditation standards;
2. Maintains, reviews, and approves the annual Residency Program Handbook;
3. Annually reviews the qualifications of the Residency Program Director(s) and preceptors and establishes their functions and responsibilities;
4. Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each period of training (learning experience) is provided, and resident evaluations are conducted;
5. Establishes residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the resident;
6. Reviews, maintains, and updates the educational and experiential learning experiences of the residency program which will also be consistent with the current ASHP Standards;
7. Annually reviews the incoming resident's individualized plan for residency, training schedule, and learning objectives and quarterly reviews the resident's progress in the residency;
8. In conjunction with other identified experts in research, reviews potential residency research proposals for feasibility, research design, and unique contribution to the literature;
9. Conducts corrective actions and dismissals as necessary, under the advisement of the Residency Program Director(s).

**C. Membership:** The RAC is comprised of all preceptors involved in PGY1 residency program.

**D. Meetings and Minutes:** The RAC will meet approximately every month (or more frequently as needed) and will maintain a permanent record of its proceedings and actions. Minutes of each meeting will be prepared by a designated member and be maintained by the RPD.

## PHARMACY RESIDENT JOB DESCRIPTION

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### **PGY-1 PHARMACY PRACTICE RESIDENT AT THE UCONN HEALTH CENTER – JOHN DEMPSEY HOSPITAL DEPARTMENT OF PHARMACY (1-year trainee appointment)**

#### **MATCH #: 201513**

**EXPERIENCE AND TRAINING:** The applicant must be a graduate from an ACPE-accredited Doctor of Pharmacy (PharmD) program. The applicant must be a citizen of the U.S.A., or hold a visa allowing for the completion of the residency year. UConn Health cannot sponsor your visa. The applicant must desire to be a highly motivated pharmacist wanting advanced education and training that leads to an enhanced level of professional pharmacy practice.

**SPECIAL/MANDATORY REQUIREMENTS:** Incumbents in this class may be required to travel. The resident must be licensed to work as a registered pharmacist in the State of Connecticut no later than ninety days after the start of the residency year, or the resident may be terminated from employment. The resident must adhere to the rules of the resident matching program (RMP) process, and utilize the PhORCAS system for the application process.

**PREFERRED EXPERIENCE:** Preference for interview invitations will be given to those applicants with hospital pharmacy experience, knowledge of the principles and practices of pharmacy and pharmacology and their application to the operation of a hospital pharmacy or outpatient facility, knowledge of relevant Federal and State laws, considerable interpersonal skills, oral and written communication skills, ability to maintain records, demonstrable teaching ability, a documented history of research and/or publication experience, a history of presentations to a multidisciplinary and/or professional meeting audience, leadership in professional organizations, and those with awards/honors within pharmacy and community service.

**WORKING CONDITIONS:** Incumbents in this class may have significant exposure to communicable and/or infectious diseases and risk of injury from assaultive and/or abusive patients and may be exposed to disagreeable conditions and may be required to do some lifting. The employee must also be able and willing to be mobile across the UConn Health campus on a regular basis and to be able to walk and stand during working hours.

**SUPERVISION RECEIVED:** Works independently, but in accordance of and under the supervision of the Residency Program Director (RPD).

**EXAMPLES OF DUTIES:** The resident will be a self-directed, independent, motivated learner guided by the RPD and the appropriate preceptor(s) for each learning experience.

In addition to learning experience rotations, the resident will serve as a staff pharmacist at least one evening per week and at least every fourth weekend per month (Saturday and Sunday) and is accountable for the preparation and distribution of all medications to patient care areas and providing clinical pharmacy services to both inpatient and outpatient physicians, and other hospital personnel. In this capacity, a resident: provides prescription services to inpatients/outpatients; checks unit dose medication for appropriate drug, dose, quantity, and packaging integrity; facilitates availability of first doses and specialty items; maintains adequate medication supplies; completes monthly controlled substances audits and quality assessment rounds; maintains and enforces the documentation and security of narcotic supplies; checks medication orders for therapeutic appropriateness; checks transcription of medication orders; updates medications on administrative records; provides pharmacokinetic monitoring of patients receiving specific drugs and ensures

that serum concentrations are drawn; monitors parental nutrition; responds to emergency codes; observes for adverse drug reactions; documents all medication incident reports; provides medication counseling to patients; provides drug information to physicians, nurses, patients and other health care professionals; documents interventions with health care personnel related to drug therapy; oversees deliveries to patient care floors; compounds IV medications, including chemotherapy medications; prepares hyperalimentation solutions; dispenses/provides information on investigational drugs; performs drug utilization evaluations on medications; oversees activities of medication administration nurses; participates in patient care rounds; attends departmental staff meetings and educational seminars; contributes to pharmacist continuing education seminars; provides in service education to hospital health care professionals; maintains patient confidentiality; performs related duties as required.

The resident will be required to attend monthly Pharmacy and Therapeutics (P&T) committee meetings with the Clinical Coordinator and RPD, and be assigned minute-taking duties for P&T and other committee meetings on a rotating basis.

The resident will be required to complete PharmAcademic evaluations in a timely manner, both for the learning experience(s) and preceptor(s).

The resident will be required to obtain (with the assistance of the RPD) an Adjunct Assistant Clinical Professor status with the UConn School of Pharmacy. The resident may be required to carry out and/or assist with didactic teaching responsibilities at the Storrs campus and/or clinical and didactic teaching responsibilities at UConn Health.

The resident will be required to present at least one (1) continuing education talk and/or lecture during the residency year.

The resident will be required to complete the UConn Teaching and Learning Practice-based Activity Teaching Certificate during the residency year, under the supervision of the RPD or program designee.

The resident will be required to successfully design, complete IRB submission for approval/exemption, carry out, and develop a manuscript of a major project to be determined within the first 2 months of the residency start date. The objective is to present a poster at the ASHP Midyear Clinical Meeting and the results at the Eastern States Residency Conference. A manuscript will be developed and completed by the end of the residency year, and publication is strongly encouraged, though not required.

**SCHEDULE:** This is a salaried position. In accordance with ASHP Accreditation Standards, the resident will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting. This policy is on file and in the Residency Handbook that each resident must review and sign at the start of their residency year.

The resident shall be required to staff as described above, and two (2) holidays during the residency year. Holidays will be assigned at the start of the residency year.

**FULL TIME EQUIVALENT MINIMUM SALARY AND BENEFITS:** \$50,000 paid on a biweekly basis, with health insurance, 10 days of paid vacation, and travel expenses to the ASHP Midyear Clinical Meeting and Eastern States Regional Residency Conference.

**APPLICATIONS:** Must be received via PhORCAS by December 26. The following items are required to have a complete application and be considered for an interview:

1. Letter of intent
2. Official transcript
3. Curriculum vitae
4. Three letters of recommendation, preferably from:
  - a. Employer
  - b. Preceptor / faculty
  - c. Applicant's choice

Selected candidates will be required to conduct an on-site interview (at their own expense). A pre-interview phone call / videoconference call may be required.

In accordance with the UConn Health policy and procedures, all appointments are subject to clearance of a criminal background and federal sanctions check and a pre-employment physical. Continuation is contingent upon successful completion of a probationary period (orientation experience), satisfactory employment performance, adherence to all applicable UConn Health policies and compliance regulations, and obtaining your Connecticut pharmacist licensure no later than ninety days after start date, per ASHP Standards for PGY1 Residency Programs.

Last approved & updated by Residency Advisory Committee: 12/14/2012, 3/7/2016, 3/16/2017, 10/18/2018; 4/16/2020  
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## RESIDENCY POSITION INFORMATION

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### Pay and Benefits

Period of Appointment: 12 months, from June 19, 2020 through June 17, 2021

Salary: \$50,000/year (PGY1)

Benefits: 10 days (two working weeks) Annual Leave (AL or "vacation"), federal holidays, and Authorized Absence (leave with pay) to attend selected professional meetings. Medical and dental insurance is included. 5 sick days are available, prior to use of vacation days being used for illness.

### Licensure

For all residency programs, the applicant must be licensed or be eligible for licensure in Connecticut no later than 90 days after start date. Failure to pass required board exams within the first 90 days of the residency will result in individual review by the RPD. This review will require development of a remediation plan between the RPD and resident exploring the feasibility of a residency extension and/or dismissal from the program. Be it known that residents must be licensed pharmacists for at least 2/3 of the residency year, per ASHP Residency Standards (2014).

**Proof of Licensure:** Required upon entry into the residency program. If pharmacist licensure is not available, pharmacy intern license is sufficient in the interim, but must be currently valid from the state of Connecticut for the duration of time in which the resident is not licensed as a pharmacist. All pharmacist activities, however, will require direct supervision until proof of pharmacist licensure is provided.

**Computer Access:** Computer access will be restricted to that appropriate for a pharmacist trainee until the resident can provide proof of pharmacist licensure. These menus require preceptor review and co-signature. Access to computer menus appropriate for pharmacists will be assigned to residents when proof of pharmacist licensure is provided.

**Service Commitment:** Service commitment responsibilities will not be scheduled until the resident has provided proof of pharmacist licensing. Proper training will be provided prior to service commitment. All service commitment requirements must be met to satisfy the completion of the residency program.

## Leave

**Annual leave (AL, vacation)** is given as 10 working days (2 weeks). Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair).

Leave must be requested in advance, preferably 2 weeks, and approved before being taken.

Since residents cannot miss more than **10 days** in any 1 month learning experience (due to annual, sick, or authorized leave), those planning vacations greater than **1 week** need to schedule the vacation across two learning experiences.

Request for Annual Leave is carried out by a request in writing/email which needs follow-up discussion with the preceptor prior to submittal to the RPD and Director for review.

Additionally, it is advisable to include comments in the request that it has been discussed with the preceptor who has agreed.

**Sick leave (SL)** is granted as 5 days per residency year and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. Unplanned sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled tour of duty, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the immediate supervisor and preceptor of their learning experience area and the Residency Program Director of the absence (voice messages and emails are not acceptable). **The resident must call in sick for each consecutive day of illness. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence.** Residents cannot miss more than **10 days** in any 1 month learning experience (due to annual, sick, or authorized leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If your request for sick leave exceeds the amount of granted sick leave hours, annual leave will be used. "Leave without pay" (LWOP) is only granted at administrative discretion by the Director of Pharmacy.

**Authorized absence (AA, leave with pay)** is granted when you are conducting UConn Health related activities at a location other than UConn Health, or pursuing professional ventures outside the immediate UConn Health area. Field trips, training seminars, and job interviews are three examples that require authorized absence. Authorized absences must be requested in advance, preferably 2 weeks or more, in writing/email to the RPD and Director. A justification (including city and state of the training) for the AA should be noted in the request.

**Court Leave** during your residency program is discouraged due to the high demands of the program within a limited training period. Residents are encouraged to request deferment of jury duty requests; however, should you wish to participate, you must notify the RPD as early as possible.

**Extended Leave** is granted on a case-by-case basis. As directed above, should your request for leave exceed the amount of available AL or be longer than 3 months, discussion with the Director of Pharmacy and RPD must occur and HR will likely need to be involved. Extended leave greater than 3 months could result in dismissal from the residency.

**\*\*NOTE:** Any unused vacation days OR sick days are NOT eligible to be 'paid out' at the conclusion of the residency year. No vacation time will be granted during the last 2 weeks of the residency without ample justification/notice.



## Extended Leave Policy

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### Pharmacy Residency Program *Extended Leave Policy*

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**PURPOSE:** To establish policy and procedures for extended leave due to extenuating circumstances during the residency year

**POLICY:** A pharmacy resident may encounter extenuating circumstances during the year that would require the use of extended leave. In the event that a resident would request/require extended leave the following policy would be utilized:

#### **Extended Medical Leave/Personal Leave**

The residency program is a minimum of 52 weeks in duration, with approximately the first 6 – 8 weeks as orientation/training. In the event of a serious medical or personal condition requiring extended leave, residents may take any accumulated vacation and sick time, and still complete the residency program on schedule. Any additional required time off may result in extending the program. Each extension is reviewed on a case-by-case basis. Should your request for leave exceed the amount of available AL or be longer than 3 months, discussion with the Director of Pharmacy and RPD must occur and HR will need to be involved. Extended leave greater than 3 months could result in dismissal from the residency.

A proposed plan for the individual resident will be developed by the Residency Program Director to assure that requirements for the residency are successfully met and that the individual resident and all other residents are treated fairly. This plan will be developed in conjunction with the Residency Advisory Committee. The extended leave may result in the individual resident extending his/her residency program in order to meet program requirements. If the program is extended, the resident will participate in Pharmacy Practice Experience and other assignments just as any other resident at the time.

It is important to note that while efforts will be made to work with the individual resident to resolve issues in completing the program in a timely manner there is the potential that the request will not be able to be granted dependent upon the regulations of the organization. The Family Medical Leave Act or Disability will be administered in accordance with organizational policy in cases where these acts would apply.

Approved by:       Residency Advisory Committee  
                          JDH Department of Pharmacy  
                          3/8/2013; updated 5/10/16, 5/25/16

Approved:

Kevin W. Chamberlin, PharmD

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Residency Program Director

Approved:

Kimberly Metcalf, MS, PharmD

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Associate Vice President of Pharmacy and Ancillary Services

## Duty Hour Requirements

This pharmacy residency program complies with the ASHP Duty Hour Requirements for Pharmacy Residencies minimum standards. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the residents) and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all pharmacy-related moonlighting. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period and inclusive of on-call shifts. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Residency education is a full-time endeavor. Moonlighting is permitted provided it does *not* interfere with the ability of the pharmacy residents to achieve the goals and objectives of the educational program. This program classifies moonlighting as any pharmacy-related or non-pharmacy related work performed outside of the residency program requirements.

**Pharmacy-related** work includes compensated work internal or external to the organization as it relates directly to the profession of pharmacy (Ex. per diem pharmacist at a community pharmacy, additional pharmacist shift hours beyond the duty hour requirements). **Non-pharmacy** related moonlighted is defined as compensated duty outside the profession of pharmacy. Non-pharmacy related activities are not required to be documented as recorded duty hours.

All commitments and requirements outside the residency program must be discussed and approved by the RPD prior to the start of the residency program. Both pharmacy and non-pharmacy related moonlighting may be permitted during residency on a case by case bases. If interference due to moonlighting activities is suspected, the Resident and Preceptor or Residency Program Director will meet to discuss. Moonlighting should not occur during the week, and only on weekends the resident is not otherwise scheduled to staff. Further, it should be limited to no more than 12 hours on the resident's 'off' weekend.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor.

Residents will be asked to document hours spent in their residency programs in an effort to assure that ASHP requirements are met. Reviewable at: <http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.pdf>

- Hours worked must be documented by each resident on the Duty Hours Form. This document will be reviewed by the RPD on the first of each month and addressed immediately if the ASHP Duty Hour Requirements for Pharmacy Residencies requirements are not being met.
- Postgraduate year 1 (PGY1) residents will document compliance with these standards through utilization of the PharmAcademic evaluation and self-assessment forms during learning experiences.
- False documentation of compliance will result in the progressive disciplinary procedure (warning, suspension, termination).
- Variances will be reported to the Residency Advisory Committee.

Approved by: Residency Advisory Committee  
JDH Department of Pharmacy  
3/8/2013; updated 5/10/16, 5/25/16; **10/18/2018**

Approved:

Kevin W. Chamberlin, PharmD

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Residency Program Director

Approved:

Kimberly Metcalf, MS, PharmD

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Associate Vice President of Pharmacy and Ancillary Services

## **RESIDENCY REQUIREMENTS OVERVIEW**

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### **Professional Commitment**

The resident's primary professional commitment must be to our residency program. The resident must be committed to:

1. The values and mission of the John Dempsey Hospital Department of Pharmacy;
2. Completing the goals and objectives for training established by our residency program;
3. Making active use of the constructive feedback provided by our residency program preceptors and to actively seek constructive verbal and documented feedback that directs their learning.

### **Time Commitment**

A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. It is expected that a minimum of 2100 hours will be required to successfully complete the program. Some of the program activities and the estimated time requirements are listed below.

Residents are expected to spend the majority of their time in patient care related activities. A minimum of 8 hours/day will be spent on patient care activities. Time spent attending scheduled meetings, case presentations, etc. will be considered patient care activities. Preparation for these scheduled meetings will not be considered patient care activities. Should scheduling conflicts arise between patient care and non-patient care related activities, contact the Residency Program Director. Additional time dedicated to presentations, assignments and the residency research project will be required. This time will vary throughout the year.

### **Duty Hours**

In accordance with the ASHP duty hour requirements for pharmacy residents, JDH will monitor residency duty hours. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and any pharmacy-related moonlighting as defined in the Duty Hours section. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). Additionally, residents should have 10 hours between scheduled duty, but MUST have 8 hours minimum between duty periods (e.g., if the resident completes evening staffing at 10p, they cannot report for duty until after 6a the next day). The pharmacy resident will keep track of times of arrival and departure each day, as well as hours worked. This will be entered into an electronic spreadsheet (Duty Hours Form) to be reviewed by the Director of Pharmacy, Associate Director of Pharmacy, and/or the RPD at minimum on a monthly basis.

Hours will be reviewed and signed-off by the resident and the RPD at the recurring Leadership and PPD meetings (typically due at the first meeting of a new month).

## **Outside Employment During Residency Program**

The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. For this reason, the resident is advised to refrain from outside employment during the residency year, if possible, or at least to keep outside employment commitment to a reasonable number of hours to allow the resident to optimize learning from the residency program.

Should the resident elect to gain outside employment, it can only occur during non-residency hours. A clear distinction must be made between employment and residency responsibilities. It cannot occur during other required attendances, such as the Eastern States Residency Conference or ASHP Midyear. The Residency Program Director will advise the resident to refrain from outside employment should it become apparent that it is interfering with the residents' ability to meet the demands of the residency program.

All hours worked during the residency, including outside employment of any kind must be tracked and logged on the resident's Duty Hours form. Additionally, please refer to the Duty Hours section for more explicit detail.

## **Professional Conduct**

Residents are expected to conduct themselves in a professional manner consistent with the UConn Health mission, vision and values and in a manner reflecting credit upon themselves and UConn Health. Residents are expected to abide by the hospital's conduct regulations as delineated in the UConn Health employee Handbook and policies including, but not limited to general standards of conduct, conflict of interest, outside employment, use of state government property, treatment of patients, patient confidentiality, HIPAA Privacy rules, ethical behavior, and prevention of sexual harassment.

In return, residents can expect fair and considerate treatment, favorable working conditions, and a sincere concern on the part of UConn Health for them as individuals. Although few residents have to face disciplinary actions, the resident can be assured that such actions will be in accordance with UConn Health policy and may be in the form of admonishment and reprimand which could ultimately result in removal from the residency program.

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to participate in these activities. The resident's assignments, learning experiences, and other planned activities will contribute to the resident's management of priorities, time, resources, and activities external to the residency.

## **Professional Attire**

All employees are to dress in neat, appropriate, professional attire. Lab coats may be worn to protect clothing. Pharmacy managers will determine what constitutes appropriate and professional attire.

The following list includes, but is not limited to the type of dress considered inappropriate:

- T-shirts with sayings
- Shorts
- Flip flops
- Midriff tops
- Ragged jeans

- Halter tops
- Sweatsuits
- Form-fitting pants
- Sunglasses (except for medical reasons)
- Hats (except for religious or medical reasons)
- Colored hair other than natural shades of brown, black, blonde, or red

Residents will be expected to abide by established UConn Health dress code at all times within the facility. Professional appearance and proper attire is of concern to the extent that we provide services to patients, nurses, and medical staff. The following are expected of pharmacy staff, pharmacy residents, and pharmacy students:

1. Attire should reflect a professional appearance, be neat and in good repair, clean, free of holes, stains and significant fading and should be safe for the function of the assignment;
2. Clothing will not be revealing or sexually provocative. Attire that reveals the chest or exposes the bare midriff, bodice, or abdomen is prohibited.
3. Clothing, such as excessively baggy trousers, pants that drag the floor, shorts and skirts shorter than mid-thigh, belly shirts are also prohibited. Undergarment style T-shirts, or shirts with slogans or pictures will be deemed as unacceptable.
4. Employees will wear footwear that is conducive to a quiet and safe medical center environment. Footwear that has cleats or is otherwise excessively noisy is considered inappropriate. All footwear should be kept neat and clean. Sneakers may be worn when appropriate for the business setting. Unsafe shoes like thongs, flip flops, spike heels, open-toed shoes and slipper-like shoes are considered inappropriate and are not conducive to safety standards.
5. Hair should be neat, clean, and appropriately styled for the work setting. Facial hair, such as mustaches, beards, and/or sideburns must be clean and neatly trimmed.
6. UConn Health-issued Photo Identification badges will be worn at all times while at UConn Health or clinics.
7. A shirt and tie is preferred for men. A collared shirt must be worn at all times. Ties may be considered optional if white coats are worn, depending upon the environment the resident is currently working. Pharmacists will wear a  $\frac{3}{4}$  length lab coat. Students will wear a short white lab coat. Females will wear dresses, slacks, or appropriate business attire. This applies to day and evening shifts as well.
  - a. Professional dress is required for any didactic teaching activity (e.g., shirt and tie for men)

## **Professional Self-Responsibility**

Residents are expected to take self-responsibility for their professional behavior during all aspects of the residency program. Residents are expected to perform within the guidelines provided by the hospital and pharmacy service's policies and procedures. Residents are expected to strive for good time management and as such, to be in prompt attendance for all assigned learning experiences, scheduled meetings, conferences, and seminars. Residents should complete projects within the stated deadline or give a reasonable notification of delays to those in expectation of the project.

For each learning experience, residents are expected to notify their learning experience preceptor 1 week in advance of block starting date. Residents must take it upon themselves to solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each block. This includes reminding preceptors for feedback throughout the learning experience (verbal), at the midpoint (optional), and at the completion (required). In turn, each resident is required to provide learning experience and preceptor evaluations at the completion of each assigned block.

## Professional Clinical Responsibilities

In addition to all requirements and responsibilities listed here and in the Pharmacy Residency Position as part of the Residency Program, residents will participate in the following programs, when applicable:

1. **Inpatient Staff Meeting Attendance** Residents will attend all announced meetings throughout the year to keep up with new policies, procedures, and formulary issues in each area.
2. **Pharmacy Shared Governance**
3. **Medication Safety; Pharmacy and Therapeutics Committee**
4. **IV Med Guidelines**
5. **Connecticut Hospital Association**

## Service Commitment Requirements of the Residency Program

Service commitment (a.k.a staffing) will not be scheduled until the resident has evidence of ability to work closely under the supervision of a licensed staff member or as a licensed pharmacist him/herself. Proper training will be provided prior to staffing. Staffing requirements will be discussed during orientation and may be subject to change during the residency year. At the start of the residency year, the resident will begin staffing every fourth weekend, Sat + Sun, an 8-hour workday shift (e.g., 8:00a – 4:30p). Additionally, the resident will staff one evening shift per week (you will be assigned Mon, Tu, Wed, or Th for the duration of the year) 3:45 – 10:00p. Upon completion of the Pharmacist On-Boarding Check-Off sheet, residents will move into filling one of the staff positions on weekends and evenings. Careful attention to ASHP Duty Hours will be made by the resident and reviewed by the RPD and Pharmacy Director regularly, as described in this Handbook. The resident is responsible for staffing one of each of the pairs of holidays: Labor Day day/Christmas Eve evening; Thanksgiving day/New Year's Eve evening; Christmas Eve evening/Memorial Day day; Christmas Day day/New Year's Day evening.

## Satisfactory Completion of All Rotations

To successfully complete each learning experience, the resident must be present during the block. Since **residents cannot miss more than 10 days in any 1-month learning experience** (due to annual, sick, or authorized leave), those planning vacations greater than 1 week need to schedule the vacation across two learning experiences. Also, to successfully complete each learning experience, key block objectives must be achieved and signed off by both the preceptor and resident. If, in the opinion of the preceptor, the resident has not successfully completed the assigned learning or staffing experiences, justification for failure to do so will be provided by the preceptor, which will be immediately reviewed by the Residency Advisory Committee. Unsatisfactory completion of any assigned learning experience will result in repeat of the block during the resident's elective block. All resident evaluations will be reviewed quarterly by the RPD and RAC as part of the quarterly development plan review.

## Satisfactory Completion of All Evaluations

Residents must complete all required evaluations for the residency program prior to successful completion (see Section on Evaluations). Residents must solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each block. Residents must make active use of the constructive feedback provided by their preceptors and RPD. Residents must provide learning experience and preceptor evaluations at the completion of each assigned learning experience.

## Research Project

The intent of the research project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Completing the project requires formulating a question, creating a study design, conducting a literature search, perhaps performing a pre-study to determine feasibility and value, conducting the actual study, interpreting the study data, and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the Eastern States Conference.

Each resident is required to complete a research project and write a report that is suitable for publication. The research will involve the collection and analysis of either prospective or retrospective patient data. Literature reviews will not be acceptable. Most resident research projects require approval by the Institutional Review Board (IRB) as either Quality Assurance/Quality Improvement (QA/QI) projects, or Exempt/Expedited studies.

The intent is to finish the manuscript with the end date of the residency; however, if the research manuscript is not completed at the conclusion of the residency, the deadline is automatically extended for 3 months. If this deadline can't be met, residents must request in writing (email OK) to extend the deadline. This request must include the proposed new deadline and a specific timeline of remaining activities to be completed towards the proposed deadline. A certificate for completion of the residency will be withheld until the manuscript is completed, which may or may not complicate pursuits / start of post-PGY1 residency endeavors.

## Committee Membership and Participation

As a longitudinal requirement of the residency, all residents will participate in the Pharmacy & Therapeutics (P+T) committee. Additionally, residents will participate in committees at the discretion of the RPD and/or learning experience preceptors, inclusive of the Antimicrobial Stewardship Committee and others listed elsewhere in this Handbook.

## Continuing Education Presentations

All residents will be required to complete a knowledge-based continuing education presentation and/or didactic lecture. The presentation should be delivered to the pharmacy staff and pharmacy students at UConn Health during an assigned time (or pharmacy or medical students if doing didactic lecture). The talk will meet all the requirements for continuing education. Presentations can be live or on the UConn Health training system (SABA), and should be a minimum 30-60 minutes in length with either time for live questions or embedded learner assessment questions. The resident will also prepare a handout which includes an outline, goals and learning objectives. After each continuing education presentation, the resident will evaluate their own performance which will be discussed with the Residency Program Director. Additionally, the RAC will be responsible for evaluating the performance of the resident. Possible substitutions in place of a CE presentation at UConn Health could include, but are not limited to: the Greg Gousse Residency Conference, the Eastern States Residency Conference Pearls session, the Great 8, or the CT Residency Conference. Lectures may be conducted with the Schools of Pharmacy and/or Medicine. Substitutions will be reviewed and decided upon by the RPD.

## In-service Education Presentations

In-service education opportunities afford residents experience in presenting brief, concise drug-related or pharmacy-related information to pharmacists as well as other health professionals, such as physicians, nurses, or dietitians. A standardized evaluation form was developed and is available on PharmAcademic. It is the responsibility of the presenting resident to assure enough copies are on-hand for attendees to fill out and turn-in. This serves two purposes: garnering constructive feedback to grow from and measuring attendance for pass-thru cost report documentation.

## Pharmacy Residents' Student Preceptorship Responsibilities

Residents will participate as pharmacy student co-preceptors during many of their residency blocks. Although dependent on the learning experience, residents will be oriented to their pharmacy student co-preceptor role, which generally includes basic instruction (such as didactic lectures or presentations), modeling (such as rounding, case presentations, discussions), coaching (while on rounds or during student presentations), and evaluation (such as providing immediate feedback and participating in grading). Pharmacy residents will never be a pharmacy student's primary preceptor. Any issues or problems you might encounter with any student you are precepting should be discussed with student's primary preceptor. An Adjunct Assistant Clinical Professor appointment with the UConn School of Pharmacy will be granted, pending review by the School.

## UConn Health Travel (Midyear, Eastern States, Miscellaneous conferences)

There are various educational opportunities throughout the residency year and they represent an exciting and enjoyable part of the residency experience, offering residents an opportunity to further enhance their learning. There are also many rules and responsibilities that govern the resident's ability to participate in such opportunities. Therefore, UConn Health provides the following guidelines for attendance, leave, travel, reimbursement and participation in these educational opportunities.

### Attendance

Attendance will be determined by the Director of Pharmacy and/or Residency Program Director based upon available funds and relevance/importance of the conference to the resident's intended training.

### Leave

In advance of the conference, residents and Residency Program Directors will request Authorized Absence for the weekdays of the conference, i.e., Monday – Friday. Should participants wish to extend their trip beyond the conference dates, personal leave should be requested and approved in advance.

### Travel

Travel assistance may be provided for attendance at conferences and should be coordinated with hospital education/travel office. When travel assistance is required please speak to either the Director of Pharmacy or RPD for guidance on completing travel requests and making travel accommodations prior to contacting hospital education/travel.

**Expenses/Reimbursement: TBD by RPD.** Any changes to covered expenses or reimbursement will be communicated to the residents as soon as possible upon notification of the RPD by the Director of Pharmacy or other Administrative representative of UConn Health.

### Participation

All attending residents will attend the conference in its entirety unless specified otherwise by the Director or RPD. All residents and RPD (if attending) will be expected to attend the presentations of all other UConn Health residents, specifically at the Eastern States Residency Conference.



## LEARNING EXPERIENCES

Please refer to PharmAcademic and/or specific learning experience binders (or online data storage, such as HuskyCT) available from the preceptor for all learning experience descriptions, learning objectives, references, required readings, etc.

### Required Rotations\*

ROTATIONS	PRECEPTORS
Core – Orientation	Gillian Kuszewski, PharmD Marek Kolodziej, PharmD
DPC – Staffing	Nishi Patel, PharmD Sylvia Caverio, PharmD
Core - Research [longitudinal & block]	Determined by Research Teams
*Longitudinal – Leadership / Personal and Professional Development	Kevin Chamberlin, PharmD Gillian Kuszewski, PharmD Sean Johnston, RPh
*Longitudinal - UConn Teaching Certificate	Kevin Chamberlin, PharmD
DPC – Internal Medicine I	Kevin Chamberlin, PharmD
DPC – Infectious Diseases	Jeff Aeschlimann, PharmD
Core – Oncology / Infusion Pharmacy	Doug Hackenyos, PharmD
DPC – Critical Care / ICU	Sean Johnston, RPh
Core – Administration Management	Bahar Matusik, PharmD Adam Jankowski, PharmD
Core – Medication Safety / Investigational Drugs	Jennie Czerwinski, PharmD
*DPC – L – Anticoagulation [longitudinal]	Anuja Rizal, PharmD
*DPC – L – Ambulatory / Primary Care	Marissa Salvo, PharmD

- DPC = Direct Patient Care; E = Elective; L = longitudinal; PiT = Preceptor in Training
- \*Learning experience required blocks are typically 1-month in duration, unless otherwise specified.
- <sup>§</sup>Select electives – 1 block must be chosen to be of one of the following experiences:
  - DPC – Ambulatory Oncology Clinic (Holle)
  - DPC – Primary Care (Salvo)
  - DPC – Internal Medicine II (Chamberlin / Elliott)
  - DPC – Emergency Medicine (Doyno)
- The remaining ‘select’ electives may be utilized as elective blocks

## Elective Rotations

Residents will select and complete elective learning experiences during the residency year. Elective learning experiences will primarily be completed during the second half of the residency year. Those marked with § are “selective” electives (see block schedule for explanation).

Potential or Available Elective Rotations	PRECEPTORS
§DPC – E – Primary Care (block)	Marissa Salvo, PharmD
Antimicrobial Stewardship	Gillian Kuszewski, PharmD David Banach, MD
DPC – E – Cardiology	Contact Maritza Barta for on-service physician Peter Schulman, MD Kevin Chamberlin, PharmD (supporting pharmacist preceptor)
§DPC – E – Internal Medicine II	Kevin Chamberlin, PharmD Kaitlyn Elliott, PharmD
§DPC – E – Ambulatory Oncology clinic	Lisa Holle, PharmD
§DPC – E – Emergency Medicine	Cassie Doyno, PharmD
DPC – E – Pain / Palliative Care	Sarah Loschiavo, APRN Olga Nesta, APRN Kevin Chamberlin, PharmD (supporting pharmacist preceptor)
DPC – E – Psychiatry	TBD - MD
DPC – E – Geriatric Ambulatory Care	Contact Lavern Wright, MD for on-service physician Kevin Chamberlin, PharmD (supporting pharmacist preceptor)
E – Informatics	Danny Vo, PharmD
TO BE DEVELOPED	UPSHI / Specialty Pharmacy – TBD Toxicology – Cassie Doyno, PharmD & Suzanne Doyno, MD

### *Elective Rotations Not Routinely Offered in Residency Program*

Should residents wish to participate in an off-site elective not routinely offered in the Residency Program or participate in an on-site learning experience which differs significantly from the Manual learning experience description, the resident and Residency Program Director must discuss the desired learning experience and gain approval by the Residency Advisory Committee and Director of Pharmacy prior to resident participation. This discussion should include the nature of the elective requested, site location and practice description, preceptor qualifications, and learning experience description.

### *Elective Rotations with Non-Pharmacist Preceptors*

In the event that a resident desires to complete an elective rotation with a non-pharmacist preceptor, the Residency Program Director – in conjunction with the Residency Advisory Committee – will make the determination that the resident: (a) will gain added benefit to their professional development; (b) is capable of independent practice at the time of the learning experience (e.g., a careful review of the % ACHR of R1 goals for the resident, etc.); and, (c) how the non-pharmacist preceptor will contribute to the evaluation process of the resident for the learning experience. In this case, a pharmacist will act as a supporting preceptor (e.g., RPD), assisting the non-pharmacist preceptor with PharmAcademic evaluation processes. The supporting

preceptor will work with the non-pharmacist preceptor and resident to develop an appropriate learning experience description, syllabus, expectations, schedule, and overall assessment strategy for measurement of progression during the experience.



## RESIDENCY COMPETENCIES, GOALS, & OBJECTIVES

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### John Dempsey Hospital PGY1 Pharmacy Residency Program

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (found here: <http://www.ashp.org/menu/Accreditation/ResidencyAccreditation>).

The first four competency areas are required and the others are elective.

#### Explanation

Competency Area: Categories of the residency graduates' capabilities.

Competency areas fall into one of three categories:

*Required*: Four competency areas are required (all programs must include them and all their associated goals and objectives).

*Additional*: Competency area(s) other than the four areas required for all program that programs may select to add as required for their specific residency program.

*Elective*: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objective: Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

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#### Competency Area R1: Patient Care

**Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.**

**Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.**

Criteria:

- Interactions are cooperative, collaborative, communicative, respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.

**Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.**

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

**Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.**

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
  - History of present illness.
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Social history.
  - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
  - Laboratory values.
  - Pharmacogenomics and pharmacogenetic information, if available.
  - Adverse drug reactions.
  - Medication adherence and persistence.
  - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making. Clarifies information as needed.
- Displays understanding of limitations of information in health records.

**Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.**

Criteria:

- Includes accurate assessment of patient's:
  - health and functional status,
  - risk factors
  - health data
  - cultural factors
  - health literacy
  - access to medications
  - immunization status
  - need for preventive care and other services when appropriate
  - other aspects of care as applicable.
- Identifies medication therapy problems, including:
  - Lack of indication for medication.
  - Medical conditions for which there is no medication prescribed.
  - Medication prescribed or continued inappropriately for a particular medical condition.
  - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  - Therapeutic duplication.
  - Adverse drug or device-related events or potential for such events.
  - Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
  - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - Patient not receiving full benefit of prescribed medication therapy.
  - Problems arising from the financial impact of medication therapy on the patient.
  - Patient lacks understanding of medication therapy.

- Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- Laboratory monitoring needed.
- Discrepancy between prescribed medications and established care plan for the patient.

**Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).**

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - Relevant patient-specific information including culture and preferences.
  - The goals of other interprofessional team members.
  - The patient's disease state(s).
  - Medication-specific information.
  - Best evidence.
  - Ethical issues involved in the patient's care.
  - Quality-of-life issues specific to the patient.
  - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
  - Are appropriate for the disease states being treated.
  - Reflect:
    - The therapeutic goals established for the patient
    - The patient's and caregiver's specific needs
    - Consideration of:
      - Any pertinent pharmacogenomic or pharmacogenetic factors.
      - Best evidence.
      - Pertinent ethical issues.
      - Pharmacoeconomic components (patient, medical, and systems resources).
      - Patient preferences, culture and/or language differences.
      - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - Adhere to the health system's medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization's or patient's formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and self-management.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).

- When applicable, reflects preferences and needs of the patient.

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient's right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

**Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**

Criteria:

- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.
- Written in time to be useful
- Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.

**Objective R1.1.8: (Applying) Demonstrate responsibility to patients.**

Criteria:

- Gives priority to patient care activities.
- Plans prospectively.



- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

**Goal R1.2: Ensure continuity of care during patient transitions between care settings.**

**Objective R1.2.1: (Applying) Manage transitions of care effectively.**

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

**Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.**

**Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.**

Criteria:

- Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  - Identifying, clarifying, verifying, and correcting any medication order errors.
  - Considering complete patient-specific information.
  - Identifying existing or potential drug therapy problems.
  - Determining an appropriate solution to an identified problem.
  - Securing consensus from the prescriber for modifications to therapy.
  - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  - When required, accurately calibrates equipment.
  - Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
  - Adheres to appropriate safety and quality assurance practices.
  - Prepares labels that conform to the health system's policies and procedures.
  - Medication contains all necessary and/or appropriate ancillary labels.
  - Inspects the final medication before dispensing.

- When dispensing medication products:
  - Follows the organization's policies and procedures.
  - Ensures the patient receives the medication(s) as ordered.
  - Ensures the integrity of medication dispensed.
  - Provides any necessary written and/or verbal counseling.
  - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

**Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.**

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

**Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.**

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use process.
- Effectively prioritizes work load and organizes work flow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

**Competency Area R2: Advancing Practice and Improving Patient Care**

Ideally, objectives R2.1.1-R2.1.5 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

**Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.**

**Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.**

Criteria:

- Displays objectivity.
- Effectively synthesize information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources
- Considers medication-use safety and resource utilization.

- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

**Objective 2.1.2 (Applying) Participate in a medication-use evaluation.**

- Uses evidence-based medicine to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

**Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.**

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

**Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.**

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs

**Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.**

**Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.**

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care
- Uses best practices or evidence based principles to identify opportunities for improvements
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

**Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.**

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

**Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.**

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
- Plan is based upon appropriate data.
- Gains necessary commitment and approval for implementation
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

**Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.**

Criteria:

- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change, if applicable.
- Correctly identifies modifications or if additional changes are needed.
- Accurately assesses the impact, including sustainability if applicable, of the project.
- Accurately and appropriately develops plan to address opportunities for additional changes.

**Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.**

Criteria:

- Outcome of change are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
- Report includes implications for changes to/improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.

- Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

### **Competency Area R3: Leadership and Management**

#### **Goal R3.1: Demonstrate leadership skills.**

##### **Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.**

Criteria:

- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

##### **Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.**

Criteria:

- Accurately summarizes one's own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

#### **Goal R3.2: Demonstrate management skills.**

##### **Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.**

Criteria:

- Identifies and explains factors that influence departmental planning, including:
  - Basic principles of management.
  - Financial management.
  - Accreditation, legal, regulatory, and safety requirements.
  - Facilities design.
  - Human resources.
  - Culture of the organization.
  - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

**Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.**

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.
- Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
- Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
- Describes the governance of the healthcare system and leadership roles.

**Objective R3.2.3: (Applying) Contribute to departmental management.**

Criteria:

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

**Objective R3.2.4: (Applying) Manage one's own practice effectively.**

Criteria:

- Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and "can-do" approach.
- Strives to maintain a healthy work-life balance.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates pride in, and commitment to, the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

**Competency Area R4: Teaching, Education, and Dissemination of Knowledge**

**Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).**

**Objective R4.1.1: (Applying) Design effective educational activities.**

Criteria:

- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences' defined learning needs.

- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.
- Includes accurate citations and relevant references, and adheres to applicable copyright laws.

**Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.**

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive “ah’s” and “um’s”).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

**Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.**

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and advancement in knowledge or summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.
- Writes at a level appropriate for the reader (e.g., physicians, pharmacists, other health care professionals, patients, public).
- Creates one’s own work and does not engage in plagiarism.

**Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.**

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve their effectiveness.

**Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).**

**Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.**

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  - Selects direct instruction when learners need background content.
  - Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
  - Selects coaching when learners are prepared to perform a skill under supervision.
  - Selects facilitating when learners have performed a skill satisfactorily under supervision.

**Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.**

Criteria:

- Instructs students, technicians, or others, as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on March 8, 2015. This is the document referenced in the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved on September 19, 2014, and is intended to be used in conjunction with that Standard.

**Research Project:** The resident will be required to successfully design, complete IRB submission for approval/exemption, carry out, and develop a manuscript of a major project to be determined within the first 2 months of the residency start date. The objective is to present a poster at the ASHP Midyear Clinical Meeting and the results at the Eastern States Residency Conference. A manuscript will be developed and completed by the end of the residency year, and publication is strongly encouraged, though not required.

### **Competency Area E1: Pharmacy Research**

**Goal E1.1 Conduct and analyze results of pharmacy research.**

**Objective E1.1.1 (Creating) Design, execute, and report results of investigations of pharmacy-related issues.**

Criteria:

- Identifies appropriate pharmacy issues to study.
- Associated literature search is comprehensive and draws appropriate conclusions.
- Develops an appropriate research question(s) to be answered by an investigation.
- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- **Proactively seeks guidance from IRB resources (e.g., published policies and procedures, website, personal contact) prior to completing IRB proposal.**
- **Responds promptly to IRB requests for clarifications, additional information or revisions.**
- **Acts in accordance with the ethics of research on human subjects, if applicable.**



- Appropriately collects and analyzes data.
- Draws valid conclusions through evaluation of the data.
- Effectively reports the results and recommendations orally and in writing.

**Objective E1.1.2 (Analyzing) Participate in prospective and retrospective clinical, humanistic, and economic outcomes analyses.**

Criteria:

- Applies principles and methods of basic pharmacoeconomic analyses.
- Uses study designs appropriate for prospective or retrospective clinical, humanistic, and/or economic outcomes analyses as appropriate.
- Collects the appropriate types of data for use in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis as appropriate.
- Uses reliable sources of data for a clinical, humanistic, and/or economic outcomes analysis.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Considers the impact of limitations of retrospective data on the interpretation of results.

**Competency Area E6: Teaching and Learning**

**Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.**

**Objective E6.1.1 (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.**

Criteria:

- Accurately differentiates teaching and learning.
- Discusses appropriate teaching strategies for learning environments, including small and large group, didactic and experiential.
- Describes various teaching approaches and benefits for different learning styles.
- Characterizes assessment tools available for learning environments.

**Objective E6.1.2: (Understanding) Explain academic roles and associated issues.**

Criteria:

- Resident can discuss and explain:
  - the role of a course syllabus;
  - the importance of academic honesty;
  - the importance of professionalism in academia;
  - the role of accreditation (ACPE), professional organizations (AACP) and Center for the Advancement of Pharmacy Education (CAPE) Outcomes on pharmacy curricula; and,
  - faculty roles and responsibilities, including academic rank and promotion, and relationship between teaching, scholarship, and service.

**Goal E6.2 Develops and practices a philosophy of teaching.**

**Objective E6.2.1 (Creating) Develop a teaching philosophy statement.**

Criteria:

- Teaching philosophy includes:
  - self-reflection on personal beliefs about teaching and learning;

- identification of attitudes, values, and beliefs about teaching and learning; and,
- illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.

**Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.**

Criteria:

- Develops learning objectives using active verbs and measurable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activity is consistent with learning objectives in course syllabus.

**Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.**

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
  - organizes student activities (e.g., student calendar);
  - effectively facilitates topic discussions and learning activities within the allotted time;
  - effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
  - effectively assesses student performance; and,
  - provides constructive feedback.

**Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.**

Criteria:

- Portfolio includes:
  - a statement describing one's teaching philosophy;
  - curriculum vitae;
  - teaching materials including slides and other handouts for each teaching experience;
  - documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
  - peer/faculty evaluations; and,
  - student/learner evaluations.

## RESIDENT AND RESIDENCY PROGRAM EVALUATION

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The John Dempsey Hospital at UConn Health Residency Program prides itself in providing the best possible experience for its residents. Therefore, critical evaluation of our program, learning experiences, preceptors, and program directors is required from each resident at the completion of each learning experience and throughout the residency year. It is also important that residents receive valuable feedback on their performance from their preceptors and program director. Most importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency program.

### Evaluation Definitions

#### ASHP PharmAcademic Summative Evaluation Scale

**Needs Improvement (NI)**- Resident's progress will not result in achievement of objectives

- Must include narrative comment specifically addressing concern and a goal attainment strategy going forward
  - Examples include:
    - a) Resident was unable to complete assignments on time and/or required significant preceptor oversight;
    - b) Resident's aptitude or clinical abilities were deficient;
    - c) Unprofessional behavior was noted.

**Satisfactory Progress (SP)**- Resident's progress is expected to result in achievement of objectives

- Must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria
  - Examples include:
    - a) Resident's skill level has progressed at a rate that will result in full mastery by the end of the residency program;
    - b) Resident is able to perform with some assistance from the preceptor;
    - c) Improvement is evident throughout the experience.

**Achieved (ACH)**- Resident's performance is ideal and meets what is expected of a PGY-1 resident

- Must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved
  - Examples include:
    - a) Resident has fully mastered the goal/skill based on their residency training;
    - b) Resident has performed the skill consistently with little or no assistance from the preceptor.

**Achieved for Residency (ACHR)**- Resident's performance is ideal and meets what is expected of a PGY-1 graduate of the residency program over multiple learning experiences (as applicable) with consistency, independence, and professionalism.

- Must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved;
- The RPD will review the submitted ACHR by the preceptor and determine if it is in fact appropriate, or return the evaluation to the preceptor for editing and further review.

**Not applicable (NA)**

## Feedback outside of Learning Experience Evaluations

**Not Adequate (NA):** Resident's performance is expected to result in not achieving objectives and needs improvement during the current learning experience

- Must include narrative comment specifically addressing concern and a goal attainment strategy going forward

**Adequate (A):** Resident's performance is expected to result in achievement of objective by the end of the learning experience

## **Pharmacy Resident Entering Interest Form**

Before the start of the residency program, each pharmacy resident will submit a completed ASHP standard entering interests form. Each resident will also receive the Residency Standards for their selected residency program to assist them in completing the entering resident goal-based evaluation. This serves as a guide for the development of your customized residency plan. You will be given the form to complete upon your arrival to the program. However, some examples of the questions asked are provided for your review:

1. State your career goals, both short-term (5 years) and long-term (10-15 years).
2. Describe your current practice interests.
3. What are your strengths? This should include direct patient care skills as well as personal strengths.
4. List areas of weakness that you would like to improve on during the residency.
5. Given your listed career goals, interests, strengths, and weaknesses, list at least three (3) goals that you wish to accomplish during your residency.
6. Describe activities/experiences that have contributed to your skills in the following areas: (1) Written communication (2) Verbal communication (3) Public speaking (4) Time management (5) Supervisory skills.
7. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?

## **Pharmacy Resident Goal-Based Evaluation Form**

Upon entry into the program you will complete a pharmacy resident goal-based evaluation form. The purpose of this form is to determine your perceived competency/confidence in regards to the goals and objectives that you will encounter during the course of the residency year (See the Residency Outcomes, Goals, and Objectives). This form serves as a guide for the development of your customized residency plan by allowing the residency program director the ability to create a plan that focuses on areas that you perceive as being less competent / confident in. You will be given the form to complete upon your arrival to the program.

## **Resident Plan**

Information from each resident's Standard Entering Interest Form will be used as the basis for discussion between the resident and their residency director when developing a customized plan for the residency year. The residency plan will include baseline assessment of the resident with respect to licensure, and experience with patient care, practice management, research, and computer programs. The purpose of this discussion will also be to determine initial program goals and objectives for each resident. The residency plan will be reviewed and approved by the Residency Advisory Committee. With each quarterly review, when opportunities for improvement and appropriate action plans are identified, this will be documented on the Resident Plan.

## **Resident Schedule**

Each resident's block activities will be scheduled in advance; however, alterations in block schedules may be allowed if needed after development of the resident's customized plan for the residency year. The Resident Schedule will be reviewed and approved by the Residency Advisory Committee.

## **Resident Quarterly Self-Evaluation**

Each resident will complete the Pharmacy Resident Quarterly Self-Evaluation form at each quarter of the residency program and submit it (electronically) to their respective Residency Program Director. The self-evaluation will include status of existing goals and objectives, introduce new goals and objectives, and summarize status of residency requirement completion. The self-evaluation will be the basis for discussion between the resident and program director at each quarterly meeting. With each quarterly review, when opportunities for improvement and appropriate action plans are identified, this will be documented on the Resident Plan.

## **Evaluations / Assessments**

The JDH Pharmacy Residency program employs a three-part evaluation strategy: (1) Preceptor evaluation of the resident; (2) Resident self-evaluation; and, (3) Resident evaluation of the preceptor and learning experience. These evaluations need to be timely, occurring within five (5) days of the quarterly due date and/or completion of the learning experience. Preceptors will complete evals within five (5) days of the aforementioned.

Preceptors will conduct and document within PharmAcademic a criteria-based, summative assessment of the resident's performance of each of the respective educational goals and objectives assigned to the learning experience. Such evaluations will be conducted at the conclusion of the learning experience (and quarterly for extended/longitudinal learning experiences), reflect the resident's performance at that time, and be discussed by the preceptor and the resident. The RPD will review the written evaluations and comment as necessary/seen fit, or intervene when requested by either the preceptor or resident. At the end of each learning experience (be it concentrated, block, extended, or longitudinal) the resident will evaluate their preceptor(s) and experience which will be submitted directly to the Residency Program Director via PharmAcademic. In extended or longitudinal experiences, residents will be required to perform self-evaluations, as well as evaluations of the preceptor and learning experience at least quarterly via PharmAcademic which will be discussed with the respective preceptor and reviewed by the RPD. Finally, preceptors have been encouraged to do "formative feedback" of the resident(s) at least one time during each learning experience. These allow for real-time feedback on a specific instance / project / presentation, etc.

## **Learning Objective Evaluation**

Learning objectives serve as a guide for each resident during their learning experiences and specify the knowledge, skills, and attitudes required during the period of training. The preceptor and resident should review the learning objectives together at the beginning, during, and at the end of the learning experience.

## **Residency Program Director, Research Preceptor, and Program Evaluation**

At the end of the residency program, each resident will complete an evaluation of the Residency Program Director and program which will be reviewed with the RPD and/or Residency Advisory Committee.

Resident evaluations completed by the preceptors during your learning experiences will be available to other preceptors for viewing through PharmAcademic. The comments in these evaluations will be discussed among the preceptors at our monthly meeting in order to ensure all preceptors are aware of each resident's progress. Sharing evaluations among preceptors will also help to provide better learning opportunities for each resident,

knowing what activities they have performed well and what areas have been identified to improve upon for future learning experiences.

## RESEARCH PROJECT

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The intent of the research project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Completing the project requires formulating a question, creating a study design, conducting a literature search, perhaps performing a pre-study to determine feasibility and value, conducting the actual study, interpreting the study data, and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the Eastern States Conference.

Each resident is required to complete a research project and write a manuscript that is suitable for publication. The research will involve the collection and analysis of either prospective or retrospective patient data. Literature reviews alone will not be acceptable. Most resident research projects require approval by the Institutional Review Board (IRB).

Pharmacy residents who select JDH-approved drug usage evaluations (DUEs) as residency research projects must complete and submit a research proposal to the IRB since it is known that DUE results will be published as a requirement of the residency program. Since the research project is then a JDH-approved DUE, a patient's informed consent to review relevant patient chart information is not necessary if only patient data pertinent to the JDH-approved DUE is collected. All patient data collection pertinent to the DUE plus any additional patient data collection must be specified in the research proposal submitted to IRB. It is likely that the IRB will provide an 'expedited' review for such proposals. All projects must be submitted to the UConn Health IRB for approval.

If the research manuscript is not completed at the conclusion of the residency, the deadline is automatically extended for 3 months. If this deadline cannot be met, residents must request *in writing* (email OK) to extend the deadline. This request *must* include the proposed new deadline and a specific timeline of remaining activities to be completed towards proposed deadline.

**Goal:** To provide the resident with the experience in research design, methodology, data collection, analysis, presentation, and manuscript development.

### Responsibilities of the Residency Program Director

1. Establishes the process, timetable, and deadlines by which residency research projects are summoned, submitted, reviewed, approved, and presented to incoming pharmacy residents;
2. Acts as the liaison to the residency advisory committee (RAC) to report the progress of the residents with regards to their research;
3. Assist the resident(s) in identifying an appropriate research team / preceptor(s).

### Responsibilities of the Primary Research Preceptor

All research proposals will include designation of a qualified research preceptor for each project. The research preceptor will be assigned to each resident as a primary co-investigator. The research preceptor responsibilities include:

1. Advise the resident in defining a project that will be completed within the residency allotted time;
2. Assist the resident in developing the research protocol including study hypothesis, study design, methodology, and analysis;
3. Assist the resident in obtaining any approvals (i.e., Institutional Review Board or IRB) if necessary;

4. Assume responsibility as the UCHC Senior Investigator for the protocol;
5. Ensure that the project is developed appropriately, data is collected and analyzed, and ensure compliance with the established timelines;
6. Coordinate research resources for statistician review and advice in the protocol design, analysis, and power determination;
7. Meet regularly with the resident(s) being precepted;
8. Guide the resident on data collection, data analysis, and summary of results;
9. Review and critique the abstract and manuscripts that result from the project;
10. Assist the resident in his/her preparation for Eastern States Conference and the final presentation to the staff;
11. Attend the Residency Research Project Committee meetings with the resident at which the project is being reviewed;
12. Resident Research Project preceptors must have experience with at least one research project to qualify as a primary research preceptor; only those with more research experience may participate in two projects at the same time.

## Responsibilities of the Resident

All research proposals originated by the pharmacy resident will be reviewed and approved by the Residency Director and/or the Residency Advisory Committee and will include designation of a qualified research preceptor for each project.

1. Identify and select a project and project preceptor by the established timetable deadline.
2. Submit written protocol (conforming to the UConn Health Application to Committee on Investigations Involving Human Subjects) according to the established timetable deadlines. If the project is part of an existing protocol, the resident must submit a separate written statement explaining his or her role in the project and an update of any work completed to date. Pharmacy residents who select JDH-approved drug usage evaluations (DUEs) as a residency research project must complete and submit a research proposal to the IRB since it is known that DUE results will be published as a requirement of the residency program. Since the research project is a JDH-approved DUE, a patient's informed consent to review relevant patient chart information is not necessary if only patient data pertinent to the JDH-approved DUE is collected. All patient data collection pertinent to the DUE plus any additional patient data collection must be specified in the research proposal submitted to IRB. It is most likely that the IRB will provide an 'expedited' review for such proposals. All projects must be submitted to the UConn Health IRB for approval.
3. Verbally summarize the proposal to the RAC. The presentation should demonstrate that the resident has a thorough understanding of all components of the proposal, including his/her role.
4. Complete CITI training.
5. Obtain IRB approval, if necessary, to periodically update the committee on the progress of the project, and to complete the project according to the established timetable.
6. Be proactive in all aspects of the project which are in agreement with you and your project preceptor.
7. Submit a poster for presentation of your project's completion to-date at the ASHP Midyear Clinical Meeting.
8. Submit an abstract of your project for presentation at the Eastern State Conference for Pharmacy Residents, Fellows and Preceptors (ESC).
9. Present the project at the ESC.
10. Complete a formal manuscript (formatted to the requirements for the journal the work will be submitted to) of the project according to the established timetable. If the manuscript is not completed at the conclusion of the residency, deadline is automatically extended for 3 months. If this deadline cannot be met, residents must request *in writing* (email OK) to extend the deadline. This request *must* include the proposed new deadline and a specific timeline of remaining activities to be completed towards proposed deadline.

11. Submit (with project preceptor approval only) an abstract for presentation of the project at a state or national pharmacy meeting (optional).

## **ADDITIONAL INFORMATION FOR RESIDENTS**

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### **Privacy Policy (HIPAA)**

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA) and in 2000, Health and Human Services (HHS) published the final rule for Standards for Privacy of Individually Identifiable Health Information, known as the HIPAA Privacy Rule. Annual training in HIPAA is required for all current UConn Health employees. Training will review the background and scope of applicable privacy and confidentiality statutes and regulations; rights granted to veterans by the Privacy Act and HIPAA Privacy Rule; disclosure purposes that do and do not require prior written authorization from the veteran; information that can be disclosed; general requirements of the operational management for the release of Veteran information, and elements of the Freedom of Information Act (FOIA). This is a web-based training program available on the Internet through the SABA Learning Center.

### **Confidentiality of Patient Information**

At UConn Health, confidentiality is a must. Confidentiality is the condition in which UConn Health's information is available to only those people who need it to do their jobs. Breaches in confidentiality can occur if you walk away from your computer without logging off or when paper documents are not adequately controlled. They sometimes occur when you are accidentally given access to too much computer information. Conversations about patients' cases in public places can be a breach of confidentiality. UConn Health computers are designed to protect confidentiality, but remember that there are things you can do, and should not do, to protect confidentiality. Patient sensitive information includes medical history, financial information, criminal or employment history, social security numbers, fingerprints, and other personal information.

### **Professional Liability and Professional Liability Insurance**

**PROFESSIONAL LIABILITY INSURANCE:** With more responsibility, comes more risk.

Each employee must determine if they should invest in professional liability insurance. You operate on hard work and dedication on the job at hand, but even the most careful and responsible professional can be named in a malpractice suit.

#### **What is professional liability insurance (PLI)?**

PLI ensures the entity or individual against claims of negligence or failure to render professional services made by a third party, such as a patient. There are two types of liability:

- 1) Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires
- 2) Claims-Made: covers events that occur while the policy is in effect and even those that occur before the policy is in effect

#### **Why do pharmacists need PLI?**

Being part of a profession places you at risk for negligence or failure to render professional services. Anyone at any time can file a complaint against you. When people sue, they usually name anyone who had anything to do with the situation. Regardless of who is negligent, it may take years for litigation to be dismissed. Even if your case is dismissed, attorney fees can be a financial burden.



### **What types of lawsuits are most common?**

Negligence lawsuits, that is, damages sustained due to failure to perform according to normal standards of conduct within the profession.

### **What does PLI cover?**

Generally, the following is covered by PLI: actual or alleged errors, omissions, negligence, breach of duty, misleading statements, and performance or non-performance of professional services.

### **What questions should be asked when selecting PLI?**

What triggers coverage, that is, a verbal allegation versus a written statement? If you must take time away from practice, will coverage provide compensation for wages lost? Is there a deductible and does it apply to defense costs? Does the insurance policy cover governmental or administrative action taken against you?

### **Will your employer's policy apply to you?**

Yes, but you may still be liable for your own negligence. You may still be responsible for all or part of the plaintiff's award or settlement. The only way to ensure you are covered is to have your own policy.

### **How much does PLI cost?**

A premium will be based on your profession, potential severity of the claim, number of years in practice, number of professionals covered, annual revenues, location of business, and claims history.

### **How much money will be covered by PLI?**

Limits on the minimum and maximum benefits vary depending on state, but you generally get what you pay for, that is, higher benefits cost more. It may be possible to add an additional \$1,000,000-\$2,000,000 of coverage for a minimal addition to your premium. It is important to look at the maximum limits offered by your policy rather than selecting the most inexpensive policy.

Websites: [www.ashp.org](http://www.ashp.org);

## **Prevention of Sexual Harassment Policy**

Sexual harassment may involve the behavior of a person of either sex relative to a person of the opposite or same sex, and occurs when such behavior constitutes unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal or physical behavior of a sexual nature where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education, employment or eligibility for clinical treatment or other UConn Health services;
- Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions, or any other decisions affecting the individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health;
- Such conduct has the purpose or effect of substantially interfering with an individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of UConn Health, academic or work performance, or creates an intimidating, hostile, offensive learning, working or clinical treatment environment.

Sexual harassment can encompass a wide range of inappropriate behavior, including, but not limited to: sexual remarks or innuendo, suggestive comments, sexually oriented remarks or jokes, physical contact or explicit sexual propositions.

Sexual harassment is unacceptable conduct and will not be tolerated or condoned. All employees, faculty residents, volunteers and students, as well as outside vendors and contractors shall be held responsible and

accountable for maintaining an environment free from sexual harassment. Violations of this policy may result in disciplinary or other action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion, dismissal, contract termination or other sanctions as are appropriate.

## **Prevention of Violence in the Workplace Policy**

### **INTRODUCTION:**

On August 4, 1999, the Governor of the State of Connecticut issued an executive order articulating zero tolerance for violence in the workplace. Workplace Violence is defined as: "Any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbings, suicides, rapes, near suicides, psychological traumas, such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn, or shouted at." UConn Health is mandated to fully comply with the Governor's policy. All UConn Health employees (faculty and staff), students, volunteers or others who are allowed to work on our premises, at satellite locations or off-site events under UConn Health auspices or in state vehicles under the control of UConn Health are bound by this policy. The entire Governor's policy and related definitions are accessible via the following links:

The executive order: <http://www.opm.state.ct.us/olr/wpv/exc16.pdf>

The Workplace Violence Prevention Manual: <http://www.opm.state.ct.us/olr/wpv/manual.pdf>

### **POLICY STATEMENT:**

The prevention of workplace violence is everyone's responsibility. Each of us should commit ourselves to creating and maintaining an atmosphere of mutual respect and cooperation. Individuals who make threats or commit acts of violence will be subject to appropriate disciplinary action up to and including dismissal as well as criminal prosecution if indicated. UConn Health takes any act of violence very seriously. Any act or incident that fits the definition of workplace violence outlined in this policy which occurs on the UConn Health campus or off-site locations under UConn Health auspices or creates a risk to anyone at these sites must be reported immediately.

**EMERGENCY:** DIAL EXT. 7777 – (DIAL 911 for off-site locations) to report violent acts or threats in progress or that have just occurred or are imminent. The police will respond as quickly as possible.

**URGENT:** DIAL EXT. 2121 (Police) to report recent or impending situations which are not in progress. Police will respond promptly.

**OTHER:** Complete the VIOLENT INCIDENT REPORT FORM. Give a copy to your supervisor and forward or bring a copy to the Police Department.

## Advice for the new Pharmacy Resident

It is important for new residents to start their residency year 'on the right foot' so we are providing common sense advice to help you. Why would you want to perform well in your residency year? This is where your clinical skills, work ethic, knowledge, and interpersonal skills are practiced and evaluated. Resident evaluations play an important role in evaluating you as a potential employee. They give insight as to what kind of employee, pharmacist, and colleague you will be. If you have great evaluations, they will help you. Likewise, if you have poor evaluations, they may hurt you. You must realize that your performance during the residency year will help you get your letters of recommendation for pharmacist positions post-residency.

Although you have probably been a successful pharmacy student or pharmacist up to this point, I'm sure you've made your share of mistakes. This advice is based on 'lessons learned' from others, like you, who hope to minimize further mistakes.

### DO's

**Be Nice** - Being nice means being courteous, respectful, grateful, non-condescending, and taking the time to show some interest in other's personal lives. You would think that this is self-explanatory, but this concept goes beyond being nice to just those who are overseeing you. Be sincerely nice to everybody all the time including patients, physicians, residents, students, nurses, assistants, and anybody else you may encounter! All these people will talk to your preceptor and residency director about how nice you are. Remember, someone will always be watching you so always be on your best behavior.

**Be on Time** - Being on time shows interest and professionalism, both of which will get you positive feedback. To get even better feedback, try to be at least 15 minutes early. If you have a good reason for not making it on time, then call to let them know. The person who is late is truly the 'thief of time' for making others wait!

**Be Honest and Have Personal Integrity** - In short, if you make a mistake, admit it. Never do anything that conflicts with your personal values, not even if you think it will impress those who evaluate you. You may risk others getting upset with you if you follow this advice; however, you will most likely gain respect of others and not lose your self-respect.

**Show Interest** - Take interest in every specialty that you rotate in. I do not know of anybody that does not like it when somebody shows interest in the things they love. Most pharmacists are in their field because that is what they enjoy doing. They love it when somebody else shares their same passion for their specialty. Well thought-out questions will show your interest. Work as if you love being there and as long as it does not conflict with your family life, do some 'extra credit'.

**Work Hard and Be Helpful** - This will set you apart from others! Although many trainees are nice, intelligent people, not all know how or want to actually work. Before you arrive at your block, talk to someone who previously rotated in that learning experience. Ask what is expected. When you arrive, be sure to ask what is expected of you during the learning experience. Quickly observe what the pharmacist is doing that you are able and legally allowed to do for them, then do it. This includes everything from writing notes, verifying prescriptions, and running errands. If you see an interesting case, offer to write it up for publication. Remember, employers are looking for people who will be helpful, work hard, and do not need to be told what to do. Laziness will not be tolerated.

**Give Thanks** - Take the time to show your appreciation. Preceptors, medical residents & interns, and patients are donating their valuable time to assist in your education. As a pharmacy resident trainee, you will most likely slow down those for whom you work, they will take their time to explain important concepts and wait for

you while you interview their patients. You will also be the cause for patients to wait longer for their medication interview or discharge counseling. It can be frustrating for a patient to have a 'trainee' taking care of them. Make sure you give thanks to everybody who has granted you a piece of their time. This may separate you from the rest.

**Be Humble** - No matter how much you know, it will not be enough. There will always be something that you can learn whether it be clinical knowledge, interview skills, counseling skills, or interpersonal skills. You will constantly be reminded by others of how much you do not yet know or how you could have done something better. This is not the time to get upset or embarrassed in the way that our human nature likes to dictate. Our mentors have a way of seeing things in us that we are too prideful or blind to see for ourselves. If you listen and learn, you will be better for it. Remember that there may be some that seek to embarrass or are simply rude or arrogant. Learn what you can from them and do not take it personally; bite your tongue when necessary.

**Be Yourself** - To make a good impression, you may feel inclined to be the person you think others want you to be. The problem is you may not know what kind of person your mentor prefers to be around. Everybody comes from different backgrounds and have varying personalities. Just be yourself.

**Study** - Study for at least one hour every day. Find something you do not know very much about while working and look it up. Start with the basics. Start with 'horses' not 'zebras'. You will surprise yourself as to how much more you know after a short period of time. Use your free time and spend it with family and friends.

**Dress like a Professional** - Dress like a pharmacist. Make sure your clothes are clean and well pressed. When in doubt, it is better to overdress.

## **DON'Ts**

**Don't Complain** - Complaining is not well tolerated among pharmacists, let alone, in society. Your preceptors will not take kindly to you showing displeasure for working long hours, performing difficult tasks, and doing 'scut work'. Since they have all suffered through it themselves, they will not want to hear complaints from you. Complaining doesn't shed a positive light on other's outlook and is annoying.

**Don't 'Bad Mouth' Others** - Talking badly about others is unprofessional and impolite. You will hear pharmacists, technicians, nurses, and physicians doing it, but refrain from participating. You may never know who will hear or pass on your conversation. It would be unfortunate to spoil your evaluation by some imprudent words.

**Don't Ask Unnecessary Questions** - Before you ask questions, make sure that they are well thought-out. Your preceptors have better things to do than to listen and respond to unintelligent questions. It is best to research your questions yourself (during your hour-long study). Then, if you still have questions, bring them to the attention of your preceptor. By doing this, you will appear more intelligent and be a more enjoyable teammate.

**Don't Leave Early** - Unless you have a true emergency or extremely good reason, do not leave your learning experience early. It will make you appear less interested and possibly lazy.

**Don't Use Foul Language** - If there was one thing that could make you appear unprofessional and uneducated, using foul language would be it. Language behavior should be adjusted for the professional setting.

**Don't be Confrontational** - If you are asked to do something, do it. If you are corrected when wrong, thank that person. If you are told something you already know, say 'thank you' anyway. Even if you know you are right when others say you are wrong, it may be wise to just nod your head (unless it causes patient harm). If you choose to question or confront someone, choose your battles wisely, make sure you are well-read on the topic in debate, and question in a tactful manner.

**Re-read that email** – Re-read that email before clicking send. Re-read that statement. Put it to practice. This will be a career life-saver someday.

**Don't Burn Bridges** - If you don't think you like a particular field or practice, continue to work hard, do not complain, and show interest regardless of your feelings. You never know if your interest will change and you may indeed need the support of the preceptor from the learning experience you weren't always so interested in.

**Don't Use Layman Language** - You are a pharmacist so talk like one. Whether you officially are or not, using layman language around colleagues may make you appear less intelligent. Learn proper medical terminology. Install a medical dictionary on your smartphone. Remember, however, to tone down your language for the majority of your patients.

**Don't Forget Your Personal Life!**

<sup>a</sup> Excerpted from online "The 10 Do's and Don'ts of Clinical Clerkship" by Cory Trickett, 4<sup>th</sup> year student at Kirksville College of Osteopathic Medicine, Kirksville, MS.

## Problem Identification and Resolution Policy

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### Pharmacy Residency Program *Problem Identification and Resolution*

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**PURPOSE:** To establish policy and procedures for identifying problems with residents and their proposed resolution.

**POLICY:** A pharmacy resident may be subject to action based upon identification of problems utilizing an organized process of examination of the reported problems and their proposed solutions. Examples of problems which may require action are listed, but are not limited to the following:

- Behavioral misconduct or unethical behavior that may occur on or off station premises
- Unsatisfactory attendance
- More than one unsatisfactory performance evaluation or learning experiences
- Theft of state property
- Mental impairment caused by mental disorder or substance abuse
- Failure to pass licensure exam within 6 months

**Trainee grievances:** We believe that most problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff), as part of the on-going working relationship. Residents are encouraged to first discuss any problems or concerns with their preceptor. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If resident-faculty discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the resident.

1. **Informal mediation** - Either party may request the Residency Program Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the resident and the preceptor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change learning experiences (or make some other alteration in their learning goals and objectives) in order to maximize their learning experience. Residents may also initiate a request to change learning experiences. Changes in learning experiences must be reviewed and approved by the Residency Director and Director, Pharmacy Services.
2. **Formal grievances** - In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the resident may initiate a formal grievance process by sending a written request for intervention to the Residency Director.
  - a. The Residency Director will notify the Director, Pharmacy Service of the grievance, and call a meeting of the RAC to review the complaint. The resident and preceptor will be notified of the date of the review and given the opportunity to provide the RAC with any information regarding the grievance.
  - b. Based upon a review of the grievance and any relevant information, the RAC will determine the course of action which best promotes the resident's learning experience. This may include recommended changes within the learning experience itself, a change in preceptor assignment, or a change in block.

- c. The resident will be informed in writing of the RAC decision, and asked to indicate whether they accept or dispute the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Director, Pharmacy Service, who has overall responsibility for the Pharmacy Residency Program, and will be familiar with the facts of the grievance review. The Director, Pharmacy Service will render the appeal decision, which will be communicated to all involved parties and to the RAC.
- d. In the event that the grievance involves any member of the RAC (including the Residency Program Director), that member will excuse themselves from serving on the committee during the grievance due to a conflict of interest. A grievance regarding the Residency Program Director may be submitted directly to the Director, Pharmacy Service for review and resolution in consultation with the RAC.
- e. Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the Director, Pharmacy Service for appropriate personnel action.

### **Probation and termination procedures**

1. **The problematic trainee** - The residency program aims to develop advanced professional competence. Conceivably, a resident could be seen as lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the Residency Program Director and/or RAC will help residents identify these areas and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the resident would not get credit for the residency unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the Residency Program Director at the earliest opportunity in order to allow the maximum time for remedial efforts. The Residency Program Director will inform the resident of staff or preceptor concern, and call a meeting of the RAC. The resident and involved preceptor or staff will be invited to attend and encouraged to provide any information relevant to the concern.
  - a. A resident identified as having a serious deficit or problem will be placed on probationary status by the RAC, should the RAC determine that the deficit or problem is serious enough that it could prevent the resident from fulfilling the exit criteria, and thereby, not receive credit for the residency.
  - b. The RAC may require the resident to participate in particular learning experiences or may issue guidelines for the type of experiences the resident should undertake in order to remedy such a deficit.
  - c. The resident, the resident's preceptor(s), the Residency Program Director, and the RAC will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the resident to develop in order to remedy the identified problem.
  - d. Once a resident has been placed on probation and a remedial learning contract has been written and adopted, the resident may move to a new clinical learning experience if there is consensus that a new environment will assist the resident's remediation. The new learning experience will be carefully chosen by the RAC and the resident to provide a setting that is conducive to working on the identified problems. Alternatively, the resident and preceptor may agree that it would be to the resident's benefit to remain in the current learning experience. If so, both may petition the RAC to maintain the current assignment.
  - e. The resident and the preceptor will report to the RAC on a regular basis, as specified in the contract (but not less than every month) regarding the resident's progress.
  - f. The resident may request that a representative of their choosing be invited to attend and

participate as a non-voting member in any meetings of the RAC which involve discussion of the resident and his/her status in the residency.

- g. The resident may be removed from probationary status by a majority vote of the RAC when the resident's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the resident's performance is at the appropriate level to receive credit for the residency.
- h. If the resident is not making progress, or, if it becomes apparent that it will not be possible for the resident to receive credit for the residency, the RAC will so inform the resident at the earliest opportunity.
- i. The decision for credit or no credit for a resident on probation is made by a majority vote of the RAC. The RAC vote will be based on all available data, with particular attention to the resident's fulfillment of the learning contract.
- j. A resident may appeal the RAC's decision to the Director, Pharmacy Service. The Director, Pharmacy Service will render the appeal decision, which will be communicated to all involved parties, and to the RAC.
- k. These procedures are not intended to prevent a resident from pursuing an appeal of the RAC decision under any other applicable mechanisms available to UConn Health employees, including EEO, or under the mechanisms of any relevant professional organization, including ASHP.

2. **Illegal or unethical behavior and inappropriate conduct** - Illegal or unethical conduct by a resident should be brought to the attention of the Residency Program Director in writing. Any person who observes such behavior, whether staff or resident, has the responsibility to report the incident. Infractions of a minor nature may be addressed by the Residency Program Director, the preceptor, and the resident. A written record of the complaint and action become a permanent part of the resident's training file.

- Examples of minor infractions:
  - Dishonest behavior, intentional lying
  - Unwanted, intimidating or harassing comments, remarks, conduct or gestures
  - Rude and discourteous behavior
  - Unauthorized or inappropriate use of government property/equipment (phone, computer, etc.)
  - Failure to call in an absence or tardiness according to departmental procedure
  - Negligent use of property resulting in damage or loss
  - Solicitation of gifts or money or accepting money from patients or unauthorized sale of services, merchandise, raffle tickets, lotteries, etc.

Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Residency Program Director, who will notify the resident of the complaint. Per the procedures described above, the Residency Program Director will call a meeting of the RAC to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and they will be able to attend the RAC meeting(s).

- Examples of significant infractions
  - Refusal to carry out duties or instructions or activity detrimental to the operations of the medical center
  - Violation of posted safety, security, health or fire prevention rules and/or failure to report an unsafe condition existing on the premises
  - Sleeping while on duty or hiding with obvious intent of sleeping while on duty
  - Harassment/discrimination with regard to all applicable laws covering the UConn Health's EEO policies
  - Reporting to work while under the influence of any intoxicant, hallucinogenic or



narcotic where the presence of any such agent can be established by a “for cause” drug test under the substance abuse policy or unauthorized possession of said substances on the premises

- Falsifying documents and/or medical records
- Unauthorized possession of a deadly weapon on the premises
- Theft of property
- Failure to submit to an alcohol/drug examination
- Fighting, verbal abuse or issuance of threats on the premises or while engaged in official business

In the case of illegal or unethical behavior in the performance of patient care duties, the Residency Program Director may seek advisement from appropriate UConn Health resources, including Risk Management and/or Human Resources.

Following a careful review of the case, the RAC may recommend no action, probation or dismissal of the resident. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section on the problematic trainee. Ultimately the Director, Pharmacy Services has the final say in any disciplinary action as recommended by the board with the exception of offenses that require involvement of the police and potential arrest. A violation of the probationary contract would necessitate the termination of the resident's appointment at University of Connecticut Health Center.

Approved by: Residency Advisory Committee  
UConn Health  
3/8/2013

Approved:

Kevin W. Chamberlin, PharmD

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Residency Program Director

Approved:

Kimberly Metcalf, MS, PharmD

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Associate Vice President of Pharmacy & Ancillary Services

## RESIDENCY COMPLETION AND CERTIFICATION

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The ASHP Accreditation Standard for Residency requires a minimum of a 12-month, full-time practice commitment or equivalent for the resident. In view of this minimum requirement, all residents must participate in the residency for a twelve month period with allowable annual, sick, and authorized leave. Any deviation from this participation must be reviewed and approved in advance by members of the Residency Advisory Committee.

Residents must be licensed and complete all requirements of the residency as delineated in the Resident Responsibilities and Program Requirements and noted on the Quarterly Self-Evaluation Form. The resident research project must be completed and a final manuscript suitable for publication submitted before a Residency Certificate will be issued. Residents have three months from the end of their residency year to complete the research requirement. Requests for extension must be made in advance of the three month deadline to the Residency Program Director. All such requests must be accompanied with a timeline towards completion. All requests will be reviewed for approval by the Residency Advisory Committee.

### Checklist for Completion of Residency Program

- All learning experience requirements must be successfully completed (if not, give plan)
- All resident evaluations of their learning experiences and preceptors must be completed (if not, give plan)
- All preceptor evaluations of residents in their learning experience must be completed (if not, give plan)
- All staffing assignments must be completed, if applicable (if not, give plan)
- All monthly presentations completed
- Completion of research poster for presentation to ASHP Midyear Clinical Meeting
- Completion of 15-minute platform presentation (preferably, or equivalent experience if required by the planning committee (e.g. poster presentation)) at the Eastern States Conference
- Completion of UConn School of Pharmacy Teaching Certificate
- Completion of CE presentation and/or didactic lecture
- Must complete one medication use evaluation (if not, give plan)
- Research study must be completed (if not, give plan)
- Research study written up in a manuscript suitable for publication and approved by the primary research preceptor and Residency Advisory Committee (if not, give plan)
- Evaluations for your Residency Program Director, Research Preceptor(s), and overall Program Evaluation must be completed and submitted to the Director, Pharmacy Services (if not, give plan)
- $\geq 95\%$  of all goals/objectives marked as “Achieved for Residency” in PharmAcademic (if not, RPD will discuss and review on a case-by-case basis but is expected to monitor progress through Quarterly Evaluations)
  - Defined as: All 6 Competency Areas successfully achieved; all 12 Goals successfully achieved; at least 40 Objectives successfully completed (Our program has 6 Competency Areas, 12 Goals, and 41 Objectives).

**Updated and Approved by RAC: 6/16/16**

## ***✓ Evaluations & Exit Interview***

### **Residency Program Director, Research Preceptor and Program Evaluation**

At the end of the residency program, each resident will complete an evaluation of the Residency Program Director and program which will be reviewed with the Director, Pharmacy Services at each resident's exit interview. The resident will evaluate the research project and preceptor at the end of the residency program. If the Director, Pharmacy Services is the resident's research preceptor, this evaluation will be submitted to and discussed with the Residency Program Director.

## ***✓ Residency Research Project & Manuscript***

To meet the requirement of completing a research study and written manuscript appropriate for submission to a journal, the Residency Advisory Committee needs a copy of the manuscript (for the resident's file) along with the approval by the primary research preceptor that the manuscript is sufficiently written for publication purposes. If the research study is INCOMPLETE at the end of the residency year, the resident has three months in which to complete the research and manuscript. Requests for extension must be made in advance of the three month deadline to the Residency Program Director. All such requests must be accompanied with a timeline towards completion. All requests will be reviewed for approval by the Residency Advisory Committee.

Your research preceptor needs to contact the Residency Advisory Committee in writing (email OK) as soon as the research and manuscript is completed and meets the research preceptor's approval. A copy of the manuscript should be provided as well to be placed in the resident's file. The certificate for completion of the residency program will be withheld until completion of the residency project, despite meeting all other obligations of the residency program. The resident(s) need to be mindful that such delay in issuance of the certificate could delay/complicate post-residency pursuits.

## ***✓ Administrative Check-out***

On the last weekday of the residency program, residents will be required to 'check out'. All residents should see the timekeeper/HR representative for the appropriate check-out form. Check out takes several hours; however, it should be performed in the morning to allow sufficient time for clearance, and requires submission of all keys, pagers/phones, and badges. Check-out instructions are specific to each area you must clear before exiting. At the completion of check out, residents can spend the remainder of their shift clearing their personal effects from the Resident's office space.

A **forwarding address** will be necessary for payroll. Any questions pertaining to the disposition of excess annual leave may be discussed with the Director, Pharmacy Services and likely involve HR.