# UConn Health

## 2024 – 2025

# PGY2 Ambulatory Care Pharmacy Residency Handbook


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UConn Health

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## WELCOME!

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

The pharmacy department prides itself in providing excellent and innovative pharmaceutical care. Patients are our top priority, 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 ambulatory care settings. Our medical teaching environment allows residents to develop strong teaching skills. Our capable research staff is an excellent resource for assisting the resident in advancing their research design and analytical skills.

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!

Jillian Carey, PharmD, BCACP

*PGY2 Ambulatory Care Pharmacy Residency Program Director*

Gillian Kuszewski, PharmD, BCPS

*University Director of Pharmacy Residency Programs*

Approved by RAC:

**2023**

**Pharmacy Residents (PGY2)**

Constance Chan, PharmD

Braylee Wardwell, PharmD

## UCONN HEALTH

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:
234 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
Stroke Center
New England Sickle Cell Institute
Braine and Spine Institute

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 has been renovated and modernized, including space for start-up bioscience businesses.

In addition, Bioscience Connecticut has brought about collaborations 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 innovative 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. In addition, our own Lyman Maynard Stowe Library supports all intellectual endeavors.

ACCREDITATION:

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

The UConn Health PGY2 Ambulatory Care Pharmacy Residency is in candidate status for accreditation by the American Society of Health-System Pharmacists (ASHP).

## PHARMACY SERVICES

### 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

All of the Pharmacy Services at UConn Health are overseen by the Associate Vice President of Pharmacy and Ancillary Services. 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 Director of Hospital Pharmacy Services. The Director of Specialty / Ambulatory Services oversees the Specialty Pharmacy, 340B Services, and Ambulatory Pharmacy Services at UConn Health. 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, including our carousels. TUGS® are utilized to deliver meds to the inpatient units. John Dempsey Hospital uses the Epic EMR for all patient care documentation. 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, medication safety, pharmaceutical procurement, and specialty pharmacy services. 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** and **specialized pharmacists** (such as: **anticoagulation, medication safety pharmacists, purchasing,** and **informatics)** have multiple, yet individual roles. They will work in the following capacity, including, but not limited to: provide consultative services to ensure positive patient outcomes; assist with safe, effective, and efficient medication acquisition and distribution; act as a resource to staff pharmacists; maintain and update informational resources on medications; assist with maintenance of medication-related technology; educate providers on medication use requirements and monitor for compliance; maintain and update hospital formulary to ensure safe and cost-effective use of medications; develop and evaluate assigned staff competency assessments; educate providers on topics of mutual interest; review and update policies consistent with current standards of practice and monitor compliance; develop, update and measure compliance with high risk and antimicrobial medication use; assist in managing strategies for drug shortages; and, work to ensure efficient pharmacy operations with safe and accurate medication preparation and dispensing.

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, IV additive service and a fully integrated electronic medical record (EPIC).

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.** (UHPSI) 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 allow 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. Various technologies support efficient and safe distribution (e.g. Pharmogistics Carousel, TUGs delivery robots, Traysafe, Swisslog Tube system, etc). This system results in greater drug distribution efficiency and allows for more involvement of the pharmacist in providing quality pharmaceutical care. Medication History Technicians assist pharmacists with medication reconciliation.

## 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 residents.

# UCONN HEALTH PHARMACY STAFF INVOLVED IN RESIDENCY

## Pharmacy Administration

Kevin W. Chamberlin, PharmD, FASCP – Associate Vice President and Chief of Pharmacy, ext. 2281
F. Bahar Mutusik, PharmD, BCPS—University Director of 340B Services, ext. 3601
William Whittaker, PharmD, MBA –Director, Hospital Pharmacy Services, ext. 7627
Emmett Sullivan, RPh, MBA – Director, Specialty / Ambulatory Pharmacy, ext. 4695

## PGY2 Residency Program

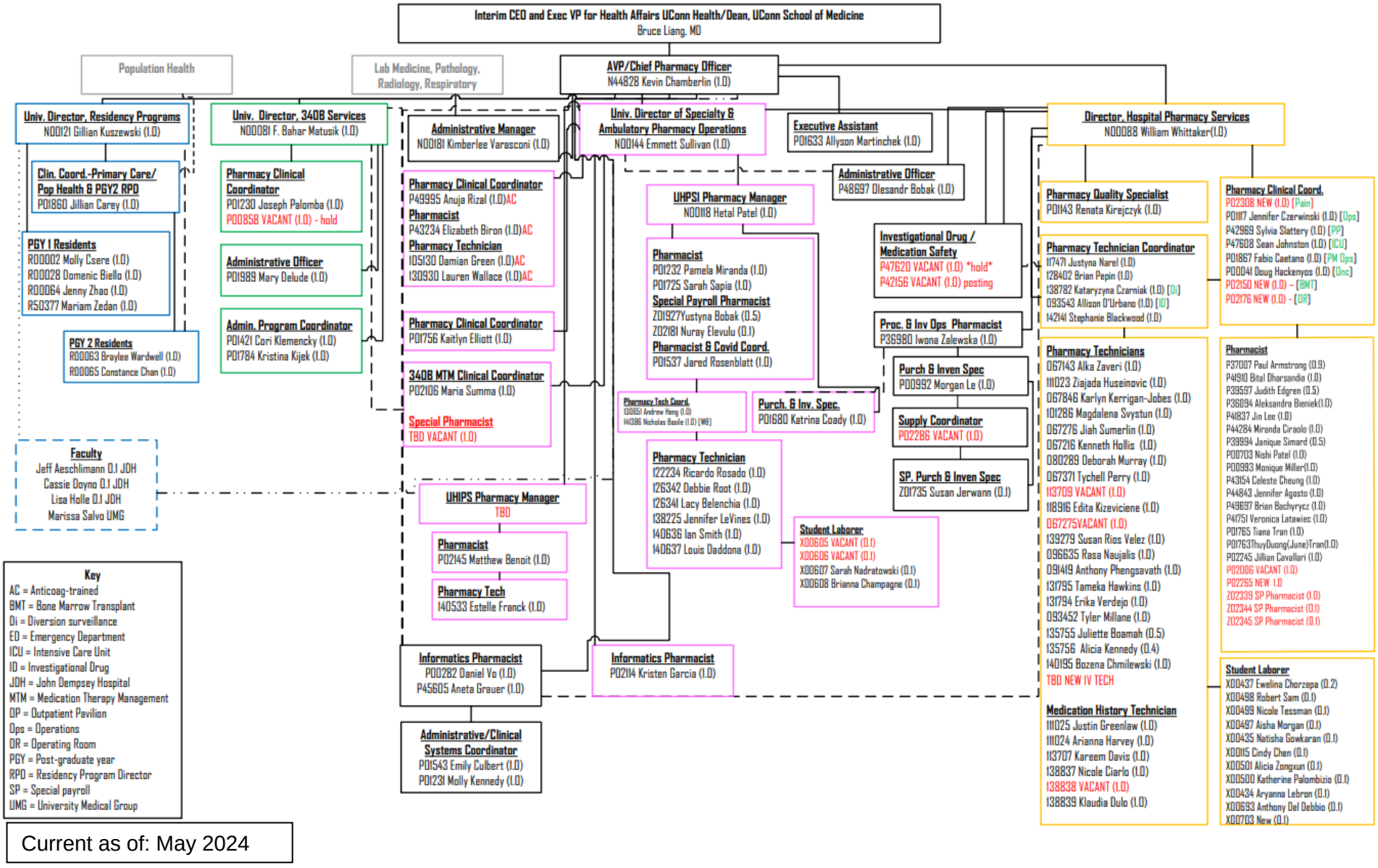
Jillian Carey, PharmD, BCACP—Primary Care Clinical Coordinator & PGY2 Residency Program Director, ext. 8720
Gillian Kuszewski, PharmD, BCPS – University Director of Pharmacy Residency Programs, ext. 2077

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

Jeffery Aeschlimann, PharmD – Infectious Diseases, ext. 1488
Lisa M. Holle, PharmD, BCOP – Outpatient Oncology, ext. 5195
Marissa Salvo, PharmD, BCACP – Adult Primary Care, ext. 8988

## Clinical & Staff Pharmacist PGY2 Residency Preceptors

Fabio Caetano, PharmD – Pharmacy Clinical Coordinator, ext. 7627
Jennifer Czerwinski, PharmD, MBA- Pharmacy Clinical Coordinator- Operations, ext. 7627
Kaitlyn Elliott, PharmD, BCPS – Pharmacy Clinical Coordinator—Neurology, ext. 4118
Sean Johnston, RPh – Pharmacy Clinical Coordinator – Critical Care, ext. 5122
Anuja Rizal, RPh, PharmD, CACP – Pharmacy Clinical Coordinator—Anticoagulation, ext. 3470
Sylvia Slattery, PharmD, BCPS – Pharmacy Clinical Coordinator – Pharmacy Practice, ext. 7627
Maria Summa, PharmD, BCPS, BCACP – Pharmacy Clinical Coordinator—Medication Therapy Management, ext. 7841
Hetal Petal, PharmD—UHPSI Pharmacy Manager, ext. 6772


Interim CEO and Exec VP for Health Affairs UConn Health/Dean, UConn School of Medicine
Bruce Liang, MD
Population Health
Lab Medicine, Pathology, Radiology, Respiratory
AVP/Chief Pharmacy Officer
N44828 Kevin Chamberlin (1.0)
Univ. Director, Residency Programs
N00121 Gillian Kuszewski (1.0)
Univ. Director, 340B Services
N00081 F. Bahar Matusik (1.0)
Administrative Manager
N00181 Kimberlee Varasconi (1.0)
Univ. Director of Specialty & Ambulatory Pharmacy Operations
N00144 Emmett Sullivan (1.0)
Executive Assistant
P01633 Allyson Martinchek (1.0)
Director, Hospital Pharmacy Services
N00088 William Whittaker(1.0)
Clin. Coord.-Primary Care/ Pop Health & PGY2 RPD
P01860 Jillian Carey (1.0)
PGY 1 Residents
R00002 Molly Csere (1.0)
R00028 Domenic Biello (1.0)
R00064 Jenny Zhao (1.0)
R50377 Mariam Zedan (1.0)
PGY 2 Residents
R00063 Braylee Wardwell (1.0)
R00065 Constance Chan (1.0)
Pharmacy Clinical Coordinator
P01230 Joseph Palomba (1.0)
P00858 VACANT (1.0) - hold
Administrative Officer
P01989 Mary Delude (1.0)
Admin. Program Coordinator
P01421 Cori Klemencky (1.0)
P01784 Kristina Kijek (1.0)
Pharmacy Clinical Coordinator
P49995 Anuja Rizal (1.0)AC
Pharmacist
P43234 Elizabeth Biron (1.0)AC
Pharmacy Technician
105130 Damian Green (1.0)AC
130930 Lauren Wallace (1.0)AC
Pharmacy Clinical Coordinator
P01756 Kaitlyn Elliott (1.0)
340B MTM Clinical Coordinator
P02106 Maria Summa (1.0)
Special Pharmacist
TBD VACANT (1.0)
Faculty
Jeff Aeschlimann 0.1 JDH
Cassie Doyno 0.1 JDH
Lisa Holle 0.1 JDH
Marissa Salvo UMG
UHIPS Pharmacy Manager
TBD
Pharmacist
P02145 Matthew Benoit (1.0)
Pharmacy Tech
140533 Estelle Franck (1.0)
Informatics Pharmacist
P00282 Daniel Vo (1.0)
P45605 Aneta Grauer (1.0)
Administrative/Clinical Systems Coordinator
P01543 Emily Culbert (1.0)
P01231 Molly Kennedy (1.0)
Informatics Pharmacist
P02114 Kristen Garcia (1.0)
UHPSI Pharmacy Manager
N00118 Hetal Patel (1.0)
Pharmacist
P01232 Pamela Miranda (1.0)
P01725 Sarah Sapia (1.0)
Special Payroll Pharmacist
Z01927Yustyna Bobak (0.5)
Z02181 Nuray Elevulu (0.1)
Pharmacist & Covid Coord.
P01537 Jared Rosenblatt (1.0)
Pharmacy Tech Coord.
130651 Andrew Herg (1.0)
141385 Nicholas Basile (1.0) (WB)
Purch. & Inv. Spec.
P01680 Katrina Coady (1.0)
Pharmacy Technician
122234 Ricardo Rosado (1.0)
126342 Debbie Root (1.0)
126341 Lacy Belenchia (1.0)
138225 Jennifer LeVines (1.0)
140636 Ian Smith (1.0)
140637 Louis Daddona (1.0)
Student Laborer
X00605 VACANT (0.1)
X00606 VACANT (0.1)
X00607 Sarah Nadratowski (0.1)
X00608 Brianna Champagne (0.1)
Administrative Officer
P48697 Olesandr Bobak (1.0)
Investigational Drug / Medication Safety
P47620 VACANT (1.0) *hold*
P42156 VACANT (1.0) posting
Proc. & Inv Ops Pharmacist
P36980 Iwona Zalewska (1.0)
Purch & Inven Spec
P00992 Morgan Le (1.0)
Supply Coordinator
P02286 VACANT (1.0)
SP. Purch & Inven Spec
Z01735 Susan Jerwann (0.1)
Pharmacy Quality Specialist
P01143 Renata Kirejczyk (1.0)
Pharmacy Technician Coordinator
117471 Justyna Narel (1.0)
128402 Brian Pepin (1.0)
138782 Kataryzyna Czarniak (1.0) [Di]
093543 Allison D'Urbano (1.0) [ID]
142141 Stephanie Blackwood (1.0)
Pharmacy Technicians
067143 Alka Zaveri (1.0)
111023 Ziajada Huseinovic (1.0)
067846 Karlyn Kerrigan-Jobes (1.0)
101286 Magdalena Svystun (1.0)
067276 Jiah Sumerlin (1.0)
067216 Kenneth Hollis (1.0)
080289 Deborah Murray (1.0)
067371 Tychell Perry (1.0)
113709 VACANT (1.0)
118916 Edita Kizeviciene (1.0)
067275VACANT (1.0)
139279 Susan Rios Velez (1.0)
096635 Rasa Naujalis (1.0)
091419 Anthony Phengsavath (1.0)
131795 Tameka Hawkins (1.0)
131794 Erika Verdejo (1.0)
093452 Tyler Millane (1.0)
135755 Juliette Boamah (0.5)
135756 Alicia Kennedy (0.4)
140195 Bozena Chmilewski (1.0)
TBD NEW IV TECH
Medication History Technician
111025 Justin Greenlaw (1.0)
111024 Arianna Harvey (1.0)
113707 Kareem Davis (1.0)
138837 Nicole Ciarlo (1.0)
138838 VACANT (1.0)
138839 Klaudia Dulo (1.0)
Pharmacy Clinical Coord.
P02308 NEW (1.0) [Pain]
P01117 Jennifer Czerwinski (1.0) [Ops]
P42969 Sylvia Slattery (1.0) [PP]
P47608 Sean Johnston (1.0) [ICU]
P01867 Fabio Caetano (1.0) [PM Ops]
P00041 Doug Hackenyos (1.0) [Onc]
P02150 NEW (1.0) - [BMT]
P02176 NEW (1.0) - [OR]
Pharmacist
P37007 Paul Armstrong (0.9)
P41910 Bital Dharsandia (1.0)
P39597 Judith Edgren (0.5)
P36094 Aleksandra Bieniek(1.0)
P41837 Jin Lee (1.0)
P44284 Miranda Ciraolo (1.0)
P39994 Janique Simard (0.5)
P00703 Nishi Patel (1.0)
P00993 Monique Miller(1.0)
P43154 Celeste Cheung (1.0)
P44843 Jennifer Agosto (1.0)
P49697 Brian Bachyrycz (1.0)
P41751 Veronica Latawiec (1.0)
P01765 Tiana Tran (1.0)
P01763ThuyDuong(June)Tran(1.0)
P02245 Jillian Cavallari (1.0)
P02006 VACANT (1.0)
P02265 NEW 1.0
Z02339 SP Pharmacist (1.0)
Z02344 SP Pharmacist (0.1)
Z02345 SP Pharmacist (0.1)
Student Laborer
X00437 Ewelina Chorzepa (0.2)
X00498 Robert Sam (0.1)
X00499 Nicole Tessman (0.1)
X00497 Aisha Morgan (0.1)
X00435 Natisha Gowkaran (0.1)
X00115 Cindy Chen (0.1)
X00501 Alicia Zongxun (0.1)
X00500 Katherine Palombizio (0.1)
X00434 Aryanna Lebron (0.1)
X00693 Anthony Del Debbio (0.1)
X00703 New (0.1)
Key
AC = Anticoag-trained
BMT = Bone Marrow Transplant
Di = Diversion surveillance
ED = Emergency Department
ICU = Intensive Care Unit
ID = Investigational Drug
JDH = John Dempsey Hospital
MTM = Medication Therapy Management
OP = Outpatient Pavilion
Ops = Operations
OR = Operating Room
PGY = Post-graduate year
RPD = Residency Program Director
SP = Special payroll
UMG = University Medical Group
Current as of: May 2024

## UConn Health Formulary Management

**A. EFFECTIVE DATE :**
12/15/91

**B. PURPOSE :**

**C. POLICY :**
The formulary system shall be operated 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.

**D. SCOPE :**
The formulary system applies to all areas of John Dempsey Hospital serviced by the Inpatient Pharmacy. The formulary system applies to all prescribers: house-staff, attending physicians, and other practitioners with prescribing authority.

**E. 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 drug products most useful in patient care. These products then become routinely available for use within the organization.

The **hospital formulary** is a continually, revised compilation of medications and medication-associated products or devices. It aligns with, the following: medication use policies; important ancillary information; decision support tools; and clinical guidelines. This promotes rational, evidenced- based, clinically appropriate, safe and cost-effective medication therapy.

**Therapeutic interchange** is the practice of switching or dispensing medications that are chemically distinct but therapeutically similar in terms of their efficacy, safety, and tolerability profiles.

**F. MATERIAL(S) NEEDED :**
None

**G. PROCEDURE:**

**Role of the P&T Committee**
The P&T 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 two months. 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 medications 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 medications designated as being on the **hospital formulary** are appropriately listed, stocked in the pharmacy, and prescribing practices are safe and consistent. This will include but is not limited to review of computerized provider order entry (CPOE) medication order sets and review of ongoing safety communications (e.g. Federal Drug Administration (FDA) Drug Safety Communications/Warnings).

**"Formulary" Designation**

Only those medications 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 medications. **The following designations can be assigned by this committee: 1. Formulary medications that are stocked 2. Formulary medications that are not stocked but available upon request and 3. Non-formulary medications that require a written request and may be obtained if no alternative is available after discussion between the pharmacist and the prescriber.** Medications are listed in the formulary by their generic names. Providers are strongly encouraged to prescribe medications by their generic names. The Department of Pharmacy is responsible for selecting, from available generic equivalents, those medications to be dispensed pursuant to a provider'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 Medications to/from the Formulary**

Attending physicians or pharmacists may request that medications be added to the formulary by completing the **"Proposal for Admission of Drug to the Hospital Formulary"** request form and forward to a Pharmacy Clinical Coordinator. Likewise, requests can be made for removal of a medication from formulary. 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. Medications are added to the formulary based on objective, scientific data. Considerations include effectiveness based on Federal Drug Administration (FDA) approved indications, side effect profile, cost, medication error potential, drug interactions, use in special populations, pharmacokinetics, sentinel events and comparison to alternative agents. The hazardous and corrosive status of the agent should be reviewed. After discussion with the requesting physician(s) and experts in the field, a Pharmacy Clinical Coordinator 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 a Pharmacy Clinical Coordinator, Director of the Pharmacy, or their designee. Non- FDA approved uses of formulary medications require the pharmacist to review the literature to identify that efficacy and dosing is established 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 monitoring and/or a drug utilization evaluation (DUE) to examine 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 Policy and Procedure on Conflicts of Interest. Prior to any vote for addition or deletion of medications 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. 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 under approved circumstances. A current list of medications which have P&T Committee-approved therapeutic equivalents may be found on the Pharmacy Department Website.

**Restricted Formulary Medications**
Formulary medications may be restricted in their use by: 1. medical service (e.g. a drug restricted to use by NICU attending physicians), 2. prescribing criteria (e.g. a drug restricted to use by specific indication), or 3. patient care area (e.g. 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 order system and other communications as needed. If a product is added and identified as corrosive, the Director of Environment of Care shall be notified.

**Formulary Status of New Medications**
Medications approved by the Food and Drug Administration (FDA), but not yet approved for formulary addition by the P&T Committee are considered **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.

**Monitoring of Non-Formulary Drug Prescribing**
The Clinical Coordinator of Pharmacy compiles and analyzes data regarding non-formulary drug use and reports this to the P&T Committee, as needed. 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 ongoing review, updating, and publication of the formulary. Ongoing formulary maintenance will be reflected in the CPOE system.

**H. ATTACHMENTS :**
None

**I. REFERENCES :**
1. Joint Commission Medication Management Standards
2. Therapeutic Interchange Policy and List

**J. SEARCH WORDS :**
Formulary, Pharmacy, Therapeutics, P&T

**K. ENFORCEMENT:**
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable

collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. REVISION HISTORY :**

1. Approved: 12/15/92
2. Revised: 12/15/92, 5/24/94, 8/1/94, 11/10/97, 09/17/99, 06/21/00, 10/14/03, 10/1/09, 7/16/2015, 11/27/2017, 11/6/2019, 8/18/21, 2/25/22
3. Reviewed: 7/16/2015, 11/27/2015, 11/27/2017, 11/6/2019, 8/18/21, 2/25/22

## UConn Health Committees and Pharmacy Involvement

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

- Infection Control
- Pharmacy and Therapeutics (P&T) Committee
- Investigational Review board (IRB)
- Cancer Committee
- Chemotherapy Committee
- Ethics Committee
- Critical Care Committee
- Code Response Committee
- Antimicrobial Stewardship Program
- Medication Safety and IV Medication Guidelines Committee
- Emergency Management
- Biosimilars
- NICU Clinical Practice
- Medication Error
- Quality Assurance and Performance Improvement
- Opioid Task Force
- Clinical Order Sets and Protocols
- Influenza
- Trauma
- Neurosurgery
- Safety Huddle
- Nursing Leadership
- Hypoglycemia Task Force
- Clinical Informatics
- Clinical Products Review
- Safety Variance Review
- Environment of Care
- Pharmacy Revenue Integrity
- 340b
- Others, both standing and ad-hoc

# UCONN HEALTH RESIDENCY PROGRAM OVERVIEW

## Residency Program Purpose

The PGY2 Ambulatory Care Pharmacy Residency Program at UConn Health was established in 2022. The residency is currently in candidate accreditation status through the American Society of Health-System Pharmacists. The program has a strong affiliation with the UConn School of Pharmacy through its many preceptors located at UConn Health, its teaching certificate program for residents and preceptors, co-precepting opportunities of pharmacy PGY1 residents and students, and much more.

**Program Purpose Statement**
PGY2 pharmacy residency programs build upon PharmD and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area.

**Program Description**
The PGY2 Ambulatory Care Pharmacy Residency Program at UConn Health will develop the resident into a competent clinical practitioner who will contribute to positive patient outcomes. The year-long residency program will prepare the resident for advanced patient care in the outpatient clinical and specialty settings, academia, and ambulatory care board certification. The program's clinical service project will provide the resident with invaluable experience in building a new ambulatory service.

**Program Mission: Why we are here**
The UConn Health Pharmacy Residency program trains pharmacists by providing a well-rounded, customized, immersive experience where residents become competent leaders providing collaborative medication management to improve care for all patients.

**Program Vision: Where we aspire to go**
The UConn Health Pharmacy Residency program strives to be the premier program in the country, promoting a customized experience for the resident in a clinically diverse environment. Our Program looks to develop and retain compassionate, empathetic, and competent residents and preceptors, involved in moral and advanced clinical care, impactful research, and patient and professional advocacy.

**Program Values: The rules we live by**

- Maintain healthy **balance** between personal and professional life
- Work **collaboratively** with others to enhance the overall team effort
- Encourage **diversity** by including, respecting, appreciating, and learning from those with different backgrounds
- Display **empathy** by showing compassion and appreciation for the needs of others
- Exhibit honesty, integrity, openness and strong **ethics** by always doing the right thing
- Ensure **expertise** by providing evidenced-based patient-centered recommendations
- **Lead** by advancing the practice of pharmacy within the institution and beyond
- Provide safe, high-**quality** care to patients
- Show **respect** by honoring others and their differences, including patients and colleagues

## Program Outcome

The PGY2 Ambulatory Care Pharmacy Residency Program at UConn Health is a 12-month program designed to provide a comprehensive educational and practical experience in ambulatory care pharmacy practice that is in

line with the latest ASHP regulations on Accreditation of Pharmacy Residents. Pharmacists completing the program will be competent to serve as an authoritative resource on the optimal use of medications used to treat patients in ambulatory settings. Pharmacists will be able to optimize outcomes of diverse populations of patients with a range of complex healthcare conditions by providing evidence-based, patient-centered medication therapy as an integral part of the interdisciplinary team. Residents will establish collaborative professional relationships with healthcare team members to best serve patients. Residents will demonstrate leadership and practice management skills, demonstrate excellence in the provision of training and educational activities for healthcare professionals, healthcare professionals in training, and the public, and evaluate and improve the medication-use process in ambulatory patient care areas.

## Diversity Statement

Diversity is a concept by which value is placed on the differences of the people who make up our workforce. These differences include both primary dimensions (e.g., race, gender, age, national origin, sexual orientation), and secondary dimensions (e.g., geographic location, marital status, work background, religious beliefs). As our workforce becomes more diverse, we embrace the opportunity to find ways of enabling people of many different backgrounds to make valuable contributions to UConn Health. It is not enough to simply increase diversity in the workplace, we must also promote positive working relationships by learning to respect and appreciate people with diverse backgrounds. When individuals communicate and work effectively with each other, the quality of care that we deliver to our patients improves.

Diversity and inclusion are foundational elements of the UConn Health Department of Pharmacy's post-graduate training programs. Consistent with this focus, we pursue diversity in all its varied expressions, including but not limited to, gender, race, ethnicity, physical ability, sexual orientation, and gender identity. Our goal is to provide a diverse educational environment that fosters the success of learners to provide culturally competent care and become inclusive of the population they serve, as well as create a clinical environment that provides high quality healthcare to the myriad communities of the State of Connecticut.

## Pharmacy Residency Program: Accreditation & History

The UConn Pharmacy Service offers a PGY2 Ambulatory Care Pharmacy Residency (starting in 2022) as well as a PGY1 Pharmacy Residency. Gillian Kuszewski, PharmD, BCPS is the University Director of Pharmacy Residency Programs and RPD of the PGY1 Program. Additional PGY1 spots and PGY2 specialties are being explored. The PGY1 program was granted full accreditation status with the American Society of Health-System Pharmacists in the summer of 2013. The PGY2 Ambulatory Care is in candidate accreditation status.

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 PGY2 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 along with PGY1 residents. 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 themselves in ambulatory care practice, and has the desire and aptitude to teach. The RPD earned an advanced pharmacy degree, completed an ASHP-accredited residency in ambulatory care, and maintains BPS certification in ambulatory care.

## 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.

All preceptors must complete an ASHP Academic and Professional Record (APRs) form, as provided by ASHP, for initial appointment as a Pharmacy Residency Preceptor. Electronic APRs in Pharmacademic should be utilized. All preceptors shall meet ASHP defined qualifications. If a preceptor does not meet all qualifications, an action plan to achieve items needed to meet qualifications will be developed within 6 months of joining in the preceptor role. The action plan will include a timeline with concrete goals to achieve full qualification.

The Residency Program Director will review all APRs annually, in the spring by June, to align with the residency year. It is encouraged all preceptors to review and update APRs annually. For preceptors not meeting ASHP qualifications, annual review and update of the APR is required. For those preceptors meeting ASHP APR requirements, APR reviews and updates must occur every 4 years at a minimum. Preceptors will receive an initial appointment and reappointment every 4 years, thereafter. The Residency Program Director will track all appointments, reappointments, and action plans with corresponding dates.

Universal Preceptor Development for RAC members will occur during Preceptor Development sessions provided during Residency Advisory Committee meetings. Additional opportunities for development on an individual level will be provided, as identified.

## Selection and Qualifications of the Resident

Our RPD, residents, and preceptors will engage in recruiting candidates utilizing both in person and virtual opportunities, to ensure diverse candidates are captured in the process. A virtual option will be offered to allow for equitable access for all interested candidates.

For the pharmacy residency program the applicant must be licensed in CT (or be eligible for licensure in CT and complete such by 90 days after the start of the residency (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, complete an ASHP-accredited or candidate-status PGY1 Pharmacy Residency Program prior to the start of the PGY2 program, 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.

Successful completion of PGY1 Residency will be verified by the incoming resident sending an electronic copy of their PGY1 certificate via email to the RPD prior to the first day of residency. If an electronic copy of the PGY1 certificate is not provided within 30 days of the scheduled start date of the residency program, the incoming resident will be subject to dismissal from the program.

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. If the resident fails to become licensed in Connecticut within 90 days from the start of the program, the resident may have an extended timeframe to become licensed- up to 120 days after the start of the residency year. Failure to pass required board exams within the first 120 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. Be it known that residents must be become licensed pharmacists within the first 120 days of the residency, per ASHP Residency Standards (2023). Residents not licensed within 120 days will be dismissed from the program, with consideration for exploring the feasibility of an extension in the case of illness (immediate family or self). For extensions, refer to extended leave policy.

Application materials must include: an official transcript from the School of Pharmacy, three letters of recommendation (two of the three must be from the candidate's PGY1 program; one of which must be from their PGY1 Residency Leadership), letter of intent, and CV. Applications must be received by the January 2nd deadline to be considered for the residency program in July of the same year. Residents for the PGY2 Ambulatory Care program are selected through the residency matching program (RMP), complying with all National Matching Service rules.

Members of the Residency Advisory Committee (RAC) review and rank applicants with a pre-defined, in-house process. A standard rubric will be used by RAC members to score applications based on pre-defined objective criteria.

After applications have been ranked, applicants will then be invited for a 1-day virtual interview (all candidates will be offered the same process opportunities). Virtual interviews will be utilized to provide equitable access to all candidates. Interviews will be conducted using pre-determined questions with scoring for all candidates. Candidates will be given a mock patient case with questions to demonstrate clinical and professional abilities during the interview. All candidates will receive the same case. Candidates will be asked to present a 5-minute "About Me" presentation. During the interview, RAC members will score candidates' clinical case performance, "About Me" presentation delivery, and interview responses, based on a pre-defined rubric. After interviews are completed, the RPD will compile pre-interview (i.e. application score) and interview scores (i.e. question responses, "About Me" presentation, and clinical case). The RAC will reconvene upon completion of the interview process. Candidates will be initially ranked based on compiled scoring. RAC members will then discuss and review feedback from the rankings and interview scores. A final rank list will be determined by the RAC vote. The RPD will submit the RAC's selection(s) to the RMP.

If needed, engagement in the Phase II process or "scramble" will mimic our Phase I process. We will accept applicants until we reach a capacity that our resources can manage for review. We will then review applicants, rank them, and invite them for a virtual interview. The RPD will compile scores for an initial rank. The RAC will reconvene upon completion of the interview process, discuss and review feedback from the rankings and interview scores. A final rank list will be determined by the RAC vote. The RPD will submit the RAC's selection(s) to the RMP.

A record of each residents' program application, acceptance letter, documented acceptance of program policies; copy of each resident's licensure, deliverables, documentation of completion requirements; and each resident's signed residency certificate of completion will be kept since last accreditation site survey.

## 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 workflow 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 and other major/mid-major conference;
8. 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 <u>always</u>: **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 learning experience;
- 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 learning experience;
- 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 PGY2 residency program.

**D. Meetings and Minutes:** The RAC will meet approximately once quarterly (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. All PGY2 preceptors/PGY2 RPD will attend monthly PGY1 RAC meetings where information pertaining to both programs will be discussed.

## PHARMACY RESIDENT JOB DESCRIPTION

**PGY-2 AMBULATORY CARE PHARMACY PRACTICE RESIDENT AT THE UCONN HEALTH CENTER – JOHN DEMPSEY HOSPITAL DEPARTMENT OF PHARMACY (1-year trainee appointment)**

**MATCH #: 11508**

EXPERIENCE AND TRAINING: The applicant must be a graduate from an ACPE-accredited Doctor of Pharmacy (PharmD) program and an ASHP-accredited or candidate-status PGY1 Pharmacy Residency 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 by 90 days after the start of the residency year. If this is not met, the resident will have up to 120 days after the start of the residency year to become licensed, 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 ambulatory care 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.

The resident will take part in all assigned learning experience rotations and is accountable for providing clinical pharmacy services to outpatient physicians and other hospital personnel. In this capacity, a resident: participates in the components of disease management: identification of need for, and development, implementation and assessment of, treatment guidelines/protocols related to individual and population-based patient care; designs, recommends, monitors, and evaluates patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients); designs patient-specific and caregiver-specific education; uses processes that help to ensure continuity of direct patient care across health care delivery settings; documents direct patient-care activities appropriately; participates in the development or modification of policies for the use of medications in a health system; documents all medication incident

reports; provides drug information to physicians, nurses, patients and other health care professionals; 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; formulates and delivers programs that center on disease prevention and wellness promotion; demonstrates ethical conduct in all job-related activities; performs related duties as required.

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, unless the program or similar program was previously completed.

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 a major/mid-major conference (to be determined). A manuscript will be developed and completed by the end of the residency year, and publication is strongly encouraged, though not required.

The resident will be required to successfully design and complete a clinical service project that establish a new ambulatory pharmacy service or revise an existing ambulatory pharmacy service. This project will require creation of a written service proposal and business plan as well as a final presentation.

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. There is not a staffing component. Regular hours will be 0800-1630 Monday-Friday or as required based on rotational assignment during the training program.

FULL TIME EQUIVALENT MINIMUM SALARY AND BENEFITS: $63,000 paid on a biweekly basis, with health insurance, 10 days of paid vacation, and travel expenses to the ASHP Midyear Clinical Meeting and additional major/mid-major conference (to be determined).

APPLICATIONS: Must be received via PhORCAS by January 2. 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 (two of the three must be from the candidate's PGY1 program; one of which must be from their PGY1 Residency Leadership),

Selected candidates will be required to conduct an on-site or virtual 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 within ninety days after start date (but not to exceed 120 days per ASHP Standards for PGY2 Residency Programs).

Last approved & updated by Residency Advisory Committee: 4/13/23

## RESIDENCY POSITION INFORMATION

### Pay and Benefits

Period of Appointment**:** 12 months

Salary: $63,000/year (PGY2, RY2024-25)

Benefits: 10 days (two working weeks) Annual Leave (AL or "vacation"), State of Connecticut major and minor 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

The applicant must be a licensed pharmacist in Connecticut no later than 90 days after the residency start date. If the resident fails to become licensed in Connecticut within 90 days from the start of the program, the resident must meet with the RPD. The RPD and resident will discuss a study plan for the resident to implement, and the resident will be granted an extended timeframe to become licensed- up to 120 days after the start of the residency year. Be it known that residents must be licensed pharmacists within the first 120 days of the residency year, per ASHP Residency Standards (2023). Residents not licensed within 120 days will be dismissed from the program, with consideration for exploring the feasibility of an extension in the case of illness (immediate family or self). For extensions, refer to extended leave policy.

**Proof of Licensure:** Required upon entry into the residency program. Proof of application for state licensure must be shown at the entry to the program if not already processed. If pharmacist licensure is not available, pharmacy intern license must be provided to the RPD prior to the start of residency and 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. All non-pharmacist residents must provide a copy of a Connecticut Pharmacy Intern license prior to the start of residency.

**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 / Paid Time Off (AL / PTO, 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). Be it known that residents cannot be away from the program for more than 37 days of the residency year, per ASHP Residency Standards (2023). This is inclusive of off-site conference or educational programs.

The 37 days are inclusive of:

-10 PTO days

-13 State of Connecticut holidays; Residents are expected to work minor holidays, unless otherwise directed by their preceptor. Preceptors may approve time off for minor holidays or residents may "bank" the holiday and use for an alternative date. Residents are expected to communicate their attendance status on minor holidays.

-5 sick days

This allows 9 days for professional needs, as approved by the Residency Program Director, (e.g. post-residency employment interviews/activities, elective professional activities/conferences).

Leave must be requested in advance, preferably 2 weeks, and approved before being taken. Leave will not be approved for the last 2 weeks of the residency year without extenuating circumstances discussed with the RPD.

Additionally, residents cannot miss more than **3 calendar days** in any longitudinal learning experience per quarter or more than **10 calendar days** in a continuous block learning experience (due to annual, sick, or authorized leave).

Days away from the program consist of vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave.

If a resident exceeds 37 days away from the program, the resident is required to meet with the RPD to discuss a required extension of the residency program to meet ASHP standards. The program extension will be equal to the amount of days exceed in time away from the program or longer to allow for missed competencies. It cannot be guaranteed that benefits/pay can be extended in these circumstances.

Requests for PTO must first be reviewed and granted by the RPD and preceptor of record via email, then will be recorded by the RPD in the resident's Time Away from the Program tracking document. Additionally, it is advisable to include comments in the request that it has been discussed with the preceptor who has agreed.

PTO may not be taken during recruiting events and conferences outside of extenuating circumstances previously discussed with the RPD.

**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 shift, 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 via telephone (text 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 **3 calendar days** in any longitudinal learning experience per quarter or **10 calendar days** in any continuous block 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.

## 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. Per ASHP standards, residents are limited to 37 days away from the program; therefore, any additional required time off will result in extending the program or dismissal from the program. Each extension is reviewed on a case-by-case basis and should involve discussion with the Chief Pharmacy Officer, RPD, and Human Resources representation. Any extension of the residency program will be unpaid and without benefits, through the extension. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion. The resident will have 6 months from the original end date of the program to complete the 12-week extension.

A proposed plan for the individual resident will be developed by the RPD to assure that requirements for the residency are successfully met and that the individual resident and all other residents are treated fairly. The

extension would provide time to complete all residency requirements missed during the leave period. This plan will be developed in conjunction with the RAC.

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, 12/14/23, **6/8/24**

## 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. Moonlighting is capped at 12 hours per week.

**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.

Duty hours do not include: readying, 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: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx.

- Hours worked must be documented by each resident on Toggl Track (online schedule tracking). The Toggl Track report will be downloaded by the resident at the end of each month and emailed to the RPD.

This document will be reviewed/initiated by the RPD during the first week of each month and addressed immediately if the ASHP Duty Hour Requirements for Pharmacy Residencies requirements are not being met. The reports will be saved to the resident's online portfolio.

- Postgraduate year 2 (PGY2) residents will also 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, who will work with the resident on an action plan to ensure repeat overages do not occur. Response to variances may include the loss of the resident's ability to moonlight.

Approved by: Residency Advisory Committee
JDH Department of Pharmacy
12/14/23

## Early Commitment Policy

**PURPOSE:**

The purpose of this policy is to define the process for current UConn Health/John Dempsey Hospital PGY1 pharmacy residents to pursue early commitment to a PGY2 residency in Ambulatory Care at UConn Health.

**SCOPE:**

Current PGY1 Pharmacy Residents

**POLICY:**

1. Application Process
    a. Residents interested in pursuing early commitment for the PGY2 Ambulatory Care residency should submit a signed letter of interest and current curriculum vitae to the Program Director of the PGY2 residency program.
    b. Additionally, the resident will submit 2 letters of recommendation from current preceptors, program director, or research or teaching mentor within the resident's PGY1 program (no exceptions) to the Program Director of the PGY2 Residency Program.
    c. The deadline for submission of the application materials is October 15th of the residency year.
2. Interview Process
    a. The program director will arrange a formal on-site interview with members of the Residency Advisory Committee (RAC), PGY2 program director and preceptors prior to the first Friday in November.
    b. Applicants will be required to present a 30-minute clinical presentation to the Pharmacy Department prior to the first Friday in November.
    c. The program director is required to solicit interview & presentation evaluation forms from attendees and review with members of the UConn Health RAC.
    d. Discussion of the applicants and their interview evaluations will be conducted at the RAC meeting subsequent to the final interview.
    e. The program director of the residency with early applicants must attend the RAC meeting to approve or deny early applicants.

3. Selection Process
    a. If an applicant is selected for a position through the early commitment process, an offer letter will be sent the selected applicant(s) prior to November 15th.
        i. If a resident chooses to accept the position, a signed acceptance letter must be forwarded to the PGY2 Residency Program Director within one week.
        ii. The acceptance letter is a formal commitment to pursue the designated PGY2 residency during the following residency year.
    b. If it is felt that the program is not ready to accept an early commitment applicant, the applicant(s) will be notified by November 15th.
        i. The program will pursue other candidates at the ASHP Midyear Clinical Meeting but will retain the resident's application and consider the resident for the position at the normal recruitment time.
        ii. All applicants not accepted through the early commitment process that are still interested in pursuing a PGY2 resident position at UConn Health must go through the Match process in March and would be required to complete an additional interview

Approved by: Residency Advisory Committee
JDH Department of Pharmacy
8/10/23

## RESIDENCY REQUIREMENTS OVERVIEW

### 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. 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 and Telecommuting

In accordance with the ASHP duty hour requirements for pharmacy residents, UConn Health 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 (inclusive of moonlighting). This will be entered into an electronic spreadsheet (TogglTrack) 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 RPD during the first week of each month. The resident will also attest to following the duty hour policies in Pharmacademic monthly. False documentation of compliance will result in the progressive disciplinary procedure (warning, suspension, termination). Variances in working beyond allowed duty hours will be reported to the Residency Advisory Committee, who will work with the resident on an action plan to ensure repeat overages do not occur. Response to variances may include the loss of the resident's ability to moonlight.

Residency activities completed via telecommuting may be permissible and must be approved in advance. Each remote day must be approved in writing via email by the RPD and current preceptor; residents are also expected to communicate planned activities to be completed during any remote shift and follow up with associated deliverables. To telecommute, all residents must have a telecommuting agreement approved by the RPD and on file with Human Resources and be operating within the terms of the agreement. Telecommuting agreements may be terminated at any time, at the discretion of the RPD. All telecommuting must be completed within a two-hour driving distance of the hospital, as residents may be asked to report on-site on a previously approved remote shift due to institutional needs. All direct patient care clinical responsibilities must be completed on-site.

## 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. Moonlighting is capped at 12 hours per week.

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 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 electronic Duty Hours form (TogglTrack). 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.

Appropriate use of technology will be dictated by organizational policies, especially in cases of protected health information. Residents are expected to adhere to policies when utilizing both hospital-owned and personal devices. Expectations will be described at orientation.

Plagiarism and use of artificial intelligence for authorship is prohibited.

## Professional Attire

All employees are to dress in neat, appropriate, professional attire. Lab coats may be worn to protect clothing. Pharmacy managers and/or preceptors will determine what constitutes appropriate and professional attire for the given assigned working location.

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 residents:

1. UConn Health-issued photo identification badges will be worn at all times while at UConn Health and/or clinics.
2. Attire should reflect a professional appearance and should be safe for the function of the assignment.
3. Employees will wear footwear that is closed and reasonable given the job responsibilities (ie, safe for medical center environment). Sandals, open-toed shoes, and shoes with ports (eg, Crocs) are prohibited.
4. Shorts, sweatsuits, or clothing that shows bare midriff, or sunglasses (except for medical use) are not permitted.
5. Hair should be neat and well groomed. Hats and head gear are not permitted except for religious or medical purposes.

## 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 experience 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. **Clinic 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. **Antimicrobial Stewardship** Residents will be assigned minute-taking on a rotating basis.
3. **Weekly check-ins**
    a. These are brief check-ins to provide consistent communication between the resident and RPD regarding longitudinal project progress and barriers. The meetings are also used to discuss upcoming residency related events and learning experience progress.
4. **Quarterly Resident Development Meetings**
    a. These meetings are held once per quarter with the Residency Program Director to discuss goal-setting and resident progress related to ASHP program-specific objectives and program-specific residency requirements for completion.

## Service Commitment Requirements of the Residency Program

There is no current service commitment (a.k.a staffing) for the PGY2 Ambulatory Care Residency Program.

## Satisfactory Completion of All Rotations

To successfully complete each learning experience, the resident must be present during the rotational experience. Since the resident cannot miss more than **3 calendar days** in any longitudinal learning experience per quarter or **10 days** in any continuous block learning experience (due to annual, sick, or authorized leave), those planning vacations greater than 1 week need to schedule wisely. Also, to successfully complete each learning experience, key rotation 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 rotational experience, 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 required rotation will result in repeat of the rotation during the resident's elective rotation. All resident evaluations will be reviewed quarterly by the RAC.

## 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.

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- residency endeavors.

## Committee Participation

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. Lectures may be conducted with the Schools of Pharmacy and/or Medicine.

## 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.

## PGY2 Resident Preceptorship Responsibilities

Residents may participate as pharmacy student and PGY1 pharmacy resident preceptors as part of a layered learning model during their residency rotations. Although dependent on the rotation, residents will be oriented to their pharmacy student part-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 learner's primary preceptor. Any issues or problems that are encountered with a learner are required to be discussed with the learner'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, 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, if applicable.

## 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 | Duration (in weeks) | Structure Notes |
|---|---|---|---|
| Orientation | Jillian Carey, PharmD | 5 weeks | Runs continuously; Starts Day 1 of Residency |
| Adult Medicine- DPC | Jillian Carey, PharmD | 40 weeks | Quarters 1 and 4: ½ day once weekly<br>Quarters 2 and 3: ½ day twice weekly |
| Anticoagulation Service-DPC | Anuja Rizal, PharmD | 40 weeks | Quarters 1-4: Full day once weekly |
| Clinical Service Project-DPC | Determined by Project Teams | 40 weeks | Quarters 1-4: ½ day once weekly |
| Population Health- DPC | Jillian Carey, PharmD | 30 weeks | Quarters 2-4: Full day every other week |
| Neurology- DPC | Kaitlyn Elliot, PharmD | 40 weeks | Quarter 1: ½ day twice weekly<br>Quarters 2, 3 and 4: ½ day once weekly |
| Specialty Pharmacy-DPC | Hetal Patel, PharmD | 10 weeks | Quarter 3: ½ day once weekly |
| Infectious Diseases - DPC | Jeff Aeschlimann, PharmD<br>David Banach, MD | 10 weeks | Quarter 4: ½ day once weekly |
| Practice Management | Emmett Sullivan, PharmD<br>F. Bahar Matusik, PharmD<br>Kevin Chamberlin, PharmD | 20 weeks | Quarters 1-2: ½ day once weekly |
| Research Project | Determined by Research Teams | 50 weeks | In addition to resident-driven time spent on project, there are 2 weeks designated for research time distributed throughout the year:<br>-1 week in the winter (week 24 of residency)<br>-1 week in the spring (week 42 of residency) |
| Teaching & Education | Marissa Salvo, PharmD | 43 weeks | Meets quarterly for 1- 2 hours, in addition to resident-driven time spent on related assignments/modules.<br>-Module 4 due Week 14 |

| | | | |
|---|---|---|---|
| | | | -Module 1 due Week 24<br>-Module 2 due Week 34<br>-Module 3 due Week 39<br>-Final teaching experience, reflection and philosophy due Week 47. |
| Leadership/Personal and Professional Development | Gillian Kuszewski, PharmD<br>Fabio Caetano, PharmD (Wellness Champion)<br>Sean Johnston, Rph | 42 weeks | Meets 1-2 times per month for one hour on Friday afternoon, in addition to resident driven-time spent on related presentations and assignments. |
| Medication Therapy Management- DPC | Maria Summa, PharmD | 40 weeks | Quarter 1: Full day once weekly<br>Quarters 2, 3 and 4: Full day every other week |
| Academia | Marissa Salvo, PharmD | 4 weeks | Runs continuously within Quarter 3 |

## Elective Rotations

| Rotations | Preceptors | Duration (in weeks) | Structure Notes |
|---|---|---|---|
| Ambulatory Oncology-DPC | Lisa Holle, PharmD | 10 weeks | Quarter 4: ½ day once weekly |
| Inpatient Operations | Fabio Caetano, PharmD | 10 weeks | Quarter 4: ½ day once weekly |
| Pain/Palliative Care- DPC | Kevin Chamberlin, PharmD | 10 weeks | Quarter 4: ½ day once weekly |

*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.

## Wellness & Well-Being

To promote the development, enhancement, and nurturing of wellbeing in pharmacy residents by providing access to mental health resources and support, with a focus on self-management (career), social, financial, physical and community.

PURPOSE

1. To provide residents with strategies and techniques in recognizing and addressing stress and burnout
2. To promote self-care and self-development behaviors in both an individual's personal and professional life
3. To build a work environment in which residents are supported by each other and by the Department

POLICY

Emotional and physical well-being are critical to the development and maintenance of the competent, caring, and resilient healthcare provider. Self-care is an important component of professionalism and high-quality patient care; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. This plan identifies ways in which the pharmacy resident(s) and their program preceptor(s) and stakeholder(s) are supported by UCONN Health Department of Pharmacy to address wellness.

The program shall include five main pillars to address wellness: self-management (career), social, financial, physical, and community

Additionally, the wellness program shall also include a self-reflection component. This will include, is not limited to, documented reflection by the resident on career goals, practice interests, and wellness. An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ quarterly from the start of the residency.

SCOPE

UCONN Health Pharmacy Residency Program, Leadership & Personal and Professional Development

DEFINITIONS

**Wellbeing**: The intersection and interaction of 5 key elements: of our love for what we do each day, the quality of our relationships, the security of our finances, the vibrancy of our physical health, and the pride we take in what we have contributed to our communities (Rath 2014). Further, the World Health Organization (WHO) in 2001 defined wellbeing as multi-dimensional, "Wellbeing is present when a person realizes their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing, and has a sense

of purpose, connection, and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life."

**Wellness**: The act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes.

**Self-management**: To develop purpose in life and to attain personal/professional goals

**Social**: To develop relationships within the pharmacy community, resident program, and/or local community that contribute to life's joys and one's health

**Financial**: To manage personal finances in creating financial security and satisfaction with overall standard of living
**Physical**: To promote healthy dietary choices and engage in physical activity

**Community**: To contribute to one's community (professional, social, local, or other) based on one's own strengths and passions

MATERIAL(S) NEEDED
None.

PROCEDURE
A volunteer preceptor will be dedicated to carrying out monthly seminars/activities

- Volunteer preceptor shall (preferred) be one singular pharmacist per year
- Volunteer preceptor may switch out on yearly basis, if needed

Protected 1-hr session from blocks per month for seminar aimed at building resilience

- Protected hour will involve only pharmacy residents and a non-RPD preceptor

Residents shall carry out a self-reflection as detailed above on a quarterly basis (Gallup poll)

Residents requiring additional support may utilize EAP services

ATTACHMENTS
Pharmacy week guidance document, Gallup Wellness survey and Balancing Life and Roles worksheet

REFERENCES
Rath, Tom, and James K. Harter. Wellbeing: The Five Essential Elements, 2014. Print.

UConn Health Human Resources (HR). (2015, October 20). UConn Health Human Resources. https://health.uconn.edu/human-resources/

SEARCH WORDS
Wellness, well-being, resilience, burnout, stress, Pharmacy Resident

ENFORCEMENT
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

Approved by: Residency Advisory Committee - UConn Health
6/9/2022

**REVISION HISTORY:**

1. **Date Issued: 6/9/2022**
2. **Date Reviewed: n/a**
3. **Date Revised: n/a**

**APPENDIX**

| | |
|---|---|
| **Self-management** (Career) | Seminar covering various topics will be included within Leadership & PPD learning experience meetings. |
| **Social** | Team bonding activities are encouraged. At a minimum, one event should occur annually. |
| **Financial** | ● CPA/CSHP sessions<br>● Malpractice insurance session (conducted by any PPD member or through professional organization)<br>○ Explanation of what malpractice is<br>○ Hands-on guide on how to sign up for malpractice insurance<br>● Retirement / financial planner discussion encouraged (beyond CPA)<br>○ Financial advisor<br>■ Student loans<br>● Deferment eligibility and types of payment plans<br>■ Retirement planning<br>● Re-evaluation of resident salary assignment every 3 years |
| **Physical** | ● Coffee walk with Wellness preceptor<br>● Wellness Lunch and Talk<br>● Review of Nutritional Health (as part of Seminar series) |
| **Community** | Residents will be encouraged to participate in one (1) community service activity during their residency year. |

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# RESIDENCY COMPETENCIES, GOALS, & OBJECTIVES

## UConn Health PGY2 Ambulatory Care Pharmacy Residency Program

The competency areas, goals, and objectives are to be used in conjunction with the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs (found here: https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/pgy2-competency-areas). 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.

Activities: The Standard requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Activities are the answer to the question, "What can residents do in the context of this learning experience that will provide the kind of experiences necessary to achieve the educational objective?" (Compare and contrast activities with criteria by referring to the definition of criteria immediately above.) Specified activities should match the Bloom's Taxonomy learning level stated in parentheses before each objective

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### Competency Area R1: Patient Care

**Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.**

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

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in consensus building, negotiation, and conflict management.
- Demonstrates advocacy for the patient.
- Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.

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

Criteria:

- Interactions are respectful and collaborative.
- Maintains accuracy and confidentiality of patients' protected health information
- Uses effective (e.g., clear, concise, accurate) communication skills.
- Shows empathy.
- Empowers patients, family members, and caregivers regarding the patient's well-being and health outcomes.
- Demonstrates cultural competence.
- Communicates with family members to obtain patient information when patients are unable to provide the information.
- Communicates with patient and family about initiation and changes of patient therapies.
- Demonstrates advocacy for patients, family members, and caregivers.

**Objective R1.1.3: (Analyzing) Collect information to ensure safe and effective medication therapy for ambulatory care patients.**

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.
    - Patient assessment (examples include, but are not limited to, physical assessment, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and risk assessments).
    - 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 sources 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.
- Poses appropriate questions as needed.

**Objective R1.1.4: (Analyzing) Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.**

Criteria:

- Includes accurate assessment of patient's:
    - Health, functional and nutritional status.
    - Risk factors.
    - Laboratory and other objective 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).
    - Medication toxicity requiring medication therapy modifications.
    - Abnormal lab values requiring medication therapy modifications.
    - Therapeutic duplication.
    - Adverse drug or device-related events or the potential for such events.
    - Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug—laboratory test interaction, or the potential for such interactions.
    - Use of 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).
    - Patient assessment needed
    - Discrepancy between prescribed medications and established care plan for the patient identified through medication reconciliation.
- Prioritize an ambulatory care patient's health care needs.
- Triage ambulatory care patients' health care needs as necessary.
    - When presented with a patient with health care needs that cannot be met by the ambulatory care pharmacist, make a referral to the appropriate health care provider based on the patient's presenting problem and acuity.
    - Assures a plan for follow up for a referred ambulatory patient.

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

Criteria:

- Specify evidence-based, measurable, achievable therapeutic goals that include consideration of:
    - Relevant patient-specific information, including cultural preferences and shared decisionmaking.
    - The goals of other interprofessional team members.
    - The patient's disease state(s) and comorbidities.
    - Medication-specific information.
    - Best evidence, including clinical guidelines and the most recent literature
    - Effectively interprets new literature for application to patient care
    - Ethical issues involved in the patient's care.
    - Quality-of-life issues specific to the patient.
    - End of life issues, when needed.
    - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
    - Are appropriate for the disease states being treated.

    - Reflect:
        - Clinical experience
        - 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.
            - Drug shortages.
    - 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 insurance formulary.
    - Address medication-related problems and optimize medication therapy.
    - Engage the patient through education, empowerment, and promotion of 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 adherence.
    - Anticipates future drug-related problems.
    - When applicable, reflects preferences and needs of the patient.
    - Plan represents the highest level of patient care.

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

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
- Determines whether provider's alternative recommendation is justified and reasonable.
- Poses appropriate questions as needed.
- 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 but 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:
    - Plan represents the highest level of patient care.
    - Therapy corresponds with the recommended regimen.
    - Regimen is initiated at the appropriate time.
    - Patient receives their medication and supplies as directed.
    - 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 by collaborative practice agreements, scope of practice or state law.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, adherence, 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:

- Accurately and concisely communicates drug therapy recommendations to appropriate healthcare
- professionals.
- Appropriately documents all relevant direct patient care activities in a timely manner.
- Documentation follows organizational policies and procedures.

**Objective R1.1.8: (Applying) Demonstrate responsibility to ambulatory care patients for patient outcomes.**
Criteria:

- Gives priority to patient care activities.
- Routinely ensures 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.
- Ensures appropriate transitions of care.
- Communicates with patients and family members/caregivers about their medication therapy.
- Determines barriers to patient adherence and makes appropriate adjustments.

**Goal R1.2: Design and/or deliver programs that contribute to public health efforts or population management.**

**Objective R1.2.1: (Applying) Design and/or deliver programs for patients that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).**
Criteria:

- Considers prevalent health improvement, wellness, and disease prevention educational needs in public health efforts.
- Promotes and provides health improvement and wellness resources for patients (e.g. tobacco cessation).

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

**Goal R2.1: Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.**

**Objective R2.1.1: (Creating) Prepare or revise a protocol (e.g., work flow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care.**
Criteria:

- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness and timeliness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- When appropriate, may include proposals for medication-safety technology improvements.

**Objective R2.1.2: (Applying) Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.**
Criteria:

- Accurately assesses current ambulatory care pharmacy service or program to determine if it meets the stated goals.
- Identifies need(s) that may exist.
- Makes contributions to a proposal for a new service, or enhancement of existing services that clearly describes the service or enhancement, the role of different health care providers in the service/enhancement, predicts financial outcome(s) and system and human resources needs.
- Plans effectively for implementation and utilization of the new or enhanced service.
- Demonstrates understanding of the relevance of the existence and use of evidence-based treatment guidelines/protocols in the ambulatory environment.
- Effectively selects metrics for evaluation, such as humanistic and economic outcomes, when applicable.
- Appropriately interprets existing quality and/or safety metrics data, when applicable.

**Goal R2.2: Demonstrate ability to conduct a research project.**

**Objective R2.2.1: (Analyzing) Identify a scholarly question related to clinical practice, education, or healthcare that would be useful to study and can be completed within the PGY2 residency year.**
Criteria:

- Appropriately identifies or understands problems and opportunities for research projects.

- Analyzes relevant background data.
- Evaluates data generated by health information technology or automated systems to identify opportunities for improvement, if a quality improvement project.
- Completed in a timely manner within the residency year.
- Area identified is relevant to improving ambulatory patient care, the medication-use system and/or the scholarship of teaching.
- Effectively assimilates scientific evidence.

**Objective R2.2.2: (Creating) Develop a plan or research protocol for the project.**
Criteria:

- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Develops and follows an appropriate research or project timeline.
- When applicable, applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Applies evidence-based and/or pharmacoeconomic principles, if needed.
- Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding, departmental, and other relevant stakeholders) and responds promptly to feedback or reviews for a practicerelated project.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Correctly identifies need for additional modifications or changes to the project.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

**Objective R2.2.3: (Evaluating) Collect and evaluate data for the project.**
Criteria:

- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Considers the impact of the limitations of the project or research design on the interpretation of results.
- Accurately and appropriately develops plan to address opportunities for additional changes.
- Follows organizational procedures for protected health information.

**Objective R2.2.4: (Applying) When applicable, implement the project.**
Criteria:

- Plan is based on appropriate data.
- Effectively presents plan (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) to appropriate audience.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests
- to external stakeholders.

- Gains necessary commitment and approval for implementation.
- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Outcome of change is evaluated accurately and fully.

**Objective R2.2.5: (Evaluating) Assess changes or need to make changes based on the project.**
Criteria:

- Evaluate data and/or outcome of project accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.
- Accurately assesses the impact of the project, including its sustainability, if applicable.
- Accurately and appropriately develops plan to address opportunities for additional changes.

**Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication.**
Criteria:

- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature. (Submission of manuscript to a peer-reviewed journal is preferred, when possible.)
- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully. (Reporting to an external audience is preferred, when possible.)

## 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 in the provision of care for ambulatory care patients.**

**Objective R3.2.1: (Applying) Manage one's own ambulatory care practice effectively.**
Criteria:

- Review and interpret the most recent primary literature.
- Evaluate clinical practice activities for potential contributions to scholarship.
- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) 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 learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, and meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a "can-do" approach.
- 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.
- Demonstrates pride in and commitment to ambulatory care through membership in professional organizations related to ambulatory care.
- Demonstrates effective advocacy for one's own practice and for pharmacy.

**Goal R3.3.: Manage the operation of an ambulatory care pharmacy service.**

**Objective R3.3.1: (Analysis) Effectively manage ongoing operational functions of the service.**
Criteria:

- Effectively manages clinic appointment lengths and space needs.
- Effectively utilizes EMR technology to maintain efficient documentation, alerts, and referral processes.
- Effectively maintains the established system for securing service supplies (e.g., patient education materials, clinic supplies).
- Effectively implements plans for the ongoing marketing of the service including the recruitment of patients.
- Effectively applies the principles of performance improvement to the ongoing functions of the service.
- Effectively solves problems arising in the operation of the service, such as when demand exceeds staffing, when clinic resources are not sufficient, managing overbooks, managing "no shows" to clinic, managing patients discharged from the clinic.
- Demonstrates understanding of the functions of a group session clinic.
- Effectively contributes to strategic planning for the service and/or practice.
- Effectively participates in orienting new ambulatory care staff, and other trainees.

- Effectively selects factors for evaluation, such as humanistic and economic outcomes

**Objective R3.3.2: (Creating) Assure that the service operates in accord with legal and regulatory requirements.**
Criteria:

- Demonstrates understanding of relevant legal and regulatory requirements.
- Takes effective action to ensure compliance with requirements.
- Effectively maintains legal coding and billing activities.
- Maintains applicable certifications and training requirements.

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

**Goal R4.1: Demonstrate excellence in providing effective medication and practice-related education.**

**Objective R4.1.1: (Applying) Design effective educational activities related to ambulatory care.**
Criteria:

- Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs.
- Plans use of teaching strategies that address specified objectives and 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 ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.**
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 exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.
- Includes critical evaluation of primary literature regarding drug therapy.
- Effectively utilizes complex drug therapy objectives (higher learning levels of Bloom's Taxonomy (e.g., creating, evaluating).

**Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to ambulatory care.**
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 knowledge advancements or a 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 target readership (e.g., physicians, pharmacists, other health care professionals, patients, and the public).
- Creates one's own work and does not engage in plagiarism.

**Objective R4.1.4: (Applying) Assess effectiveness of education related to ambulatory care.**
Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, and 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 or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

**Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.**

**Objective R4.2.1: (Analyzing) When engaged in teaching related to ambulatory care, select a preceptor 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 the 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, when instructing, modeling, coaching, or facilitating skills related to ambulatory care.**
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 and using indirect monitoring of performance.

## Competency Area E1: Academia

**Goal E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.**

**Objective E1.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.**
Criteria:

- Accurately describes expectations of public and private schools of pharmacy for teaching, practice, research, and service.
- Demonstrates understanding of relationships between scholarly activity and teaching, practice, research and service.
- Accurately describes the academic environment (e.g., how administration decisions and outside forces impact faculty).
- Accurately describes faculty roles and responsibilities.
- Accurately describes the types and ranks of faculty appointments.
- Demonstrates understanding of the role and implications of part-time and adjunct faculty.
- Accurately describes the complexity of the promotion and/or tenure process.
- Accurately explains the role and influence of faculty in the academic environment.
- Accurately identifies resources available to help develop academic skills.
- Accurately identifies and describes ways that faculty maintain balance in their roles.
- Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).

**Goal E1.2: Exercise case-based and other teaching skills essential to pharmacy faculty.**

**Objective E1.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.**
Criteria:

- Identifies the appropriate level of case-based teachings for small group instruction.
- Identifies appropriate exercises for laboratory experiences.
- Provides appropriate and timely feedback to improve performance.

**Objective E1.2.2: (Evaluating) Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.**
Criteria:

- Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.
- Accurately describes methods of responding to incidents of academic dishonesty.
- Accurately explains the role of academic honor committees in cases of academic dishonesty.
- Identifies examples and methods to address unprofessional behavior in learners.
- Accurately describes copyright regulations as related to reproducing materials for teaching purposes.
- Accurately describes copyright regulations as related to linking and citing on-line materials.

**Goal E1.3: Develops and practices a philosophy of teaching.**

**Objective E1.3.1: (Creating) Develop or update 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.
- If updating, reflect on how one's philosophy has changed.

**Objective E1.3.2: (Creating) Prepare a practice-based teaching activity.**
Criteria:

- Develops learning objectives using active verbs and measureable 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 E1.3.3: (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 E1.3.4: (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.

## Competency Area E2: Credentialing

**Goals E2.1: Where the ambulatory care pharmacy practice is within a setting that allows pharmacist credentialing, successfully apply for credentialing.**

**Objective E2.1.1: (Applying) Follow established procedures to successfully apply (may be a hypothetical application if not permitted at the site) for credentialing as an ambulatory care pharmacy practitioner.**

Criteria:

- Follows the practice setting's policy for applying to be credentialed as an ambulatory care pharmacy practitioner.

## Competency Area E3: Management of Medical Emergencies

**Goal E3.1: Participate in the management of medical emergencies.**

**Objective E3.1.1: (Evaluating) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.**
Criteria:

- Acts in accordance with the organization's policies and procedures for medical emergencies.
- Applies appropriate medication therapy in medical emergency situations.
- Accurately prepares medications and calculates doses during a medical emergency.
- Effectively anticipates needs during a medical emergency.
- Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS).

## Competency Area E4: Treatment of Hospitalized Patients

**Goal E4.1: 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 E4.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.**
Criteria:

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

**Objective E4.1.2: (Creating) Design or redesign safe, effective and evidence-based patient-centered therapeutic regimens and monitoring 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.

        - Quantitative laboratory values.
        - 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 promotion of 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 adherence.
    - 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 E4.1.3: (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 health care 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 but 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 that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, adherence, 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.

## Competency Area E5: Specialty Pharmacy

**Goal E5.1: Effectively fulfill the major functions of a specialty pharmacist, including intake, clinical management, fulfillment, and facilitating optimal outcomes.**

**Objective E5.1.1: (Applying) Effectively conduct the patient intake process for specialty pharmacy patients.**
Criteria:

- Screens patient demographic and clinical information to determine suitability for specialty pharmacy services.
- Conducts benefits investigation and validation of insurance coverage for requested medication (submit test claims) and coordinate benefits with multiple payers.
- Determines payer coverage and which benefit channel is required by medication or optimal for patient when either channel is acceptable.
- Initiates and conducts prior authorization process.
- Determines eligibility for specific clinical management programs.
- Determines patient eligibility and need for financial assistance based on insurance, available programs, and patient financial burden.
- Works with patient care coordinator to enroll qualified patients in financial assistance programs.
- Bills payer under pharmacy benefit structure or medical benefit structure.

**Objective E5.1.2: (Applying) Effectively engage in clinical management activities for specialty pharmacy patients.**
Criteria:

- Addresses Risk Evaluation and Mitigation Strategies (REMS).
- Develops individualized education plan for specialty pharmacy patients to achieve treatment goals.
- Enrolls specialty pharmacy patients in specific clinical management programs.
- Manages patient treatment holidays and other extenuating circumstances.
- Manages specialty pharmacy patient discontinuation of medication.

**Objective E5.1.3: (Applying) Effectively conduct fulfillment activities for specialty pharmacy patients.**
Criteria:

- Verifies that medication is available.
- Refers medication referral to another provider if unable to distribute medication.
- Accurately determines delivery location and makes arrangements for the delivery and receiving of medication package.

- Ships the medication package using appropriate shipping method.
- Correctly bills patient for services rendered.
- Contacts patients prior to delivery of medication refill.
- Resolves situations in which the integrity of medication shipment has been compromised or the shipment was not received.
- Conducts investigation in the case of discrepancy between patient and facility.
- Contacts manufacturer for replacement of product in the case of patient misuse or product failure.

**Objective E5.1.4: (Evaluating) Effectively facilitate optimal treatment outcomes for specialty pharmacy patients.**
Criteria:

- Determines clinical, patient-reported, operational, and financial data to be collected based on the parameters of disease state and medication, and how data will be obtained from internal and external sources.
- Determines patient, internal stakeholder, and external stakeholder requirements for data reporting and structuring the format of reports to meet requirements.
- Obtain, collect, and extract clinical, patient-reported, operational, and financial data.
- Integrate and reconcile clinical, patient-reported, operational, and financial data from disparate sources and use standard data elements.
- Analyzes and interprets clinical and patient-reported data to determine clinical and patient-reported outcomes to improve patient treatment and quality of life.
- Analyzes and interprets operational and financial data to determine operational and financial outcomes to evaluate the pharmacoeconomic impact of service offerings.
- Reports clinical, patient-reported, operational, and financial data and make recommendations to patients, internal stakeholder, and external stakeholder.

## Competency Area E6: Continuity of Care

**Goal E6.1: Ensure continuity of care during ambulatory care patient transitions between care settings.**

**Objective E6.1.1: (Applying) Manage transitions of care effectively for ambulatory care patients**.
Criteria:

- Participates in thorough medication reconciliation when necessary. When appropriate, follows up on identified drug-related problems, additional monitoring, and education in a timely and caring manner.
- Provides accurate, pertinent, and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
- Provides appropriate information to other pharmacists in transitions to mitigate medication therapy problems.

## Competency Area E7: Medication Event Reporting and Monitoring

**Goal E7.1 Ensure appropriate medication event reporting and monitoring.**

**Objective E7.1.1: (Applying) Participate in the review of medication event reporting and monitoring related to care for ambulatory care patients.**
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.

## Competency Area E8: Delivery of Medications

**Goal E8.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for ambulatory care patients.**

**Objective E8.1.1: (Applying) Manage aspects of the medication-use process related to formulary management for patients.**
Criteria:

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

**Objective E8.1.2: (Applying) Facilitate aspects of the medication-use process for patients.**
Criteria:

- Makes effective use of technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety.
- Effectively prioritizes workload and organizes workflow.
    - Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
- Promotes safe and effective drug use on a day-to-day basis.

## Competency Area E9: Medication-Use Evaluations

**Goal E9.1: (Evaluating) Lead a medication-use evaluation related to care of ambulatory care patients.**

**Objective E9.1.1: (Evaluating) Lead a medication-use evaluation related to care for ambulatory care patients.**
Criteria:

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

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on March 5, 2017. Endorsed by the ASHP Board of Directors on April 6, 2017.

## RESIDENT AND RESIDENCY PROGRAM EVALUATION

The UConn Health PGY2 ambulatory Care 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

- Should 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)-** Performance is ideal and meets what is expected of a 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)-** Performance is ideal and meets what is expected of a 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 rotational activities will be scheduled in advance; however, alterations in rotational 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 Planning Committee.

## Resident Quarterly Evaluation

Each resident will work with the RPD to complete their Individualized Development Plan at each quarter of the residency program. The plan will include status of existing goals and objectives and summarize status of residency requirement completion. Quarterly, the resident will complete the self-assessment section and submit to the RPD, prior to the RAC discussion. The RAC will review the individualized development plan at a non-resident RAC meeting and provide further insight. This development plan will be the basis for discussion between the resident and RPD 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 and the final version posted to PharmAcademic. These plans will then be discussed 1:1 with the RPD and resident on a quarterly basis. The list of residency deliverables and the percentage of goals and objectives achieved will also be reviewed quarterly.

## Evaluations / Assessments

UConn Health Pharmacy Residency programs employ 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. These evaluations are due within seven days of the due date in PharmAcademic. 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.

Feedback on the resident from all supporting preceptors will be obtained by the primary preceptor and documented in PharmAcademic. Feedback to the resident must be actionable with SMART (specific, measurable, achievable, relevant and time-bound) goals provided to further achieve residency objectives. The following template should be used:

| |
|---|
| Feedback obtained from supporting preceptor(s), (if applicable. Indicate preceptor name.): |
| START (Note areas of opportunity and development for the resident to implement. Provide SMART actionable goals for the resident to obtain on a future learning experience.) |

| |
|---|
| STOP (Note behaviors for the resident to move away from. Provide actionable SMART goals to identify alternative behaviors.)<br><br>CONTINUE (Identify strengths of the resident to continue to hone on the next learning experience.) |

## Expectations for Resident Progress

The Resident Quarterly Progress Report, and evaluation scores from PharmAcademic, will be presented to the RAC each quarter and feedback on the overall progress of the resident will be discussed. To receive a Residency Certificate of Completion, residents are required to meet a defined percentage of their Residency Program Goals and Objectives as outlined in the *Requirements for Successful Completion of Pharmacy Residency Policy and Procedure*. Each quarter the Residency Program Director (RPD) will review the resident's progress on the goals and objectives to assure the resident is progressing within the expectations for all residents, as outlined below:

- *Quarter 1:* 0-10% objectives ACHR
- *Quarter 2:* 5-25% objectives ACHR
- *Quarter 3:* 45-75% objectives ACHR
- *Quarter 4:* ≥90% objectives ACHR

After each quarterly RAC meeting the resident and RPD will meet to update the Resident Development Plan (RDP) based on the input from the RAC. At this time the RDP may be modified to meet the individual needs of the resident.

Residents who have not met the minimal expectations for progress as outlined above at the end of Quarter 2 or Quarter 3 and who will not have sufficient opportunity to meet the completion requirements with their current scheduled learning experiences will have a Resident Performance Improvement Plan developed. This plan will specify in detail what goals and objectives need immediate attention, what rotations or experiences must be repeated or changed in the schedule, what the expectations are, and what actions will be taken if improvement is not seen within a specified time period as outlined in the *Pharmacy Residency Dismissal Policy*. The RPD will discuss the Resident Performance Improvement Plan with the resident.

## 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

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 a major/mid-major conference (TBD based on resident interest/research content area) and/or CT Residency Conference (one or both may be required for presentation, depending on circumstances around travel and timing).

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 UConn Health-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 UConn Health-approved DUE, a patient's informed consent to review relevant patient chart information is not necessary if only patient data pertinent to the UConn Health-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 60 days. 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 presenting at the chosen 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 UConn Health-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 UConn Health-approved DUE, a patient's informed consent to review relevant patient chart information is not necessary if only patient data pertinent to the UConn Health-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 an abstract of your project for presentation at a predetermined conference (decided jointly by resident/primary research preceptor/RPD)
8. Present the project at the predetermined conference, if accepted.
9. 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 60 days. 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.

10. 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

### 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;

## 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!**

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

# Problem Identification and Resolution Policy

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

PURPOSE: To establish policy and procedures for identifying problems involving residents and the Program, along with proposed resolutions/ remediations.

POLICY:
A pharmacy resident may bring a grievance related to the program structure or learning experience environment, using the process outlined below.

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 that will 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 90 days

**Resident Grievances**
Problems are most often 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 with the RPD and/or their manager. 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 RPD 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 RPD and Chief Pharmacy Officer.

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 RPD.
    a. The RPD will notify the Chief Pharmacy Officer 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 Chief Pharmacy Officer, who has overall responsibility for the Pharmacy Residency Program, and will be familiar with the facts of the grievance review. The Chief Pharmacy Officer 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 RPD), that member will excuse themselves from serving on the committee during the grievance due to a conflict of interest. A grievance regarding the RPD may be submitted directly to the Chief Pharmacy Officer 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 Chief Pharmacy Officer for appropriate personnel action.

**Resident Discipline and Remediation**

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 RPD 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 RPD at the earliest opportunity in order to allow the maximum time for remedial efforts. The RPD 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 RPD, and the RAC will produce a remediation 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. The timeline of the remediation plan will be no longer than 12 weeks.
d. Once a resident has been placed on probation and a remediation 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 remediation contract will include a plan with:
    -Timeline for completion (maximum of 12 weeks) with a check in on progress every 4 weeks (at a minimum) with the RPD and necessary preceptor(s), as applicable.
f. Updates to the RAC on plan progression will be provided at monthly RAC meetings in a closed

session. 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 remediation contract.
j. A resident may appeal the RAC's decision to the Chief Pharmacy Officer. The Chief Pharmacy Officer 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.
l. If the resident is making progress, up to three remediation contracts can be developed and executed in a residency year.
m. Failure to comply with the terms of the remediation contract by the resident by the established deadline will result in dismissal from the program, with input from the RAC and RPD. The Chief Pharmacy Officer and Human Resources would be consulted.

1. **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 RPD, 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
        - Plagiarism
        - 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 RPD, who will notify the resident of the complaint. Per the procedures described above, the RPD 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 UConn Health

- Violation of posted safety, security, health or fire prevention rules and/or failure to report an unsafe condition existing on the premises
- Inappropriate use of social media during resident activities;
- Unprofessional or inappropriate behavior when attending professional events/conferences;
- Violation of HIPPA policies and policies related to patient privacy (e.g. inappropriate access to patient charts in the electronic medical record outside of professional duties);
- 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 UConn Health.

Approved by: Residency Advisory Committee
UConn Health
**3/8/2013, Reviewed 12/14/2023; Updated 6/8/2024**

## PGY2 AMBULATORY CARE DISEASE STATE APPENDIX

The ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year 2 (PGY2) Ambulatory Care Pharmacy Residencies (2017) states:

"The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions in areas listed below. The resident will also have experience managing patients in these areas.
The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of

medications and non-traditional therapies, where relevant, that are applicable to diseases and conditions in the areas listed below.
The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions in the areas listed below.
From the list of 15 areas below, residents are required to have direct patient care experience in at least eight areas. When direct patient care is not possible, up to two of these eight areas may be covered by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.

Cardiology
Dermatology
Endocrinology
Gastroenterology
Geriatrics
Hematology – Oncology
Infectious diseases
Men's health
Nephrology
Neurology
Pediatrics
Psychiatry
Pulmonology
Rheumatology
Women's health"

The resident will track their direct patient care and base based application experiences throughout the residency year in their Appendix Tracker. The resident is responsible for keeping the tracker up-to-date, and the tracker will be maintained in the resident's shared electronic drive, so it is accessible to the resident and residency program director. The resident's progress towards completion of the Appendix will be reviewed on a quarterly basis when completing the Quarterly Development Plan.

For the resident to have a major topic area signed off as "direct patient care experience," the resident must complete a patient care visit with associated progress note in the EMR within the associated topic or complete a drug information question relating to a patient with associated documentation in the EMR within the associated topic. The resident must complete 10 direct patient care experiences in a major category (ex: Cardiology) to be considered competent in that category.

For the resident to have a major topic area signed off as "case-based application experience," the resident must complete five base-based application experiences in that category.

## RESIDENCY COMPLETION AND CERTIFICATION

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.

**PGY2 Ambulatory Care Residency Requirements for Graduation (deliverables and due times)**

| **Item** | **Due** |
|---|---|
| Full Residency Application | Prior to start of residency |
| PGY1 Certificate of Completion | Prior to start of residency |
| Letter of Acceptance | Prior to start of residency |
| Entering Interest Survey | Prior to start of residency |
| Completion of Strengths Finder | Within 21 days of the start of residency |
| Handbook Attestation | Within 14 days of the start of residency |
| CITI Training Certificate | During Orientation block |
| UConn SOP School of Pharmacy Adjunct Appointment | During Orientation block |
| CT Pharmacist License | Within 90 days of start of residency |
| Obtain CT PMP and NPI | During Orientation block / once licensed |
| Research Project:<br>-Midyear Poster<br>-Manuscript Draft | -Poster submitted November 15th for printing ahead of Midyear meeting<br>-Manuscript due July 1st<br>*See residency project timeline for further details* |
| Clinical Service Project:<br>-Business Plan<br>-Presentation | -Business plan due to RPD by July 1st<br>-Presentation to Pharmacy Administration to be completed by July 1st |
| Clinical Pearl Presentation | Each resident will be assigned two presentations in the Fall and one in the Spring |
| Preceptor Development Presentation | Each resident will be assigned a time in Spring |
| Meeting Minutes<br>-Ambulatory Care Pharmacist (6 meetings) | As assigned |
| Anticoagulation Certificate | No later than July 1st |
| Teaching and Learning Certificate | Upon completion of Teaching and Learning longitudinal |
| Teaching Philosophy and Reflection | For submission for Teaching and Learning certificate |
| Presentation of Teaching Activity | For submission for Teaching and Learning certificate |
| Appendix Tracker | No later than July 1st |
| Medication Use Evaluation | No later than July 1st |
| Collaborative Practice Agreement creation/update | No later than July 1st |

| | |
|---|---|
| Community Service Activity | No later than July 1st |
| Presentation of CE activity | No later than July 1st. May be ESRC presentation, Greg Gousse, Clinical Pearl |

Other requirements for graduation:

- 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)
- Evaluations for your Residency Program Director, Research Preceptor(s), and overall Program Evaluation must be completed and submitted (if not, give plan)
- 90% of competency areas, goals and objectives must be marked as "achieved for residency" (ACH) in PharmAcademic

If the resident anticipates that any of the above requirements will not be met at the completion of residency, residents will be required to submit in writing to the Residency Program Director and Residency Planning Committee a timeline and a plan to complete outstanding items within a reasonable timeframe, not to exceed 60 days past the last scheduled day of the residency program. Requests for the 60-day extension must be made as soon as resident suspects they will not be able to complete any of the above requirements prior to the end of the Program, but no later than June 30th to the RPD. All such requests must be accompanied with a timeline towards completion. All requests will be reviewed for approval by the Residency Planning Committee.

Failure to complete all of the above requirements by the end of residency, or within 60 days of the last scheduled day with an approved extension, will result in an unsuccessful completion of residency, and an inability of the program to award a final certificate.

**Approved by UConn Health Ambulatory Care PGY2 RAC:** 7/17/23; updated **6/13/24**

## *√ 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.