DEPARTMENT OF PHARMACY SERVICES

PGY1 Pharmacy Residency Manual & Training Agreement

Melissa Robertson PharmD, BCPS
Director, PGY1 Pharmacy Residency Program

Pharmacy Residency Program
University of Louisville Hospital
Louisville, KY

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DEPARTMENT OF PHARMACY
MISSION AND VISION STATEMENT

MISSION:

To deliver safe, effective and affordable medication use.

VISION:

To become a National Leader providing optimal medication management across all dimensions of care.
HOSPITAL FUNDAMENTALS OF COMMUNICATION—AIDET

AIDET: Five Fundamentals of Patient Communication provides a template for a very good exchange of information in every patient or family encounter. Patients hospitalized for the average length of stay of 3.5 days encounter about 74 different staff members. Only about 42 percent of the staff introduce themselves! That means that the average patient sees about 40 people who have not taken the first step in service excellence.

*What is AIDET: Five Fundamentals of Patient Communication?*

<table>
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<th>A</th>
<th>I</th>
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<tr>
<td>Acknowledge</td>
<td>Introduce</td>
<td>Duration</td>
<td>Explanation</td>
<td>Thank You</td>
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1. **A - Acknowledge:**
   Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them. Acknowledgment includes putting down paperwork and making the patient your focus. Eye contact, a pat on the shoulder, and a smile are all non-verbal ways of acknowledging a patient or family member.

2. **I - Introduce:**
   Introduce yourself by name, state your department, and describe what you are going to do. "Good morning, Mr. Jones. My name is Mary, and I am here to start your IV. I am part of the special IV team at the hospital, and I will do everything to make this as comfortable as possible for you."

3. **D - Duration:**
   Give an estimate of the time it will take to complete the procedure. "It should take me only about 15 minutes to register you." "The chest X-ray should take only about 10 minutes. However, I would ask that you stay here in the room so I can run the film through processing and make sure that I got a good, clear picture. That should add about another 20 minutes and then you should be able to go. We will have the results to your physician's office by three this afternoon."

4. **E - Explanation:**
   Explain what you are going to do to or for the patient. Ask if the patient has ever had this X-ray done before or lab work drawn before. Ask if the patient has any concerns or questions before you start or any information that may make the testing easier. Explain, explain, explain—all along the way. As the technologist, you may do this procedure many times a day. For the patient it may be the only time he or she has ever experienced it. If it is going to hurt, let the patient know. We also can integrate patient safety into the discussion. For example, before drawing blood, the phlebotomist can say, "For your safety, I am going to check the test label against your ID wrist band."
PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT

5. **T-Thank You:**

Thank the patient for choosing your hospital to have the test or treatment done. If the patient is an inpatient ask, "Is there anything else I can do for you?" or, "Do you have any questions I can answer?"

If every employee, in every patient and family encounter, utilized AIDET: Five Fundamentals of Patient Communication, think about the impact this one hospital-wide initiative could have on improving patient satisfaction. From questions reflecting all staff courtesy, keeping family informed, employees working together as a team, involving the patient in decisions about care, explaining tests and treatments, etc., this is an initiative that works everywhere. Every department can work within these guidelines to create the five fundamentals of choice for each department.
PGY1 PHARMACY RESIDENCY PROGRAM

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

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

PGY1 PURPOSE STATEMENT

The PGY1 Pharmacy Residency program at University of Louisville Hospital builds on Doctor of Pharmacy (Pharm.D) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY1 MISSION STATEMENTS

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

1. Delivering pharmaceutical care to patients in several specialized areas with a focus on providing clinical pharmacy services in a proficient and compassionate manner.
2. Educating patients, students, and health care providers.
3. Functioning as an effective member of the health care team.
4. Demonstrating professional leadership, confidence, and strong communication skills.
5. Improving individual practice by self-evaluating one’s skills in providing pharmaceutical care.
The PGY1 program is a 12 month training program that begins around mid to late June and ends 30th of June of the following year. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program completion requirements); All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital’s disciplinary policy.

**Core Rotations:**

- **Orientation** (5-6 weeks): Orientation to the hospital, pharmacy, drug distribution systems, computer systems, unit dose and IV admixture programs. Resident will also be oriented to the clinical services, policies/procedures, evaluation process within Pharmacademic, residency jobs, graduation requirements, and the drug information/research timeline. This will include multiple meetings with preceptors for focused topic discussions (research pearls, TPN, chemo preparation, crash cart, study medication process, IV pumps, etc). Residents will also be recertified (if needed) in BLS and obtain ACLS.

- **Internal Medicine** (1 month): Orientation to patient care areas and provision of pharmaceutical care for patients on general medicine floors, rounding with an internal medicine team, patient counseling, vaccine screening, pharmacokinetic drug monitoring, in-service physicians and nurses, medication reconciliation, clinical intervention documentation, attend medical group rounds, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.

- **Critical Care** (1 month, Medical or Surgical ICU): Participate in the interdisciplinary care of patients in the medical or surgical intensive care units while rounding with the MICU or Trauma team, actively monitor antibiotic use as part of the Antimicrobial team, extensive pharmacokinetic drug monitoring, presentations to physicians and nurses, clinical intervention documentation, medication reconciliation, and begin to develop precepting skills through interaction with Pharm.D. APPE students on rotation.

- **Medical Oncology** (1 month): Participate in daily patient care rounds with the Medical Oncology service (attending physician, 1-2 oncology fellows, medical residents, pharmacist, and medical students), actively monitor antibiotic use, provide pharmacokinetic drug monitoring, identifying and resolving and medication related issues for patients on the medical oncology service, provide in-services to physicians, nurses, pharmacists, become familiar with the primary literature related to the common chemotherapy regimens, learn to review and verify chemotherapy orders, assess and make recommendations regarding nutritional needs, vaccine screening, medication...
reconciliation, clinical intervention documentation, and provide medication or discharge counseling when needed.

- **Ambulatory Care** (1 month): Function independently in the outpatient pharmacy area including prescription processing and patient counseling, gain exposure to numerous prescription drug programs for the un/under-insured population, participate in the anticoagulation clinic, DM MTM, and/or 550 (HIV/AIDS) clinic, independently monitor drug therapy and patient adherence to drug regimens, educate patients about complicated antiretroviral or anticoagulation regimens.

- **Administration** (1 month): Participate in staff planning activities, learn process of developing pharmacy budget, effective leadership strategies and communication techniques, understand available technology and automation in regards to safe medication use processes, trending of adverse drug events/medication errors, exposure to various management strategies, develop skills to create a new service within the organization, and multiple opportunities to interact with department and institution administration teams.

- **Infectious Diseases** (1 month): Participate in daily academic rounds with the Infectious Diseases consult service at ULH that provides consultative services to patients within the entire hospital system, actively monitor antibiotic use for drug appropriateness, dosing, duration, route, monitoring and efficacy, communicate ongoing patient information/labs to team on a daily basis, extensive pharmacokinetic drug monitoring, pharmacodynamic dosing adjustments, clinical intervention documentation, vaccine screening, and patient/physician medication-related education as needed. Additionally, interact at JH with private ID physicians and see processes for antimicrobial stewardship across the KentuckyOne downtown campus.

- **Specialty Patient Population** (1 month): Residents may choose one of the following special patient populations: Neonatal Intensive Care Unit, Emergency Department, Neuro-anesthesia Intensive Care, Stroke, Bone Marrow Transplant or HIV clinic.

- **Elective Rotations** (3, 1 month): Residents may choose from the following: Pharmacy Informatics, Neonatal Intensive Care Unit, Emergency Department, Neuro-anesthesia Intensive Care, Bone Marrow Transplant, Outpatient Oncology clinics, HIV clinic, Palliative Care, TPN/Kinetics, DM MTM or additional experience designed per resident interest. Of note repeat rotations require syllabi approval and must be different learning experiences from the original rotation. Additional elective opportunities are available at Jewish Hospital (part of KentuckyOne Health) in the following areas: Cardiology, Solid Organ Transplant, Antimicrobial Stewardship, and CT-ICU. Off site rotations must be arranged as early as possible to allow for communication and syllabi/summative design and scheduling purposes.
Longitudinal Rotations: (Throughout the year)

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

- **Outcomes Research/Research Project**: Residents will gain experience in the set-up, department education and implementation of a new medication study. Residents will complete a year-long residency research project, submit the project proposal to the Residency Research Advisory Committee, obtain approval from the hospital Institutional Review Board (IRB), Microsoft Access training, preparing a poster for presentation at ASHP MCM, presenting the final project results at the regional residency conference, and prepare a final manuscript suitable for publication.

- **Teaching & Learning**: Residents assist with teaching/precepting of Pharm.D. students during core rotations and student case conferences. Residents participate in the Scholarship of Teaching and Learning Certificate Program in conjunction with the University of Kentucky, College of Pharmacy. Additional activities include: providing lectures for Sullivan University College of Pharmacy, leading small group discussions/sessions, and presenting CE lectures at Sullivan University, College of Pharmacy Grand rounds and to the University of Louisville Hospital, KentuckyOne Health pharmacy department.

- **Staffing/Service Commitment**: Residents will learn to effectively staff the inpatient pharmacy by learning to prepare and dispense medications according to facility requirements, staffing every other weekend (clinical and distributive). Residents will hone their prioritization skills while integrating information systems into their daily practice, learning Chapter 797 clean room guidelines, drug informational skills when fielding questions from physicians/nurses, staff supervision skills, dispensing systems, automation/robotics, clinical documentation, decentralized order entry to ensure safe and appropriate medication therapy for patients. Additional staffing in the longitudinal outpatient anticoagulation clinic 1 afternoon per month, will allow practice in outpatient prescription processing, exposure to prescription drug programs for the un/under-insured population, independent monitoring of patient drug therapy and adherence to drug regimens, and patient education of anticoagulation regimens.
Residents, in order to obtain a certificate of PGY1 completion, must have successfully completed and provide documentation of the following:

1. The resident has documented core, longitudinal, and elective goals.

2. The resident has successfully completed all required program core rotations, longitudinal rotations, and elective rotations.

3. The resident has successfully completed and “Achieved” >80% of required and elective ASHP RLS goals/objectives with no active “Needs Improvement”.

4. The resident has completed all self-evaluations for each monthly rotation, and all quarterly longitudinal evaluations.

5. The resident has completed all preceptor and learning experience evaluations for monthly and longitudinal rotations.

6. The resident has successfully completed residency research project. (data collection, abstract, MCM poster, GLPRC presentation, final write-up, manuscript finalized and appropriate for submission and publication).

7. The resident has successfully completed BLS and ACLS certification.

8. The resident has successfully completed teaching certificate program and teaching portfolio. (see certificate)

9. The resident has completed all staffing/service commitment responsibilities.

10. The resident has attended and participated in required resident meetings (staff meetings, clinical integration, Antimicrobial Stewardship, P&T, etc).

11. The resident has successfully completed the required number of drug information question responses & PICO responses for drug information.

12. The resident has successfully participated in P&T and Antimicrobial Stewardship committee meetings (presentation, and minutes).

13. The resident has successfully completed the required newsletter articles (Bugs N Drugs, Rx for Safety and P&T).

14. The resident has successfully completed four Journal Club presentations.
15. The resident has successfully completed Resident Job assignment (Journal Club/Grand Rounds, Travel, Interview, Resident Banquet, etc)

16. The resident has successfully completed writing or updating a department or medication policy and/or procedure.

17. The resident has successfully completed a performance/quality improvement project.

18. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, etc).

19. The resident has participated in continuing education program (ULH Pharmacy CE and Sullivan Grand Rounds).

20. The resident has followed up on any identified areas of weakness.

21. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).

22. The resident has completed the exit evaluation and exit meeting with RPD.

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

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

PGY1 PHARMACY RESIDENCY DIRECTOR – Melissa Robertson PharmD., BCPS

The Pharmacy Practice Residency Director oversees the operation of the PGY1 Pharmacy Residency Program within the Department of Pharmacy Services and assists with the overall coordination of efforts that affect all the residency programs. The Director’s primary function is to assist the resident in gaining the best educational and practical experience from the residency program. The Residency Director will:

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

Meet initially (within the first 2 months) to provide a resident customization plan and then quarterly for directors meetings to ensure goal/objective achievement and/or progression, tracking of program goals, the completion of all evaluations and customization of schedule.

Coordinates all central documentation of residency activities and files sufficient for operation and accreditation of the PGY1 residency program.

Attends and coordinates residency retreat activities for all PGY1 preceptors.

Actively participates in the recruitment and interviewing of residency applicants.

RESIDENCY MENTORS:

Mentor responsibilities are as follows:

To provide general guidance and support to the resident.

To assist the resident in developing his/her career goals and objectives.

To be involved in planning a desirable elective rotation schedule for the resident.

To meet regularly (at least quarterly) and review the progress of the resident.

To assist with resident development plan. Coordinates with the residency program director documentation within the quarterly resident development plan including: goals, strengths, weaknesses, areas of needed development, activities to assist with development, effectiveness of changes, action plan, customization, calendar, etc.

To assist the resident in selection of a research project.

To serve as a sounding board for problems and frustrations with the program.

To help ensure timely completion of assigned projects (i.e., research, MUE, resident seminar, etc.).

To provide guidance in preparing for the Midyear (CV preparation, career objectives, interviewing, etc.).
Preceptor responsibilities are as follows:

- Develop goals and objectives for the rotation in conjunction with the Residency Director.

- At the beginning of each rotation, develop a plan for meeting the goals and objectives of the rotation with the Resident and based on the individual Resident's experience.

- Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the rotation. The Preceptor will meet with the Resident on a regular basis to determine progress.

- Each Preceptor will develop and maintain an appropriate reading library or bibliography of readings for each Resident, which will aid in the attainment of the competencies for the rotation.

- Keep the Residency Director and the Resident's Mentor apprised of any difficulties, that a Resident may be having in a rotation, or in the overall residency.

- Provide the resident with continuous verbal feedback during the rotation and use the formative evaluation strategies as needed for specific activities (draft revision, immediate feedback within Pharmacademic, presentation/JC evaluations, etc).

- Complete the Summative Evaluation of Resident at the conclusion of the rotation (within 7 days) and review/discuss with the Resident.

**PGY1 Program Preceptors**

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<tr>
<th>PGY1 Program Director</th>
<th>Melissa Robertson Pharm.D., BCPS</th>
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<tbody>
<tr>
<td>Internal Medicine Clinical Specialist</td>
<td>Paul Mangino Pharm.D., BCPS</td>
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<tr>
<td>Internal Medicine Preceptor</td>
<td>Vanessa VanArsdale Pharm.D, BCPS</td>
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<tr>
<td>Internal Medicine Preceptor</td>
<td>Kristina Evans Pharm.D</td>
</tr>
<tr>
<td>MICU</td>
<td>Karl Deibel Pharm.D., BCPS</td>
</tr>
<tr>
<td>SICU</td>
<td>Jennifer Wiedmar Pharm.D., BCPS</td>
</tr>
<tr>
<td>SICU</td>
<td>Leigh Ann Scherrer Pharm.D, BCPS</td>
</tr>
<tr>
<td>Neuro ICU/Stroke</td>
<td>Karl Deibel Pharm.D., BCPS</td>
</tr>
<tr>
<td>PGY2 Critical Care Program Director</td>
<td>Mark Cox Pharm.D., BCPS</td>
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<tr>
<td>Critical Care Clinical Specialist</td>
<td>Mark Cox Pharm.D., BCPS</td>
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<tr>
<td>Emergency Department</td>
<td>Chrissy Duff Pharm.D, BCPS</td>
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<tr>
<td>Emergency Department</td>
<td>Lynn Lamkin Pharm.D., BCPS</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>Ashley Ross Pharm.D., BCPS</td>
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<tr>
<td>Outpatient Pharmacy Manager</td>
<td>Jessie Morgan RPh.</td>
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### Ambulatory Care Preceptor
- Administration Longitudinal Coordinator

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<thead>
<tr>
<th>Staffing—AntiCoag Clinic Outpt</th>
<th>Carol Neel Pharm.D.</th>
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<tbody>
<tr>
<td>Ambulatory Care—HIV Clinic</td>
<td>Mary Bishop, RPh, AAHIVP</td>
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<tr>
<td>PGY2 Ambulatory Care Program Director</td>
<td>Danny Truelove Pharm.D., BCPS (AQ-ID), BCACP, AAHIVP</td>
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<tr>
<td>Ambulatory Care Specialist</td>
<td>Danny Truelove Pharm.D., BCPS (AQ-ID), BCACP, AAHIVP</td>
</tr>
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<td>Ambulatory Care—HIV Clinic</td>
<td>Danny Truelove Pharm.D., BCPS (AQ-ID), BCACP, AAHIVP</td>
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| Drug Information               | Leigh Ann Scherrer Pharm.D., BCPS |
|                               | Lynn Lamkin Pharm.D., BCPS       |
|                               | Bonnie Cole Pharm.D., CCRC       |

| Staffing/Service               | Ellen Chastain Pharm.D.          |
|                               | Stephanie Huff Pharm.D., BCPS    |

| Administration                 | Bonnie Cole Pharm.D., CCRC       |
|                                | Michael Nnadi Pharm.D.           |
|                                | Philip Kociemba PharmD., BCPS    |

| Medical Oncology               | Lesley Hall Volz Pharm.D         |
|                                | Lindsay Figg Pharm.D., BCOP      |
|                                | Ryan Bycroft Pharm.D., BCOP      |

| BMT                           | Tim Baize Pharm.D., BCOP         |

| Outpatient Oncology            | Laura Beth Parsons PharmD        |
|                                | Lesley Hall Volz PharmD          |

| PGY2 Oncology Program Director | Mika Kessans Pharm.D., BCOP      |
| Oncology Clinical Specialist   | Mika Kessans Pharm.D., BCOP      |
| Medical Oncology Preceptor     | Mika Kessans Pharm.D., BCOP      |

| Outcomes Research              | Jennifer Wiedmar Pharm.D., BCPS |

| Teaching & Learning            | Philip Kociemba PharmD., BCPS    |
|                                | Shannon Mahaffey PharmD., BCPS   |

| Manager Pharmacy Informatics   | Amey Hugg RPh, CPHIMS            |
| Informatics Preceptor         | Amey Hugg RPh, CPHIMS            |

| Informatics Preceptor         | Bryan Strobl Pharm.D             |

| TPN/Kinetics                  | Paul Mangino Pharm.D., BCPS      |

| Jewish Hospital Cardiology    | Lindsey Demers Pharm.D., BCPS    |
| Jewish Hospital Solid Organ Transplant | Chris Barger Pharm.D, BCPS |
| Sullivan University Academia Elective | Holly Brynes Pharm.D, BCPS |

**PROJECT PRECEPTOR - Multiple**

**Project Preceptor responsibilities include:**

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

- Assist in obtaining IRB approval.

- Ensure that the resident is completing the project according to the program’s timeline.

- Assist with data collection. Of note that the majority of the data collection will be performed by the resident.

- Guiding the data analysis, and assisting in the preparation of the final manuscript.

- Report to the Residency Director, that the project has been completed, and the resident has fulfilled the project obligation of the program.

RESIDENCY RESEARCH COORDINATOR/LONGITUDINAL PRECEPTOR – Jennifer Wiedmar, Pharm. D., BCPS

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

DRUG INFORMATIONAL LONGITUDINAL PRECEPTORS – Leigh Ann Scherrer, Pharm. D., BCPS, Lynn Lamkin Pharm.D., BCPS, & Bonnie Cole Pharm.D, CCRC

Drug Information Preceptor Responsibilities include:

- Advising the resident in the choice and process of completing a formulary monograph, MUE, drug information question response/publication, QI/Performance Improvement project and policy review/development.

- Assist the resident in gaining proficiency in providing comprehensive, unbiased, scientifically supported drug information in response to both formal and informal requests.

- Aid the resident in understanding the role and value of the pharmacist as a drug information provider.
Incoming pharmacy practice residents will spend approximately 5-6 weeks in an orientation period during June/July.

This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and University of Louisville Hospital.

2. To train the resident to be functional in the Pharmacy Department's drug distribution services.

3. To give the resident a clinical orientation to the hospital.

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

- Introduction to the pharmacy staff

- Procurement of ID badges and parking stickers

- Attendance at the 2 day hospital orientation

- Tour of the Pharmacy Department and campus

- Pharmacy payroll and time clock procedures

- Participation in regularly scheduled residency activities (RAC meeting, journal club, team building exercises)

- Exposure to Investigational Drug Service, robot, McKesson med carousel, and pre-packing services

- Extensive training on the hospital and pharmacy computer systems (Cerner Powerchart/PharmNet, Docuscripts, theradoc, Simplify, Baxa, PSN, infostation, groupwise, Eforms, etc)

- Extensive training with staff pharmacists in IP area, IV area, and clinical staffing roles; Orientation checklist completion

- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/LEARN modules
- Chemo training and preparation validation
- Research process/residency advisory committee orientation and IRB training
- Orientation to RLS/RPDC, Pharmacademic, residency binder/N drive documentation, evaluation process, timeline, resident policies/procedures, etc.
- Mentoring program and professionalism standards

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

- Residents will be provided with copies of The Resident’s Guide to Learning Through the RLS/RPDC from ASHP in late June prior to starting the residency program. The residents will be required to study this material prior to the beginning of the residency program.
- Residents will receive additional teaching of RPDC during the day of “Residency Program Orientation” from the RPD, which takes place during the first week of the program.
- At the end of the orientation period, the program director and/or designee will conduct a review session which allows the residents to demonstrate their level of understanding of the RPDC program and the resident and preceptor responsibilities of our program using this system.
- Preceptors for all of the resident’s learning experiences will continue to train residents as specified in RPDC and conduct the learning experience as set forth in the RPDC and according to decisions made by the residency program.
- Preceptors will meet with each resident prior to the start of the learning experience to discuss the calendar, learning experience (role while on rotation, expectations, progression, topics, goals/objectives, resident specific goals, etc). Preceptors and residents will print and sign agreement of discussion to be placed in the resident binder.
- The program director and/or designee will continue to review all on-going summative evaluations and provide coaching to help residents fully understand the purpose of the evaluation strategies set forth within the program.

**Resident Evaluation Schedule:**

- **Orientation**
  - Verbal feedback daily from all orientation preceptors
  - **Final (End of rotation):** Resident & Preceptor summative evaluation
    - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
  - **Preceptor & Learning Experience:** Resident at the end of rotation
Core Rotations:
- Verbal feedback daily from preceptors
- Midpoint (~50% through rotation): Preceptor summative evaluation
  - Meeting to discuss progress, strategies for improvement, commentary on resident strengths
- Final (End of rotation): Resident & Preceptor summative evaluation
  - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
- Preceptor & Learning Experience: Resident at the end of rotation

Longitudinal Rotations:
- Verbal and/or written feedback from preceptors, ongoing
  - Projects, drafts, presentation evals, any documented feedback serve as specific documentation of the evaluated goal/objective; These are saved on the shared N drive and/or uploaded into Pharmacademic
- Quarterly (End of Sept, Dec, March, June): Resident & Preceptor summative evaluation
  - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
- Preceptor & Learning Experience: Resident at the end of each quarter

Elective Rotations:
- Verbal feedback daily from preceptors
- Midpoint (~50% through rotation): Preceptor summative evaluation
  - Meeting to discuss progress, strategies for improvement, commentary on resident strengths
- Final (End of rotation): Resident & Preceptor summative evaluation
  - Meeting to discuss resident goal/objective achievement, strengths, ways to further improve in upcoming rotations, differences between self/preceptor eval
- Preceptor & Learning Experience: Resident at the end of rotation

- All resident evaluations (preceptor, resident, RPD) and end of rotation meetings must be completed within 5 business days (1 week) from the end of the rotation.
  - Pharmacademic™ tracks the timeliness of evaluations and is used by ASHP when surveying to ensure that per the ASHP standards, timely evaluations are occurring consistently.
Program Definitions of NI/SP/ACH:

- **Needs Improvement (NI):** Resident’s skills not progressing as expected. Knowledge base may be lacking, resident shows little OR no motivation to grow professionally, or preceptor must provide directed questioning, or extensive or consistent prompting to facilitate completion.

- **Satisfactory Progress (SP):** Resident is progressing at rate expected for new practitioner with minimal experience (performs within expectations with minimal supervision). Resident does not consistently meet, OR requires occasional prompting to complete, objective. Resident would benefit from additional learning experience.

- **Achieved (ACH):** Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, AND proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required.
  - No “ACH” in 1st Quarter
  - If “ACH” in 2nd Quarter, preceptors must provide adequate documentation to support

- **Achieved for Program (ACH-R):** Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, AND proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required. Pharmacy Education Committee decision, no longer a need for further evaluation within program.
  - RPD and/or designee, will be responsible for discussing ACH-R at the monthly Residency Advisory Committee (RAC) once the resident has successfully earned an ACH on 2 consecutive monthly or longitudinal rotations, or as deemed by preceptor evaluation. If deemed to be ACH-R, the RPS will then assign ACH-R for the goal/objective within Pharmacademic.

- Resident Graduation Requirements:
  - >80% ACH-R of Required and Elective Program Goals
  - No active “NI”
RESIDENT SALARY AND BENEFITS

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

1. **Benefits**: Our residents receive KentuckyOne Health/University of Louisville Hospital employee benefits including: medical, dental, vision, 403(b) retirement plan, flexible spending account, and life insurance.

2. **Travel / Interviews**: Residents attend ASHP-MCM & Great Lakes Pharmacy Residency Conference and additional meetings at RPD/preceptor discretion KSHP meetings (cost of attendance/travel will not provided). Interview leave is granted at the discretion of the residency director.

3. **Holidays**: Residents will staff 2 holidays per year. Decisions on staffing will be made by the PGY1 residents and PGY1 Program Director.

4. **Sick/Flex Time**: Residents will accrue paid time off (PTO) at the normal hospital rate. Residents are permitted to take 7 days of PTO and the remainder will be paid out to the resident pending successful completion of the program. See PTO policy.

CALL IN/OFF DAY PROCEDURES

1. Process for communicating absenteeism or tardy
   a. Phone or text immediate supervisor (or preceptor)
   b. Phone or text RPD
   c. Phone or text any preceptor who is overseeing a project, presentation, meeting that will be missed or delayed

2. Choosing and posting “off days” on the schedule
   a. Discuss preferred “off days” with your immediate preceptor prior to or on the first day of the scheduled rotation. For example, your preceptor may request that you do not take Tuesdays off due to scheduled meetings or their own schedule, etc.
   b. Communicate the “off days” schedule in an email to be sent to the preceptor and RPD for confirmation.
   c. Make sure that “office days” are communicated to the inpatient pharmacy. Additionally any vacation days must be scheduled through CVS.

3. Scheduling changes
   a. Please communicate any future changes in your schedule (leaving early, doctor’s appt., coming in late, holiday change, weekend trade, etc.) in the following manner:
i. First, receive approval from your immediate preceptor.

ii. Communicate directly to RPD

iii. Change on master schedule posted in IP pharmacy after approval by immediate preceptor and RPD

iv. Communicate any changes which affect your pay (sick time, flex/vacation time, badge error, etc.) to Michele by emailing or writing in on the clipboard, located in the pharmacy office below the cabinet displaying licenses.

4. Process for requesting vacation days
   a. First, receive approval from your immediate preceptor. See vacation policy regarding maximum number of vacation days which may be taken during a core or elective experience.
   b. Email RPD for approval.
   c. RPD will verify approval and email resident. At which time vacation can be scheduled in CVS or documented on write in sheet for Michele.
   d. Refer to resident PTO policy

RESIDENCY TRAVEL

Hospital guidelines/policy delineate the use of the hospital system Concur for air travel, hotel and car reservations as well as reimbursement for these and other services utilized during the course of business-related travel for the department.

The pharmacy department has a budget for educational meetings available to staff. In order to maximize the educational opportunities for all staff, the Pharmacy Management Team has allowed the following to be reimbursed:

- Hotel/lodging:
  - Maximum reimbursement for hotels is $120 per night/person. Any costs over the $120 per night must be covered by resident.

- Airfare and/or mileage

- Meeting registration fees

- Meals are not reimbursable

ASHP MCM

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

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

**REIMBURSEMENT**

When the resident uses his/her own funds to cover expenses associated with travel or recruitment and has been pre-approved for reimbursement, the following guidelines should be followed:
1. All receipts should be itemized. Note that per departmental policy, meals are not an expense eligible for reimbursement.
2. Alcohol or gift items are NOT items that can be reimbursed
3. Procedures should be followed within the CHI/Concur system to request and submit reimbursement requests.
RESIDENT RESPONSIBILITIES

STAFFING RESPONSIBILITIES

Each resident will have staffing responsibilities in order to develop and strengthen his/her professional practice skills. PGY1 Pharmacy Residents are required to staff every other weekend, either clinical staffing or distributive staffing roles. This decision will be based on current rotation site or coverage for the weekend. The resident serving in the distributive staffing role for the weekend will serve as the “Pharmacist In Charge” and provide necessary shift huddles, pass off and coordinate/communicate weekend staffing assignments.

Additionally, residents will staff in the outpatient anticoagulation clinic one Thursday afternoon per month, as part of the longitudinal requirement.

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

MEETING ATTENDANCE

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

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

RESIDENCY PROJECT

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

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

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

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

### 2016-2017 PGY1 Pharmacy Residents Research Project Schedule

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>ROOM</th>
<th>CONTACT</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30, 2016</td>
<td>13:30-15:30</td>
<td>Jenn’s Office</td>
<td>Jenn</td>
<td>Research Project Orientation: research primer article discussion</td>
</tr>
<tr>
<td>July 13, 2016</td>
<td>13:30-15:30</td>
<td>Jenn’s Office</td>
<td>Jenn</td>
<td>Research Project Orientation: research primer article discussion NetAccess training for data collection Research ideas distributed to residents DUE: IRB sponsored account submission complete (form on N drive)</td>
</tr>
<tr>
<td>July 20, 2016</td>
<td>13:30-15:30</td>
<td>Jenn’s Office</td>
<td>Jenn</td>
<td>Research Project Orientation: research primer article discussion iRIS website training DUE: Research project selected: Research team identified Begin working on study design</td>
</tr>
<tr>
<td>July 25-29, 2016</td>
<td></td>
<td>Research team</td>
<td>Statistician</td>
<td>Meet with research team and statistician to discuss methods for statistical analysis</td>
</tr>
<tr>
<td>July 29, 2016</td>
<td>17:00</td>
<td>N/A</td>
<td>Research team</td>
<td>DUE: Draft of research proposal slide presentation to research team for feedback</td>
</tr>
<tr>
<td>July 31, 2016</td>
<td>17:00</td>
<td>Jenn</td>
<td>Resident</td>
<td>Feedback due to resident on proposal presentation draft</td>
</tr>
<tr>
<td>August 4, 2016</td>
<td>17:00</td>
<td>Resident</td>
<td>Research team</td>
<td>2 Residents present Research Proposal @ JC – bring copies of slides</td>
</tr>
<tr>
<td>August 11, 2016</td>
<td>12:00</td>
<td>Glass Room</td>
<td>Research team</td>
<td>DUE: Draft of research proposal manuscript to research team for feedback</td>
</tr>
<tr>
<td>August 12, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>Resident</td>
<td>Feedback due to resident on proposal manuscript draft</td>
</tr>
<tr>
<td>August 18, 2016</td>
<td>12:00</td>
<td>Glass Room</td>
<td>Research team</td>
<td>2 Residents present Research Proposal @ JC – bring copies of slides</td>
</tr>
<tr>
<td>August 24, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>Resident</td>
<td>DUE: Complete research proposal manuscript prepared for IRB submission</td>
</tr>
<tr>
<td>August 26, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>Resident</td>
<td>DUE: IRB Submission (via iRIS website)</td>
</tr>
<tr>
<td>September 9, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>Resident</td>
<td>Initial patients identified for screening</td>
</tr>
<tr>
<td>September 2016</td>
<td></td>
<td></td>
<td></td>
<td>Begin data collection</td>
</tr>
<tr>
<td>September 16, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>Resident</td>
<td>DUE: Draft of ASHP abstract to research team for feedback</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
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<td>-------------------------</td>
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</tr>
<tr>
<td>September 23, 2016</td>
<td>17:00</td>
<td>Resident</td>
<td>Feedback due to resident for ASHP abstract draft</td>
<td></td>
</tr>
<tr>
<td>September 28, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>DUE: Final draft of ASHP abstract to preceptors for sign off</td>
<td></td>
</tr>
<tr>
<td>By September 30, 2016</td>
<td></td>
<td>Jenn</td>
<td>1st QTR Summative Eval</td>
<td></td>
</tr>
<tr>
<td><strong>October 1, 2016</strong></td>
<td></td>
<td></td>
<td><strong>ASHP abstract</strong> submission for poster presentation – Research in Progress</td>
<td></td>
</tr>
<tr>
<td>October 2016</td>
<td></td>
<td>Research team</td>
<td>Continue data collection</td>
<td></td>
</tr>
<tr>
<td>October 21, 2016</td>
<td></td>
<td>Research team</td>
<td>Begin poster preparation for ASHP MCM</td>
<td></td>
</tr>
<tr>
<td>November 4, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>DUE: Complete poster draft to research team</td>
<td></td>
</tr>
<tr>
<td>November 9, 2016</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for ASHP poster</td>
<td></td>
</tr>
<tr>
<td>November 14, 2016</td>
<td>12:00</td>
<td>Research team</td>
<td>DUE: Complete poster draft #2 to research team</td>
<td></td>
</tr>
<tr>
<td>November 16, 2016</td>
<td>12:00</td>
<td>Resident</td>
<td>Feedback due to resident for ASHP poster</td>
<td></td>
</tr>
<tr>
<td>November 17, 2016</td>
<td>17:00</td>
<td>Research team</td>
<td>DUE: FINAL poster draft due to research team for sign off</td>
<td></td>
</tr>
<tr>
<td>November 18, 2016</td>
<td></td>
<td>Poster printer</td>
<td>Submit poster for printing Instructions on N drive</td>
<td></td>
</tr>
<tr>
<td>December 1, 2016</td>
<td>12:00</td>
<td>Glass Room</td>
<td>Practice poster presentations @ JC – <em>bring color paper print outs</em></td>
<td></td>
</tr>
<tr>
<td>December 4-8, 2016</td>
<td></td>
<td>VEGAS!! !</td>
<td>ASHP Mid-Year Clinical Meeting</td>
<td></td>
</tr>
<tr>
<td>By Dec 21, 2016</td>
<td></td>
<td>Jenn</td>
<td>2nd QTR Summative Eval</td>
<td></td>
</tr>
<tr>
<td>December 30, 2016</td>
<td></td>
<td>Research team</td>
<td>DUE: Outline of manuscript</td>
<td></td>
</tr>
<tr>
<td>January 6, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: Completed GLPRC abstract draft to research team</td>
<td></td>
</tr>
<tr>
<td>January 13, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for GLPRC abstract</td>
<td></td>
</tr>
<tr>
<td>January 18, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: Completed GLPRC abstract draft #2 to research team</td>
<td></td>
</tr>
<tr>
<td>January 23, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for GLPRC abstract draft #2</td>
<td></td>
</tr>
<tr>
<td>January 27, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: FINAL abstract for GLPRC due to research team for sign off</td>
<td></td>
</tr>
<tr>
<td><strong>February 1, 2017</strong></td>
<td></td>
<td>GLPRC website</td>
<td>Submit <strong>GLPRC abstract</strong> online</td>
<td></td>
</tr>
<tr>
<td>February 10, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: Completed introduction draft of manuscript submitted to research team</td>
<td></td>
</tr>
<tr>
<td>February 17, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for introduction draft</td>
<td></td>
</tr>
<tr>
<td><strong>March 1, 2017</strong></td>
<td></td>
<td>GLPRC website</td>
<td><strong>Registration deadline</strong> for GLPRC</td>
<td></td>
</tr>
<tr>
<td>March 3, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: Completion of methods/results section of manuscript (with incorporated feedback in introduction)</td>
<td></td>
</tr>
<tr>
<td>March 10, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: GLPRC presentation draft to research team</td>
<td></td>
</tr>
<tr>
<td>March 15, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for GLPRC presentation draft</td>
<td></td>
</tr>
<tr>
<td>March 17, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for methods/results section of manuscript</td>
<td></td>
</tr>
<tr>
<td>March 20, 2017</td>
<td></td>
<td>Research team</td>
<td>DUE: GLPRC presentation draft #2 to research team</td>
<td></td>
</tr>
<tr>
<td>March 22, 2017</td>
<td></td>
<td>Resident</td>
<td>Feedback due to resident for GLPRC presentation draft #2</td>
<td></td>
</tr>
<tr>
<td>March 23, 2017</td>
<td>12:00</td>
<td>Research team/preceptor group</td>
<td>2 residents practice GLPRC research presentation @ JC – <em>bring copies of slides</em></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Activity</td>
<td></td>
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</tr>
<tr>
<td>March 30, 2017</td>
<td>12:00</td>
<td>2 residents practice GLPRC research presentation @ JC – bring copies of slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By March 31, 2017</td>
<td></td>
<td>Jenn 3rd QTR Summative Eval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2017</td>
<td></td>
<td>Research team Begin discussions for identification of a journal for publication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 5, 2017</td>
<td></td>
<td>Research team DUE: FINAL GLPRC presentation to research team for sign off</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>April 10, 2017</strong></td>
<td></td>
<td>GLPRC website Deadline for submission of GLPRC slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 14, 2017</td>
<td></td>
<td>Research team DUE: Completion of discussion draft section of manuscript (with incorporated feedback in methods/results)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 26 – April 28, 2017</td>
<td></td>
<td>Purdue Great Lakes Pharmacy Residency Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 28, 2017</td>
<td></td>
<td>Resident Feedback due to resident for discussion section of manuscript</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 5, 2017</td>
<td></td>
<td>Research team DUE: Complete written manuscript draft #1 (formatted per identified journal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 10, 2017</td>
<td></td>
<td>Resident Feedback due to resident for manuscript draft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 15, 2017</td>
<td></td>
<td>Research team DUE: Complete written manuscript draft #2</td>
<td></td>
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<tr>
<td>May 22, 2017</td>
<td></td>
<td>Resident Feedback due to resident for manuscript draft</td>
<td></td>
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<tr>
<td>May 29, 2017</td>
<td></td>
<td>Research team DUE: Complete written manuscript draft #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2017</td>
<td></td>
<td>Research team Begin publication process</td>
<td></td>
<td></td>
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<tr>
<td>June 5, 2017</td>
<td></td>
<td>Resident Feedback due to resident for manuscript draft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 9, 2017</td>
<td></td>
<td>Research team DUE: FINAL written manuscript draft for publication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By June 21, 2017</td>
<td></td>
<td>Jenn 4th QTR Summative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**DRUG INFORMATION**

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

- Respond both verbally and in writing to drug information requests that support patient care and research activities.
  - Document each of these “informal” drug information requests and their associated response using the departmental intervention software, Theradoc®.
  - Complete one PICO drug information response to a clinical question per direct patient care rotation using PICO format. Electronic file will be saved on the N-drive -> Pharmacy Communication -> Pharmacist -> PICO Clinical questions. PICO responses must include a minimum of one reference.
Provide a formal written response to one (1) thoroughly researched drug information question of at least moderate complexity. **There is a 2500 maximum word limit.** Drug info question response must be completed by the end of the second quarter. A second drug information question response may be assigned at the discretion of the drug information preceptor depending on the quality of the first formal response.

Written responses may be directed to questions encountered and researched during clinical rotations and/or weekend staffing assignments.

- Prepare and present at least one (1) unbiased formulary monograph or class review to guide the Pharmacy and Therapeutics Committee (and associated sub-committees) in their formulary decisions.
- Co-ordinate and present to the Pharmacy and Therapeutics Committee (and associated sub-committees) at least one (1) medication use evaluation.
- Present and critique at least four (4) recently published medical/pharmaceutical articles (3 quarterly journal clubs and 1 student case conference discussions). To be determined by the Drug Information preceptor.
- Design and implement an intervention to change a problematic or potentially problematic aspect of the medication-use system with the objective of improving quality.
- Develop or modify at least two (2) medication use policies. These policies may pertain to the resident’s project, MUE, formulary monograph, or quality improvement project if applicable.
- Educate staff on pertinent drug topics.
  - Provide in-service education as requested.
  - Prepare one (1) *Bugs and Drugs* and *Prescription for Safety* newsletter article for publication.
- Actively participate in the institution’s Adverse Drug Event Reporting Program.
  - Document all identified ADRs in Patient Safety Network (PSN)
  - Document all identified near misses and medication events using the online ADE reporting program (PSN).

**PRESENTATIONS**

The residents are required to make multiple presentations throughout the residency year. At least 2 of these presentations will be formal and approved by American College of Pharmaceutical Education (ACPE) for pharmacist continuing education (1hr ULH CE, 30min SUCOP CE Grand Rounds presentation). Residents are required to complete 1 formal journal club presentation and/or student case conference journal club discussion per quarter (total of 3 formal JC, 1 student case conference audience). These presentations will be presented to all available preceptors and pharmacy staff. This should be a PowerPoint™ slide presentation and/or thorough review, the
PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT

The purpose of which is to prepare the resident for job interview presentations. Residents are required to present a formulary monograph at the P&T meeting or subcommittee meetings. Residents are also required to give multiple formal oral presentations of their research project, at the beginning proposal stage, practice poster presentation, and practice prior to GLRC and lastly formally at GLRC in April-May. The residents will also give many presentations in a more informal manner including but not limited to staff developments in conjunction with rotations, medication safety in-services, and multi-disciplinary in-services (pharmacist, technicians, MD, RN, etc).

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

RESIDENT JOBS

There are multiple resident jobs that must be filled each year

- Journal Club/Grand Rounds Coordinator
  - 2 PGY1 Residents
- Student Case Conference Coordinator/Social Coordinator
  - 1 PGY1 Resident
- Travel Coordinator/Resident Interview Coordinator
  - 1 PGY1 Resident
- Resident CE Coordinator
  - 1 PGY2 Resident
- Community Service Coordinator
  - 1 PGY2 Resident
- Pharmacy Rx for Safety Newsletter Coordinator
  - 1 PGY2 Resident
- Meds to Beds/Transition of Care Coordinator
  - 1 PGY2 Resident
- P&T/KentuckyOne Newsletter Coordinator
  - 1 PGY2 Resident
- Code Response Coordinator
  - 1 PGY2 Resident
- Drug Shortage Coordinator
  - 1 PGY2 Resident

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

TEACHING EXPERIENCE

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

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- Participate in the department's ongoing staff development program. (ULH 1hr CE presentation)
- Participate in the Sullivan University College of Pharmacy Grand Rounds (0.5hr CE)
- Teach in a variety of settings: in-services, student case conference, journal club, patient cases, formal didactic lectures and/or labs as deemed within the teaching certificate requirements.
- Assist in the training and precepting of APPE/IPPE students while on rotation.
- Complete the University of Kentucky College of Pharmacy –Teaching Certificate Course in conjunction with ASHP OR Sullivan University College of Pharmacy Teaching Certificate

RESIDENT BINDER

The Resident's Binder serves as a record of all activities undertaken while a resident is at University of Louisville Hospital. Additionally the below materials can be uploaded within Pharmacademic as well. The binder should include:

- Overall resident goals
- Mentor development plan (initial, every quarter)
- The binder should contain the following for each rotation (monthly and longitudinal):
  - Goals, objectives, projects, articles, written work, cases, presentations, in-services, midpoint evaluations, snapshots, summative evaluations, and preceptor/rotation evaluations.
  - Evaluations (midpoint, final, preceptor, and learning experience) are all within Pharmacademic.

RESIDENCY ROTATIONS

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

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

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

**ASHP AND KSHP MEMBERSHIP**

Residents are required to be members of the national organization American Society of Health-System Pharmacists (ASHP) and are recommended to join the state organization, Kentucky Society of Health-System Pharmacists (KSHP). PGY1 Pharmacy residents are required to attend the ASHP Midyear Clinical Meeting in December of each year to present a poster and help with recruitment of new residents.

**ADDRESS AND PHONE NUMBERS**

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

**LONG DISTANCE PHONE CALLS**

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

**PLACEMENT SERVICES**

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

**ULH RESIDENCY SHOWCASE AT ASHP MCM**

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

A. To develop a personal program of learning to foster continued professional growth with guidance from the professional staff.

B. To participate in supervised patient care commensurate with my scope of training and licensure.

C. To participate fully in the educational and scholarly activities of the training program; to meet all program requirements; to demonstrate the knowledge, skills, and attitudes defined by the program; and to assume responsibility for teaching and supervising other residents and students as required.

D. To adhere at all times to the highest standards of integrity, professionalism and ethical conduct for the profession.

E. To participate appropriately in hospital and staff activities, and to adhere to established practices, procedures and policies of the hospital in which I am training. Included is maintenance of and successful completion of hospital and department competencies within the specified time frame.

F. To be compliant with all electronic evaluations in PharmAcademic™ within the timeframe of the specific learning experiences as defined by the preceptors, the program and ASHP (5 business days, 1 week).

G. To report to the program director use of any medication taken, or still having an effect, during duty hours that could adversely impact my cognitive ability, judgment or ability to perform clinical and educational duties. Examples of reportable medication include, but are not limited to, opioids, benzodiazepines, barbiturates and sedatives/hypnotics.

H. To maintain required training qualifications for practice and to obtain re-certification in a timely manner, if needed. The resident will be required to obtain pharmacy licensure by the Commonwealth of Kentucky (Kentucky state board of Pharmacy) within 60 days of starting the residency program. The resident is subject to termination and release from the PGY1 pharmacy residency program for failure to obtain Kentucky licensure. Until licensure is obtained, the resident will be required to have all pharmacist-initiated orders and notes be co-signed by a licensed pharmacist and all order entry activities be completed in an unverified state.
I. To comply with hospital, department, and residency specific policies as outlined during orientation.

J. Maintain resident binder and departmental N-drive folder with all applicable residency documentation.
RESIDENCY POLICIES

PHARMACY LICENSURE 712-0300

LICENSURE

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

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

The Pharmacy will have the following on display:

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

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

PHARMACY RESIDENCY PROGRAMS POLICY 712-1600

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

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

GUIDELINES:

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

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

C. **Preceptors:** The residency program directors shall have authority to delegate preceptorial responsibilities for specific segments of their respective residency programs to other pharmacy practitioners. In addition to meeting the requirements set out by the residency accrediting body, preceptors must have demonstrated a sustained contribution and commitment to the respective area of pharmacy practice.

D. **Duties:** Both the program director and preceptors have specific responsibilities to the pharmacy residents. These duties shall include:

1. To provide residents with a residency specific orientation to University Hospital, the pharmacy department, and the Residency Learning System (RLS) and/or Residency Program Design and Conduct (RPDC).

2. To develop a plan and training schedule, in cooperation with resident, to achieve the predetermined goals and objectives for the residency program. The plan shall be evaluated regularly and modified accordingly.

3. To develop rotation specific goals and objectives and present them to the resident at the beginning of each rotation.

4. To provide an optimal learning experience for the residents.

5. To promote continuous feedback and communication among the preceptors and residents.

6. To provide training to the residents that creates competence in the following areas:

   **PGY-1 Pharmacy Residency**
   - Critical Care
   - Infectious Disease
   - Pharmacy Administration
   - Oncology
   - Drug Information
   - Internal Medicine
   - Ambulatory Care
   - Research
   - Pharmacy Distribution
   - Informatics
   - Teaching
   - Special Populations (BMT, Neuro ICU, Emergency Medicine, Neonatology)

   **PGY-2 Oncology Residency**
   - Medical Oncology
   - Gynecological Oncology
   - Palliative Care
   - Bone Marrow Transplant
   - Ambulatory Care
   - Research
   - Anti-neoplastic Distribution

   **PGY-2 Critical Care Residency**
   - Emergency Medicine
   - Neurosurgical ICU
   - Surgical ICU
   - Medical ICU
   - Informatics
   - Research
   - Education/Training
   - Stroke

   **PGY-2 Ambulatory Care Residency**
   - Internal Medicine
   - Urgent Care/First Care
   - Anticoagulation
   - Outpatient Oncology
   - HIV/AIDS
   - Research
   - Diabetes
   - Teaching
   - Administration
   - Medication Therapy Management

   **PGY-2 Internal Medicine Residency**
   - Internal Med 1 & 2
   - Cardiology
   - Infectious Diseases
   - Medical ICU
   - Teaching/Education
   - Research
   - Drug Policy/Administration
   - Geriatrics Workforce Educational Program
7. To assure the residency program is aligned with and conforms to the standards set by ASHP in order to maintain accreditation.

8. To provide the resident, upon successful completion of the program, a certificate of completion.

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

PAID TIME OFF POLICY 712-1610

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

POLICY STATEMENT(S):
1. Residents must follow the vacation policy guidelines below to request PTO.
2. Both the affected residency director and the preceptor must approve requests for PTO.
3. Requests may be denied for residents that have outstanding deadlines not met or if the PTO taken during the educational rotation would significantly diminish the resident’s learning experience.

DEPARTMENTS AFFECTED: Pharmacy

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

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

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

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

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

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

PTO that is not taken during the residency period will be paid out to the resident pending successful completion of the program. Residents who leave the program prior to the end of their residency year may not be eligible for flex-time payout.
In the event of an approved, extended medical leave by the resident, the Residency Executive Committee (REC) and RPD will adjust the end date of the residency program and contract to allow resident to complete the required 12 month experience and program requirements.

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

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

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

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

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

**DEPARTMENTS AFFECTED:** Pharmacy

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

**Documentation:**
1. Postgraduate year 1 (PGY1) residents and Postgraduate year 2 (PGY2) residents will document compliance with these standards bi-weekly on the New Innovations website under the duty hour log system. ([https://rms1.newinnov.com/Login/Login.aspx](https://rms1.newinnov.com/Login/Login.aspx))
2. Any variation from the requirements outlined must be documented in this same area.
3. Any unsolicited reports from any means suggesting unreported variances will be formally investigated by the REC.
4. False documentation of compliance will be handled in accordance with the progressive disciplinary procedure (i.e. warning, suspension, or termination) outlined by the Corrective Action/Dismissal of Pharmacy Resident policy.
5. The Pharmacy Residency Director(s) will keep a report of all variances for each residency year. Variances will be reported to the REC, RAC, and Director of Pharmacy.
6. For PGY2 Residents that are approved to moonlight it will be the resident’s Primary Preceptor and their respective Program Director’s responsibility to evaluate the resident’s performance and/or judgment while on scheduled duty periods via verbal conversations and review of the resident’s written documentation of patient care.

7. If residents participation in moonlighting affects their judgment and/or performance while on scheduled duty periods, it will be formally investigated by the REC and moonlighting privileges will be suspended and/or revoked.

REFERENCE

CORRECTIVE ACTION/DISMISSAL OF PHARMACY RESIDENTS POLICY 712-1620

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

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

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

If the pharmacy resident fails to successfully complete the Kentucky Pharmacy licensure examination by the deadline indicated in the residency contract, the resident may be terminated from the program. Dismissal for the failure to obtain licensure by the deadline will be enforced by the REC. Only in the event of extenuating circumstances (long term illness, death, etc) will the REC reserve the ability to adjust the deadline. If a deadline adjustment is granted, the REC will provide the resident with specific guidelines and deadlines for fulfillment of the requirement. Failure to meet the adjusted deadline will result in termination of the resident employment.

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

DEPARTMENTS AFFECTED: Pharmacy, Human Resources

GUIDELINES:
Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant Hospital and Residency Program policies.
Disciplinary action will be taken if a resident:

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

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

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

Resident Grievance

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

Verbal Warning

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

Corrective Counseling

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

Probation

Probation follows when a resident is notified that his/her progress, performance or professional development has been deemed to be inadequate and that continuation in the program is at risk. Where there is concern that a resident’s performance fails to meet the standards set for the training program, and upon receipt of the second written corrective counseling record, the resident will be placed on probationary status by the REC. Notice of probation and the reasons for the decision will be discussed and documented with written acknowledgement at the meeting scheduled with the REC. If unable to meet, notice of probation and reasons for the decision will be delivered to the resident within 1 week of the second written corrective counseling record. The notice will be delivered by certified mail, Return Receipt Requested, to the resident at their residence. There should be clear documentation that the specific areas of concern about the performance of the resident have been identified, and the Program Director should outline, to the degree possible, a specific remedial plan. (e.g. If the resident is unable to
complete activities or assignments during a “core” learning experience due to an unlicensed status [i.e. function as an independent licensed pharmacist in the inpatient or outpatient pharmacy], the designated preceptor will notify the residency program director for a plan that supports the resident revisiting that learning and/or staffing requirement when he or she has obtained appropriate licensure.)

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

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

Dismissal

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

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

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

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

PGY2 RESIDENT EARLY COMMIT POLICY 712-1630

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

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

DEPARTMENTS AFFECTED Pharmacy

REQUIREMENTS
1. The University of Louisville pharmacy residency programs will inform the current residents of those PGY-2 pharmacy residency positions available for the following residency year during the September and October RAC meetings.

2. The PGY-2 programs offering early commitment will register all available PGY-2 positions with the National Matching Service before the annual deadline established by NMS.

3. The PGY-1 resident is NOT required to enroll in the resident matching program with the National Matching Service to participate in the early commitment process.

4. The procedure and selection process of PGY-1 residents applying for promotion to a PGY-2 residency program is as follows:
   a. Resident(s) will provide a formal signed hardcopy letter expressing interest for the PGY-2 residency to the applicable PGY-2 program director, PGY-1 pharmacy residency director and the Director of Pharmacy by the Monday prior to the November Pharmacy RAC meeting.
   b. Eligibility of PGY-1 pharmacy residents expressing interest in a specialty residency will be assessed by the PGY-2 program director, PGY-1 program director and resident mentor. Eligibility of a PGY-1 resident will be determined by the following criteria:
      i. Applicant is a current PGY-1 resident at University of Louisville Hospital / KentuckyOne Health.
      ii. Applicant has an active pharmacy licensure and is in good standing with the Kentucky State Board of Pharmacy
      iii. Resident must be in good standing within the current PGY-1 program, no active areas of “Needs Improvement” on any required residency goals/objectives that have been evaluated, good time management skills with no outstanding deadlines, and not on a corrective action plan; if a resident has had a previous corrective action plan, all disciplinary concerns must be resolved at time of application to be eligible for consideration for early commitment to a PGY-2 pharmacy residency program.
      iv. Applicant illustrates good character, work ethic and professionalism,
   c. An interview will be carried out and the applicant will be ranked (if greater than one applicant applies in a given year for the same PGY-2 program) by the PGY-2 residency director and preceptors using the peer interview process previously established by University of Louisville Hospital/KentuckyOne Health pharmacy residency programs.
      i. RAC will be informed of the status of the PGY-2 residency position offer at the November RAC meeting
         1. Residents that do not meet eligibility criteria or are deemed unacceptable after the peer interview process will be declined an offer for residency by formal signed hardcopy letter from the PGY-2 residency director to the resident, PGY-1 residency director and Director of Pharmacy by November 15th.
         2. Residents declined an offer for PGY-2 residency training during the early commitment process may then re-apply for the PGY-2 residency program in the normal application process within PhORCAS.
   d. Residents offered a PGY-2 residency position in the early commitment process will be provided a signed formal hardcopy letter of appointment by the residency director and a letter of agreement (available at http://www.natmatch.com/ashpmp) must be signed by the resident and PGY-2 residency director by November 15 (copy of appointment letter will be sent to PGY-1 residency director and Director of Pharmacy)

5. The offer for a PGY-2 residency position is contingent upon successful completion and receipt of PGY-1 residency certificate.

6. No solicitation or discussion of early acceptance offer status to applicants and ranking for PGY-2 positions will be discussed with residency program personnel or applicants outside of the PGY-2 program interview process.

DOCUMENTATION
8. Postgraduate year 1 (PGY-1) resident(s) and PGY-2 residency program director(s) will document compliance of these standards by signing and retaining a copy of the residency agreement and a copy of the PGY-2 residency acceptance letter.

9. A copy of letter of agreement signed by both parties will be sent to the National Matching Service by the deadline set by the NMS each year.

10. The PGY-2 residency director will pay a non-refundable fee to the National Matching Service for each position committed to a resident through the early commitment process.

11. All grievances should be discussed by the resident with their respective mentor. If resolution is not possible and further investigation is necessary, the resident must submit the grievance in writing to the PGY-1 residency director, PGY-2 residency director and clinical pharmacy manager within 7 business days following receipt of offer letter. The grievance will be evaluated and resolved according to the process as described in policy 712-1620.

12. Any violation of this policy must be brought before the RAC and pharmacy administration for review.

**PHARMACY RESIDENCY INTERVIEWS POLICY 712-1631**

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

**DEPARTMENTS AFFECTED:** Pharmacy

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

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

**Application Screening Process:**
1. Residency Program Director (RPD), Pharmacy Residency Preceptors, and pharmacy residents may review each complete application packet and score each candidate using a scoring rubric developed by the respective residency program
2. Scores for each candidate are entered into PhORCAS. RPD or representative determines cutoff score value. Candidates whose average scores are above the cutoff value are sent an invitation for an on-site interview. Those with scores falling below the value are sent letters of denial for on-site interview.
3. In the event that a resident candidate cancels their scheduled on-site interview, the next highest scoring applicant will be sent an email invite for on-site interview.
4. Resident candidates will be notified via email of the date and time for their scheduled on-site interview at least 2-3 weeks in advance. A detailed itinerary for the day will be sent via email within a week of the interview.
Interview Layout: At least 3 of the interviewers are peer-interview trained and questions asked at the interview are pursuant with the University of Louisville Hospital/KentuckyOne Health system’s peer interview process.

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

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

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

Post Match Results:

1. An email will be sent out to all pharmacy staff and the newly matched resident candidates on the day that the NMS match results are made available.
2. Matched residents, in addition to the email, will receive a formal letter of acceptance into the University of Louisville Hospital/KentuckyOne Health Pharmacy Residency Program within 1 week of the NMS match results.
3. By early May, prior to the start of the residency program, matched residents will receive communication(s) regarding Kentucky State licensure, the resident contract, all pharmacy residency-related policies, and will be contacted by the University of Louisville Hospital Human Resources department to schedule a time and date to complete required hiring documentation.
PRECEPTOR DEVELOPMENT POLICY 712-1640

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

DEPARTMENTS AFFECTED: Pharmacy

PROCESS:
Preceptor Performance and Development:

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

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

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

10. The RPD will work with the Director of Pharmacy to advocate for preceptors to attend conferences and workshops that offer preceptor development programs. Examples of such programs may include but are not limited to:
   i. ASHP National Preceptors Conference
   j. Great Lakes Residency Conference
   k. ASHP Midyear Clinical Meeting
   l. Specific Conferences in areas of practice expertise

11. When feasible, new preceptors will be assigned to co-precept with more experienced preceptors to facilitate skill development.

12. RPD will facilitate discussion at monthly Residency Advisory Committee (RAC) meetings to determine if there are any immediate needs for preceptors and a preceptor will share a teaching pearl with the group.
   m. Example #1: If one preceptor is having a difficult time with one resident, they can discuss with the group possible solutions to the problem. (This should only occur if the preceptor has already discussed methods for improvement with the resident and the RPD and the resident has not shown signs of improvement).
   n. Example #2: Preceptors can share a moment or "teaching pearl" with the group to illustrate a time where they were able to successfully provide feedback to a resident that helped the resident.

Understanding RLS/RPDC and ASHP-Accreditation Standards

13. The RPD will give a full orientation to RLS/RPDC and the ASHP residency Accreditation Standards to all new preceptors of the residency program.

14. The RPD will present one section of the ASHP accreditation standards each year at the annual residency retreat.
   a. Preceptors are encouraged to review the pre-survey questionnaire or ASHP standards documents as independent study.
   b. The RPD will conduct a brief review of the ASHP evaluation and RLS/RPDC process on a bi-annual basis.
      i. If/When RLS/RPDC and standards change, each preceptor will be required to attend training discussing the updates.

15. RPD will encourage preceptors to attend RLS/RPDC training if they are attending a conference where the training is being conducted.

16. The RPD will schedule ad hoc education sessions for any major changes in RLS/RPDC or evaluation process (i.e. new standards or evaluation tool, pharmacademic).

Maintaining Minimum Qualifications to be a Preceptor:

17. Each preceptor will be surveyed by the RPD to determine his or her rank and level of interest in precepting on an annual basis.

18. Each preceptor, in addition to the RPD, will review his or her academic and professional record on an annual basis. This will facilitate timely record of their achievements for the year as well as providing documentation to include in their annual self-evaluation for their annual performance appraisal.
   a. After review of the academic and professional record, the preceptor and RPD will determine if they meet minimum qualifications required to be a preceptor.
   b. The preceptor will save the academic and professional record in the pharmacy shared drive (N drive) for the RPD to review.
   c. If the preceptor(s) are not fully meeting the minimum qualifications required to be a preceptor, they will be required to have documented preceptor in training development plan.
      i. The preceptor in training plan will include the following:
         1. Preceptor mentor
         2. Date of training period
         3. Checklist of activities, training to further develop preceptor skills.
   d. All preceptors are encouraged to select a personal professional goal even if they are meeting the minimum qualifications required to be a preceptor.
PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT

i. Preceptors not in peril of meeting their minimum preceptor qualifications, will rank the individual importance of the qualifications defined by ASHP to determine which qualifications they will work to further development in the following 12 months.

e. Annually, preceptors will complete a self-assessment and obtain a peer evaluation using the AACP preceptor evaluation form in order to identify opportunities for continual improvement.

Residency Program Improvement

1. Program improvement is an ongoing agenda item at each Residency Advisory Committee (RAC) and each annual individual program residency retreat.

2. Program improvement ideas from preceptors and residents are placed on the agenda for the next RAC meeting as they are received by the RPD.

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

RESIDENT RESEARCH POLICY 712-1650

PREAMBLE:

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

PURPOSE:

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

POLICY STATEMENT(S):

The Residency Research Committee (RRC) will solicit and develop potential PGY1 research project topics. The RRC ensures that all project topics are feasible to complete in one year and are in line with the organization’s goals.

Each PGY1 resident will have their own research committee which will be responsible for overseeing the progress of the individual resident’s research.

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

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

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

DEPARTMENTS AFFECTED: Pharmacy

GUIDELINE:

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

PROCEDURE:

1. Selection of PGY1 residency projects
PGY1 PHARMACY RESIDENCY MANUAL & TRAINING AGREEMENT

a. Each department member proposing a PGY1 residency project for the upcoming residency year must submit a brief research proposal to the RRC.

b. The RRC will screen each submission for feasibility, suitability for publication, and the proper supervision offered to the resident.

c. Residents may select research topics from an approved menu of eligible projects or pursue a topic of their own interest that has been approved by the RRC committee.

2. Selection of research committee

a. Each PGY1 resident will have their own research committee which is responsible for overseeing the progress of the resident’s research. This research committee will be comprised of, at a minimum:

   - **Research Mentor:** Functions in a dual role as research supervisor and co-principal investigator. Directly oversees the initiation, development, and completion of the research project. Provides official committee responses to proposals and committee updates, as well as other committee communications. In addition the research mentor is ultimately responsible for assuring the resident has satisfactorily completed the research requirements of the residency program in the prescribed timeframe.

   - **Associate Investigators:** Collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. Also participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the manuscript, and perform any other functions of a collaborator.

   - **Outcomes Research Longitudinal Preceptor:** May serve in a committee support capacity, or as investigator. Also responsible for completion of quarterly evaluations of the resident for the Outcomes Research Longitudinal rotation.

b. Once the research proposal is finalized, the resident must make periodic progress reports to their committee as identified in the research timeline.

c. Committees may request more frequent updates as necessary.

3. Research Timeline

a. A specific timeline for research activities will be developed by the Outcomes Research Longitudinal Preceptor and RRC each year.

b. The timeline will include proposal identification and development, presentations, abstract and manuscript, and committee report deadlines.

4. PGY1 Residency Research Requirements

a. Present their research project as a poster at the ASHP Midyear Clinical Meeting.

b. Present their research project results at the Great Lakes Pharmacy Resident Conference.

c. Complete a manuscript of their research project as determined by the resident’s research committee and RRC.

d. Comply with all deadlines and major research activities as denoted in the research timeline.

5. Authorship Requirements:

a. *The Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication* (International Committee of Medical Journal Editors, November 2003; [www.icmje.org](http://www.icmje.org)) should be utilized in determining authorship for poster presentations and publications (referred to hereafter as final work).

b. In general, each author should have participated sufficiently in the project to take public responsibility for relevant portions of the final work. Minimally, the resident and research mentor should take responsibility for the entire project, from topic identification to final work.

c. Other research collaborators should receive credit for authorship only if each of the following criteria is met:

   a. Substantial contributions to project conception and design, data collection, or data analysis and interpretation

   b. Drafting or critically revising the final work

   c. Final approval of the published work.
Pharmacy Residency
Policies & Training Agreement

By signing this document I am agreeing that I have read the ULH Pharmacy Residency Manual. I acknowledge receipt and understanding of all residency requirements and program specific requirements required for successful completion of residency training. I have read and agree to abide by all applicable hospital, departmental, and pharmacy residency policies while I am employed as a PGY1 Pharmacy Resident at the KentuckyOne Health/University of Louisville Hospital.

_____________________________________________
Resident Signature                                                Date

_____________________________________________
Residency Program Director Signature                 Date