Poudre Valley Hospital
Northern Colorado Region

Dear ,

July 2020

Welcome to PVH!

The purpose of the Residency Manual is to provide general information on the structure of the pharmacy, procedures and other information that may be helpful in the successful completion of your residency at UCHealth Poudre Valley Hospital. Please read this manual and retain for further reference.

Please let me know if you have any questions or concerns regarding this manual.

Please be aware that procedures may be revised at any time, when deemed appropriate. Residents will be informed of any changes in a manner consistent with other procedure changes within the department. This includes e-mail communication and staff meeting discussions.

Best wishes for a successful and rewarding residency year!

Sincerely,

Gina

Gina Harper, Pharm.D., BCPS
PGY1 Residency Program Director
Clinical Coordinator
Department of Pharmacy
UCHealth Poudre Valley Hospital
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Fort Collins, Colorado 80524
O: 970-495-8047
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ORIENTATION

The following is an example of your orientation schedule. Prior to your start date in the pharmacy you will attend the general PVH New Employee Orientation (NEO). NEO will usually occur prior to July 1st and will be dependent upon dates offered by UCHealth Northern Region.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
22 Start at 0800 New Employee Orientation PVH Café F	23 Start at 0800 Morning: General Overview and Clinical Orientation Afternoon: Work on Competencies, Vanco and AG in particular	24 Start at 0830 0830-1700 Epic Training IS Training Location (North MOB)	25 Start at 0730 IV room orientation 0730-0800 Watch IV training videos Read procedures Take IV test 1200-1630 IV room training Media fill and Finger tip test 1430-1600	26 Start at 0830 0830-1230 Beacon (Epic Oncology) Training 1300-1700 Epic Outpatient MD Training (North MOB)
29 Start at 0600 D shift Order verification	30 Start at 0600 D shift Order verification	1 Start at 0700 PC shift with NICU TPN focus	2 Start at 0600 AM: D shift until 0900 0900-1100 Dot system w/ Onc pharmacist 1200 Orientation w/ Manager	3 Off (Holiday)
6 Start at 0600 D shift Order verification	7 Start at ~0800 Work on ACLS prep for 8/6-7 0800-0930 Pyxis Technician Training (Britteny)	8 Start at 0800 Work on competencies	9 Start at 0630 IV room training (Roger)	10 Off Working weekend 11&12 @0630 IV room training
13 Start at 0700 PC – Medical	15 Start at 0600 D shift	15 Start at 0600 D shift 1330 Pharmacy Buyer	16 Start at 0630 IV room training	17 Start at 0700 PC – Medical
20 Start at 0700 PC – Medical	21 Start at 0700 PC – Medical 1300-1400 Med Error and ADE training	22 Start at 1000 Check shift TPNs + Chemo	23 Start at 1000 Check shift TPNs + Chemo	24 Off Working weekend 25&26 @0600 RPh staff training August 6/7 ACLS

EXAMPLE PGY1 Resident Orientation Calendar

Global Path to Success

A GUIDE TO PERFORMANCE EXCELLENCE

uchealth

Mission

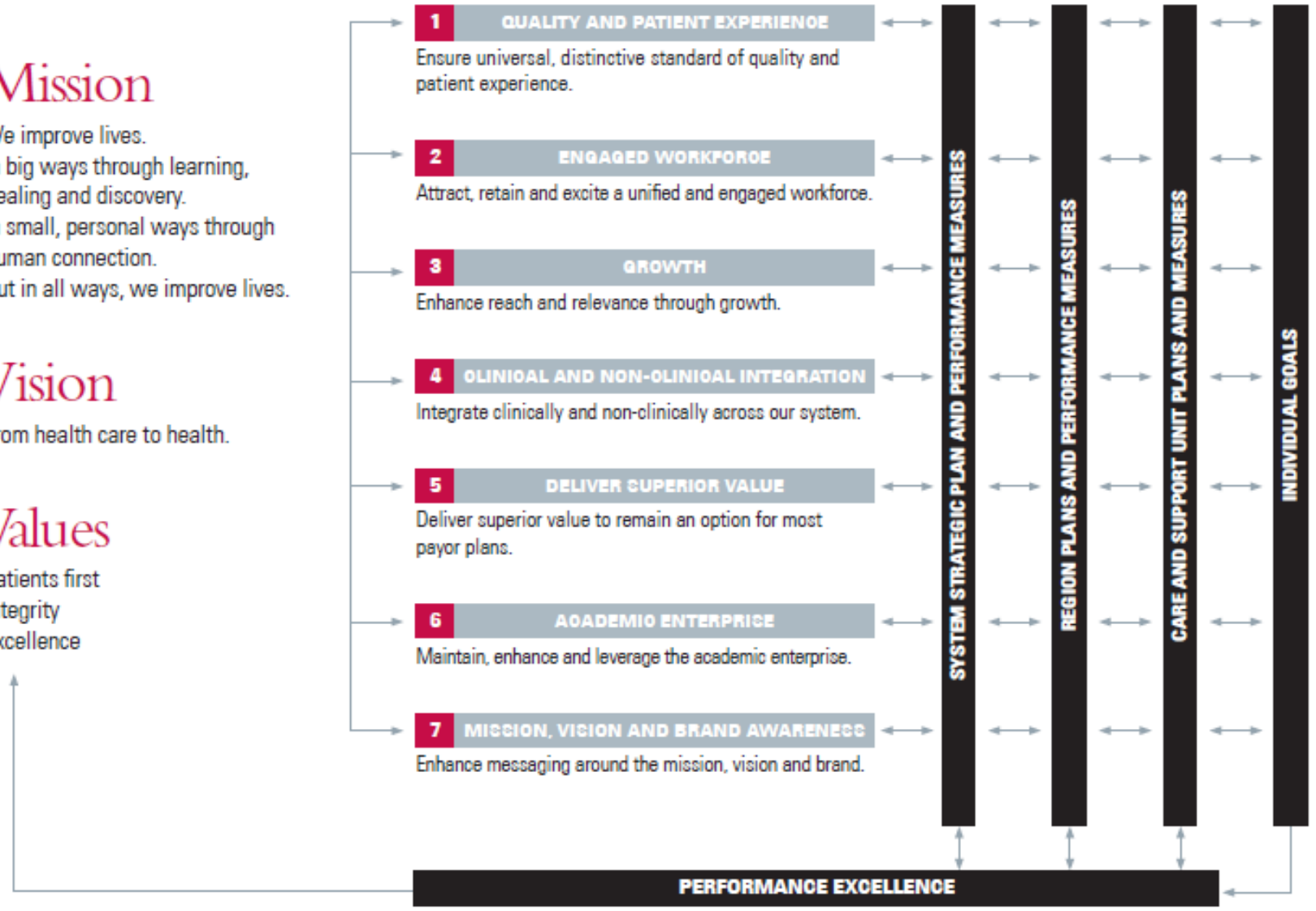
We improve lives.
In big ways through learning, healing and discovery.
In small, personal ways through human connection.
But in all ways, we improve lives.

Vision

From health care to health.

Values

Patients first
Integrity
Excellence



TOGETHER WE IMPROVE LIVES

Standards of Excellence

service

- I am here to serve my customers. This means prompt, friendly and quality service.
- I promptly respond to patient requests, phone calls and customer needs.
- I communicate in a respectful and professional manner. Nonverbal communication is as important as what I say.
- I anticipate patients' and others' needs, working to prevent problems and remove barriers.
- I communicate frequently about how long a patient, visitor or colleague may expect to wait. I provide regular updates.
- I walk guests to their location and seek out those who look lost.

quality

- I seek to understand and improve core measures, quality metrics, best practices, patient satisfaction measures and employee engagement measures.
- I respect the confidentiality of patients and colleagues.
- I report concerns and take appropriate actions to eliminate patient, visitor and/or employee safety hazards.
- I identify opportunities and solutions for service and safety improvements in my work area and assume accountability for our success.
- I keep the facility and my work area neat, clean, presentable, uncluttered and safe.
- I will take appropriate action when public areas do not meet these standards.

team

- I listen to understand and respond in a compassionate manner.
- I encourage my colleagues and offer words of praise for excellent work.
- I partner with my colleagues to manage the workflow of my team and willingly pitch in to help others.
- I help new or less experienced colleagues feel welcome.
- I thank others for their time and efforts.

personal

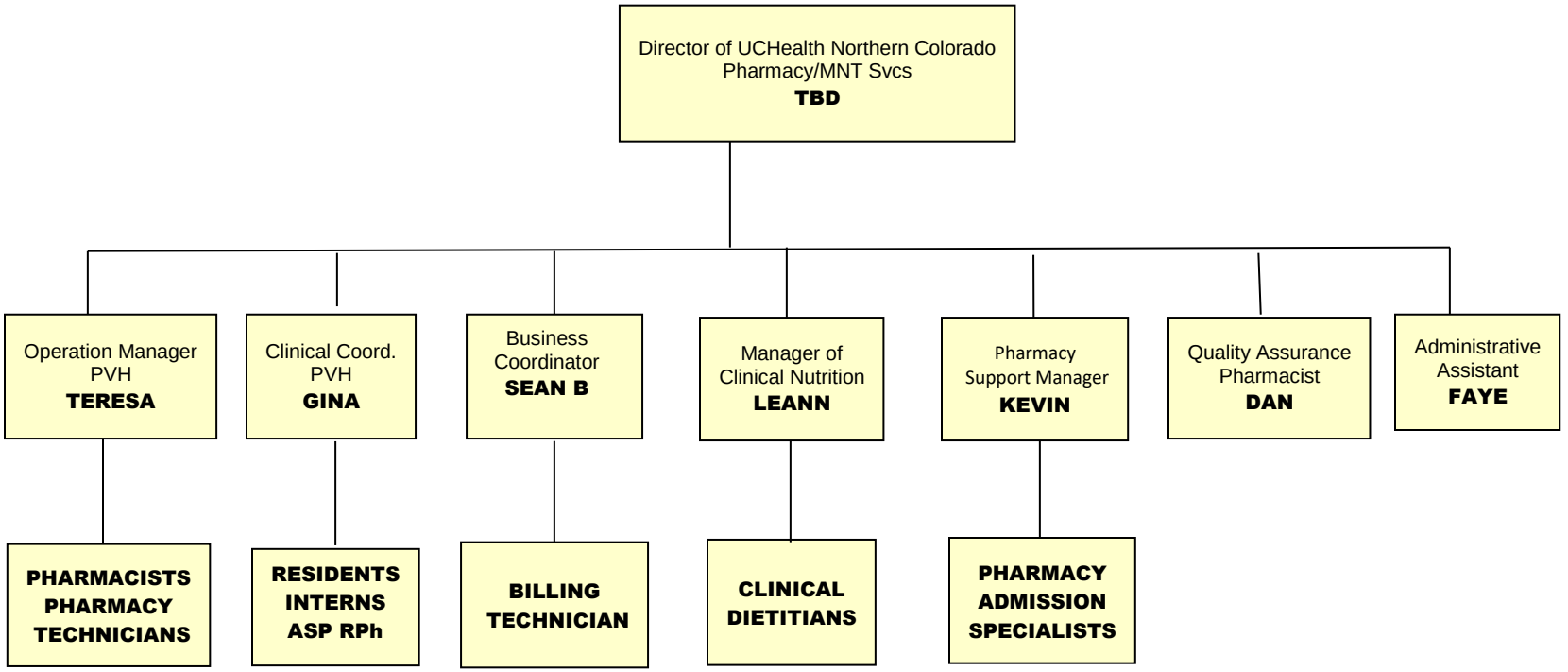
- I take responsibility for my attitude and actions. I treat others with dignity and respect; rudeness is not acceptable.
- I am supportive and flexible when change occurs.
- I consistently carry out my work duties to the best of my ability, skills and training, understanding that my work makes a difference in the care of our patients.
- I deal with conflict in a constructive manner and welcome personal feedback to improve performance and relationships.
- I look for opportunities to further my learning.
- I do the right thing because it is the right thing to do, whether anyone is watching or not.
- I take responsibility to use UCHealth resources appropriately.
- I take steps to maintain personal health and wellness.

communication

- I maintain a positive image and follow the UCHealth dress code. I wear my badge so it is easily read by patients, visitors and colleagues. Any time I am in uniform or have my badge on, I represent UCHealth in a positive light.
- I show respect to all members of the UCHealth team: volunteers, employees, managers, medical staff, students and others.
- Before I speak, I consider who might be listening and what is appropriate in that situation.
- I keep current on organizational information.

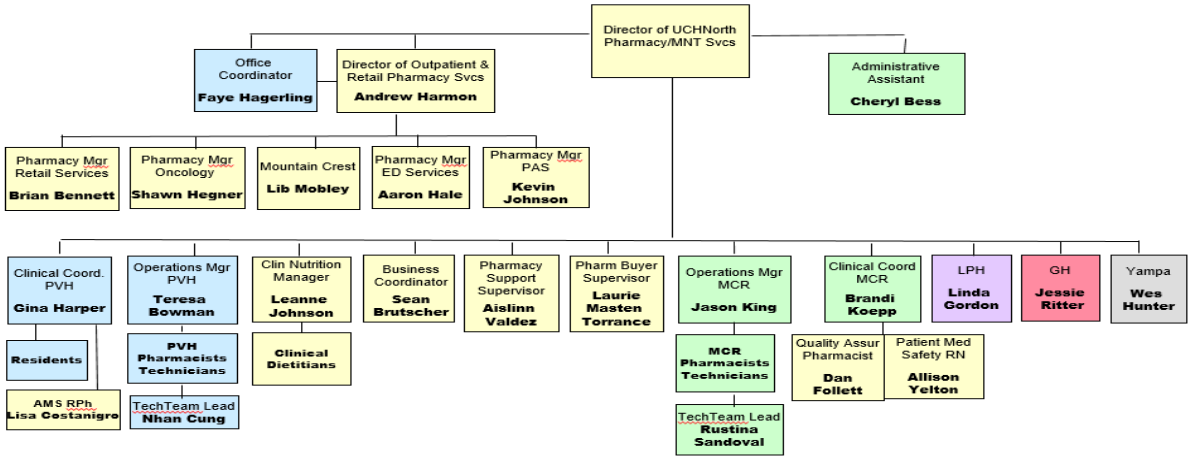
uchealth

PVH: Pharmacy / Medication Nutrition Therapy Department



UCHEALTH NORTH

Pharmacy / Medication Nutrition Therapy Department



*Yellow – **Regional**; Blue – **PVH**; Green – **MCR**; Purple – **LPH**; Red – **GH**; Gray – **Yampa;***

1/23/2020

DEFINITION AND PURPOSE OF POUDRE VALLEY HOSPITAL'S (PVH) PGY1 RESIDENCY

PGY1 Program Purpose: PGY1 pharmacy residency programs build 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.

ASHP's Overview of the Six Standards for PGY1 Pharmacy Residencies

- Standard 1: Requirements and Selection of Residents
  This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

- Standard 2: Responsibilities of the Program to the Resident
  It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

- Standard 3: Design and Conduct of the Residency Program
  It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

- Standard 4: Requirements of the Residency Program Director and Preceptors
  The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

- Standard 5: Requirements of the Site Conducting the Residency Program
  It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

- Standard 6: Pharmacy Services
  When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

PVH's Competency Areas are the four required from ASHP:
Competency Area R1: Patient Care
Competency Area R2: Advancing Practice and Improving Patient Care
Competency Area R3: Leadership and Management
Competency Area R4: Teaching, Education and Dissemination of Knowledge

Applicant Requirements and Selection of PVH PGY1 Pharmacy Residents

General Criteria for Evaluation:
All applications to the residency program will be reviewed by the Residency Screen Team, which is a selected combination of preceptors, residents and the Residency Program Director (RPD). The Screen Team reviews each application and assigns a score to each one of the following: Letter of Intent, CV, Hospital Clinical Rotations, Hospital Intern/Tech Experience, Other Pharmacy Intern/Tech Experience, Pharmacy School Transcripts, Recommendation Letters, Posters/Publications/Scholarly Activities and miscellaneous information not captured in the above categories. The Screen Team then determines which of the applicants are to be offered an interview based on this score in combination with other specific information (e.g. knowledge of applicant based on rotation at the site).

Pharmacy School Requirement:
Applicants must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation).

Citizenship
A pharmacy resident at PVH must be a U.S. citizen.

Eligibility for Licensure:
Applicants must be licensed or eligible for licensure in Colorado.

Rules for Resident Matching
All applicants will adhere to the Rules for the ASHP Pharmacy Resident Matching Program. And can be accessed via the ASHP website homepage:
http://www.ashp.org

Post-Match Acceptance Letter
Following the application and match process, if you are accepted to the program, you will receive a letter outlining your acceptance to the program. It will include information on the pre-employment requirements for the organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend). Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

PVH REQUIREMENTS, EXPECTATIONS AND RESPONSIBILITIES OF PHARMACY RESIDENTS

Initial Assessment
At the beginning of the residency, the RPD in conjunction with preceptors, will assess each resident's entering knowledge and skills related to the educational goals and objectives. This will be accomplished via intake assessments done through PharmAcademic and then incorporated in the resident's Development Plan.

Licensure
After beginning the residency, the resident will have until August 15th of that same year to become licensed in the state of Colorado as a pharmacist, which consists of passing both the NAPLEX exam provided by NABP and the Colorado portion of the Multistate Pharmacy Jurisprudence Exam (MPJE).
In the event of extenuating circumstances, the RPD may approve an extension. However, the resident must complete at least 2/3^{rds} of the residency (~245 days, or 8 months) as a licensed pharmacist. Therefore, if the resident is not licensed at 120 days (4 months) after the start of the residency, the RPD will dismiss the resident from the residency program. Refer to the "Residency Completion Time" section below for more information.

Salary and Benefits
The PGY1 residency stipend for the 2020-2021 year is $57,428.80 ($27.61/hr).
Benefits provided to the resident are consistent with a full time employee at UCHealth and include various options of medical, dental and vision insurance. Participation in flexible spending accounts, health savings accounts as well as life/AD&D insurance are also available.

Attendance and Leave
Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor and the RPD.

- Paid Time Off (PTO)
    - In general, PTO is earned based on hours worked per pay period and years of service.
    - PTO incorporates time off for holidays, sick days and vacation days—you are responsible for how you manage your time.
    - Residents will accrue ~19 days (~152 hours) PTO during your year of employment.
    - You begin with 24 hours to use in your bank.
    - Due to UCHealth mandates in July and August 2020, full-time employees will have 64 hours deducted from your PTO bank (~1 day per week), specific PTO dates to be discussed with primary preceptors or RPD.
    - Four "wellness" PTO days may be taken, one per quarter, only with agreement from the preceptor or RPD based on assigned duties.
        - Wellness days may be taken at the discretion of the resident (only with agreement of rotation preceptor or RPD) during the weekdays for perceived needs to have unscheduled downtime. No more than one wellness day per quarter will be taken.
        - Patient care should be ensured and wellness days cannot be taken if responsibilities are not covered by preceptor and/or another pharmacist.
- Vacation
    - Planned vacation must be discussed and documented in writing with the RPD and appropriate preceptors prior to the start of the applicable rotation, where possible.
    - Residents may not take off more than 1 week of vacation during a required 4-6 week learning experience.
    - Residents are encouraged to use time during December, following Midyear, to take vacation.
- Sick Leave
    - Contact RPD (or Pharmacy Manager if not available) and current preceptor.
    - Missing 3 or more days requires a note from a physician.
- Late
    - Contact RPD (or Pharmacy Manager if not available) and current preceptor.

- Holidays
    - PVH recognizes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas.
    - You will be required to staff one summer and one winter holiday.
    - Other holidays may be taken off utilizing PTO or may be worked, depending on the rotation and the schedule of the preceptor.
- Attendance at professional meetings (ASHP Midyear Clinical Meeting and Mountain States)
    - These days will be listed as EXE and will not utilize your personal PTO.
    - Financial support may be provided for both ASHP Midyear and Mountain States including registration, travel, room and board. However, due to communication from UCHealth CEO in May 2020, business travel is canceled through June 2021. Virtual meeting participation is likely.

Residency Completion Time
Residents are expected to complete the residency program within one year of beginning the program. The time frame may be extended up to 18 months in order to complete the requirements of the residency program in the event of extenuating circumstances such as extended sick or family medical leave, but only if the leave is compliant with UCHealth's Human Resource policy. Time away from the residency above and beyond PTO will not be credited towards the 12 month requirement. In such a case, the RPD, in conjunction with the Residency Advisory Committee (RAC), must approve the extension. If an extension is approved, the RPD and RAC will make every attempt for the resident to continue meeting requirements during these extenuating circumstances, e.g. until licensure is obtained. Residency accreditation standards require that 12 months of training must be completed order to graduate from the PGY1 program. If residency requirements will not be met within 12 months due to the extension, the extra time may be without or reduced pay.

"Moonlighting"
The resident's primary professional commitment must be to the residency program. PVH residents are not allowed to work outside of UCHealth Northern Colorado region. It is the resident's responsibility to ensure compliance with duty hours as described in the below document.
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Duty Hours
All residents will be required to attest to duty hour compliance by documenting as such in PharmAcademic monthly that you have not exceeded allowed hours.

Department Procedures
All Department of Pharmacy procedures are located in the "S" drive via the following address: S:\PHARMACY\STAFF\Procedures\North Region Pharmacy Procedures. All applicable procedures will be reviewed during orientation via mainly self-study and should be referenced throughout the residency year to guide appropriate steps regarding various clinical, administrative, drug storage/procurement/dispensing and hazardous medication related activities as appropriate.

Dress Code
Refer to PH 2030 (S:\PHARMACY\STAFF\Procedures\PVH\2000 Administration) for the department specific dress code. Pharmacy residents will dress professionally at all times. It is required that identification badges are visible and attached above the waist. If the resident wears attire that is deemed unprofessional by the RPD or preceptors, the resident will be asked to leave and change into professional attire.

Meeting Attendance
The resident will attend all pertinent staff meetings, when possible. Attendance will be reviewed quarterly with the RPD.

Patient Confidentiality
Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy. Residents will comply with the Health Insurance Portability and Accountability Act (HIPAA) as outlined during new employee orientation and abide by HIPAA regulations during practice.

Social Networking Policy
Residents are expected to maintain professionalism at all times. Therefore, they are to refrain from posting negative, inflammatory, or sensitive information regarding patients, preceptors, students or any person associated with UCHealth on social networking or any other public internet web sites. This includes any written, photographic or other visual images that could be construed as negative, inflammatory or sensitive information. In addition, the use of phones and computers for social networking during work time is considered unprofessional behavior.

REQUIREMENTS FOR COMPLETION OF PROGRAM

1. Completion of 12 months of training.
2. Completion of all required concentrated and longitudinal practice responsibilities including:
    a. Drug Monograph
    b. Medication Use Evaluation (MUE)
    c. P&T Newsletter
    d. Maintain Residency Binder with all applicable materials
    e. Completed PharmAcademic Evaluations
    f. Attend Pharmacy Staff Meetings
    g. Attend P&T Committee Meetings as needed
    h. Staff every 2nd weekend
    i. Submit and Present Residency Research Project at Mountain States
    j. Complete Manuscript for Residency Research Project
3. Completion of all general requirements, including achieving all required competency areas, goals and objectives.
4. Agreement of preceptors and RAC that the resident has met all requirements.
5. Attendance at the Residency Graduation Ceremony.

Program Structure

REQUIRED, OPTIONAL, LONGITUDINAL AND CONCENTRATED LEARNING EXPERIENCES

Rotations
Rotations are subject to change and availability. Residents will be notified of any changes. In general, the rotation sequence will be determined by resident interest and preceptor availability.

Orientation (5 weeks)

Required Learning Experiences (4-6 weeks each)

- Emergency Medicine (4 weeks)
- Critical Care (6 weeks)
- Family Medicine (4 weeks)
- Infectious Diseases/Antimicrobial Stewardship (6 weeks)
- Neonatal Intensive Care Unit/Pediatrics (6 weeks)
- Oncology (6 weeks)
- Trauma, at Medical Center of the Rockies (4 weeks)

Elective Learning Experiences, select two to three, dependent upon schedule (2-4 weeks each)

- Ambulatory Care
- In depth version of a required rotation
- Rotations offered at other UCHealth campuses, pending availability

Longitudinal Learning Experiences (Throughout)

- Ambulatory Care: Weekly half-day clinics
- Formulary Management: Monthly meetings, Medication Use Evaluation, P&T monograph, Newsletter article
- Major Residency Project
- Medication Safety: Adverse drug reactions and Medication errors
- Staffing: Every other weekend (8.5 hours/day), varying day shift times; One summer and one winter holiday
- Presentations: Patient case or Journal club with each rotation
- ACLS and Code Blue response

OPTIONAL TEACHING CERTIFICATE

Residents may participate in a Colorado pharmacy residency teaching certificate program that is affiliated with the University of Colorado Anschutz Medical Campus. Several requirements are needed in order to complete the certificate, including attendance at multiple workshops located in Denver. For more information, refer to the website below:

http://www.ucdenver.edu/academics/colleges/pharmacy/AcademicPrograms/Residencies/PharmResidencyTeachingCertificate/Pages/PharmResidencyTeachingCertificate.aspx

OPTIONAL RESEARCH CERTIFICATE

Residents may participate in a Colorado pharmacy residency ASPIRE research certificate. Multiple requirements are required to complete the certificate and include attendance at multiple workshops located in Denver. More information will follow if interested.

RESIDENT LEARNING EXPERIENCE AND QUARTERLY EVALUATIONS

For each learning experience the following evaluations will be completed:

1. Summative Evaluation by the Preceptor
2. Learning Experience Evaluation by the Resident
3. Preceptor Evaluation by the Resident

Once per quarter, for the first 3 quarters, there will be a Summative Self Evaluation assigned to the resident.

Evaluations for rotations will occur via the PharmAcademic program.
For rotations that are non-longitudinal, evaluations are due on the last day of the rotation. For longitudinal rotations, evaluations occur quarterly. The resident and the preceptor are prompted by PharmAcademic approximately one week in advance of the date that the evaluation is to be completed. **It is the resident and preceptor's responsibility to complete and discuss the evaluations face to face prior to the end of the rotation.**

For rotations that are longitudinal, all evaluations are due on the quarterly evaluation date, or the nearest business day. The final evaluation is due on the last day of the rotation. All self-evaluations, learning experience evaluations, and preceptor evaluations are due before the summative evaluation date, and should be completed in the same week that the summative evaluation is due.

The RPD will review all evaluations of the resident's performance as they are completed. The preceptor will discuss the resident's performance during the rotation at a corresponding confidential RAC meeting.

Formative Evaluations

Formative feedback from preceptors may formally or informally occur throughout the learning experience. This evaluation may be done via the PharmAcademic system as a snapshot or a face to face informal discussion. The resident should encourage preceptors to provide frequent feedback. The best feedback focuses on a process or product that the preceptor has directly observed, and is based on clear criteria about what constitutes successful performance (e.g. related to a specific objective). This type of evaluation will be utilized, when applicable, to track resident performance deficits and improvements. The RPD will retain copies of these evaluations via PharmAcademic or otherwise.

Summative Evaluations

A summative evaluation occurs at the end of every learning experience and quarterly for a longitudinal experience. It is a final measure of the degree goals and objectives have been accomplished during the learning experience.

Quarterly Residency Development Plan

The RPD will meet with the resident at least quarterly to discuss progress in the residency. During these meetings, the RPD will review and add items to the Quarterly Residency Development Plan (see Appendix A) based on feedback from the resident. The purpose of quarterly evaluations is to review evaluations of the resident's performance, review of resident's evaluations of preceptors and rotations, review the plan for the next quarter, review any ongoing projects, and customize the residency as appropriate. The resident's progress and performance as they relate to the residency's goals and objectives will be discussed.

Additional Sources of Evaluation

Additional sources of feedback can include written notes, emails, suggestions and oral feedback. The goal is for the resident to have frequent sources of feedback so that they can continue to develop their skills and improve in areas that need attention.

Compliance with Evaluation Policy
Residents must comply with the evaluation policy and complete evaluations in a timely manner as required. Failure to comply with this policy may result in disciplinary action by the RPD.

The following scales will be used to evaluate progress of the resident during required, optional and longitudinal learning experiences in PharmAcademic:

PharmAcademic Rating Definitions	Definition
Needs Improvement (NI)	• Deficient in knowledge/skills in this area • Often needs assistance to complete the goal/objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	• Adequate knowledge/skills in this area • Sometimes requires assistance to complete the goal/objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	• Fully accomplished the ability to perform the goal/objective • Rarely requires assistance to complete the goal/objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)	• The resident has ACH during the learning experience and the preceptor feels the resident will only need facilitation (resident functions independently with preceptor input only upon request) to perform this skill throughout the rest of the residency. • If the learning experience preceptor feels the resident has achieved (ACH) a particular goal/objective but does not feel comfortable evaluating achieved for the residency (ACHR), the learning experience preceptor will discuss with the RPD and/or RAC as needed to determine whether this skill has been demonstrated consistently in similar situations in order to be considered achieved for the residency (ACHR).

PROJECT, PRESENTATIONS AND OTHER GUIDANCE

Residency Project

The resident's major project will be developed based on the resident's practice interests in conjunction with the needs of the organization. A list of suggested/available projects will be provided to the resident during orientation. If the resident has specific projects or research interests that are not contained in that list, an alternate project may be developed in conjunction with the RPD and applicable preceptors. For projects involving patient specific research and applicable patient consent, the Institutional Review Board (IRB) must approve these documents. The major project deadline for selection is August 1st.

Following completion, whether a process improvement or research oriented project, it will be written as a manuscript suitable for publication. The appropriate preceptor(s), RPD and resident will determine which, if any, publication to submit the manuscript.

RESIDENCY BINDER (PRINT AND ELECTRONIC) GUIDELINES

Your residency binder is intended to organize activities accomplished during your residency. Two binders with the same information will be kept by the resident. The resident may take one copy upon graduation and the other will remain at PVH as a reference. The term "binder" includes both paper and applicable electronic files that are placed in the S drive and a personal drive. Your binders should be neat and orderly. The best way to keep up with these binders is to add to and organize them weekly. Dividers/electronic folders should be utilized to maintain organization. At the end of each quarter, your binder will be collected and used in your evaluation. While the organization of the binder is at your discretion, there are core content requirements. The required contents are described below. Each of the underlined items below should be a section in the physical binder and should be labeled as such in the electronic file if applicable. Any additional projects assigned to you should also be included as additional sections in the binder.

ALL IDENTIFYING PATIENT INFORMATION MUST BE REMOVED FROM ALL MATERIALS PRIOR TO INCLUSION IN THE BINDER

INITIAL PROGRAM PLAN WITH SCHEDULE

MAJOR PROJECT

The binder should include a copy of all documents or forms submitted to IRB for approval (if applicable). The final abstract, a copy of your final presentation and the completed manuscript must be included. All copies of evaluation forms from Mountain States should be included (or scanned and uploaded toPharmAcademic). Finally, a copy of ALL paperwork submitted to IRB for the closure of the project should be included (if applicable).

PATIENT CASE PRESENTATIONS

The binder should contain a copy of all formal written case presentations including handouts provided, and the PowerPoint presentation (if applicable). The resident should provide major clinical studies, evidence-based medicine, and treatment guidelines used to develop the presentation.

JOURNAL CLUB PRESENTATIONS

The binder should contain a copy of all handouts and articles reviewed.

MEDICATION USE EVALUATION(S)

The binder should contain a copy of the MUE proposal, data, results, and final presentation.

P&T MEDICATION REVIEW

The binder should include a final copy of your drug monograph.

ADVERSE DRUG REACTIONS/MEDWATCH FORMS

The binder should include a copy of each ADR and MedWatch form (if applicable). ALL patient identifying information must be REMOVED.

P&T NEWSLETTER ARTICLE

A copy of the article and supporting documents should be included in the binder along with the final published edition of the newsletter.

ROTATIONS

Each clinical rotation should have its own section in this binder. All projects completed during the rotation should be maintained in this section. ALL patient identifying information must be REMOVED.

EVALUATIONS

The binder should contain formative evaluations (presentation feedback, project feedback, snapshot evaluations).

A copy of the completed incoming "Skills and Areas of Interest survey" document should be included in the binder. The binder should contain a copy of any evaluations and critiques of your work that are not maintained in PharmAcademic. The binder should also contain a copy of the resident's outgoing "Skills and Areas of Interests survey" and any reflections on the residency year.

The binder should also contain a copy of the following for each quarter

1. A log of activities completed by the resident during the quarter
2. The quarterly review of the Residency Development Plan

Suggested Residency Year Timeline

July

1. NAPLEX and MJPE exams (if not done already)
2. The resident, in conjunction with potential preceptor(s), will identify a research project from the list of possible projects provided to the resident. Alternatively, a project not listed may be pursued based on the resident's particular interests as long as approved by the RPD and applicable preceptor(s).

August

1. Resident makes final decision on residency project by August 1.
2. Resident identifies whether project or patient-based ASHP Resident Poster is appropriate.
3. Determine date for ASHP Resident Poster Abstract Deadline (see www.ashp.org for details).

September

1. Resident presents the following information to RPD and Preceptor (if applicable)
    - For process improvement projects: background information, methods for implementation including P&T, SLQC, MEC approval and staff education, data collection tools, and timeline for completion.
    - For research based projects: background information, hypothesis, methods, objectives/outcomes, statistics, data collection tools, timeline for completion.
2. Start IRB submission forms (if applicable).
3. Determine P&T meeting month to present project (if applicable).
4. Prepare Abstract for ASHP MCM submission based on ASHP guidelines (see www.ashp.org for details).

October

1. ASHP Resident Poster Abstract Deadline (Aug 15 to Oct 1).

November

1. Begin data collection following IRB approval or process improvement development and implementation.
2. Prepare poster for ASHP Clinical Midyear Meeting.

December

1. Present poster at ASHP Clinical Midyear Meeting.
2. Continue data collection or project implementation.

February

1. Abstracts and registration due for Mountain States.
2. Residency applicant interviews (resident to participate in each).

April/May

1. Finish data collection or project implementation.
2. Prepare statistical results if applicable.
3. Submit final slides for Mountain States
4. Present at Mountain States.

June

1. Prepare for end of year.
2. Submit all required materials, including final project manuscript.
3. Participate in exit interview.

RESIDENCY OVERSIGHT
Residency Advisory Committee (RAC)

The RAC will:
1. Provide direction, structure and leadership to the residency program
2. Monitor resident progress and provide feedback as needed
3. Address problems and/or concerns identified by the residents regarding the residency program
4. Adjudicate and enforce probation, dismissal and/or withdrawal
5. Agree that the resident has met all requirements for successful completion and graduation from the residency program.

All clinical pharmacist preceptors should participate in the RAC meetings.

The RAC will consist of the following voting members:
1. RPD, chair
2. Pharmacy Director
3. Clinical residency preceptors

The RAC will meet to monitor resident progress and conduct long-term planning for the residency program. Meetings will be scheduled quarterly (and as needed) to conduct the aforementioned agenda as well as address resident issues and/or concerns or to investigate or initiate disciplinary proceedings. Meetings can be requested as needed by the RPD or any preceptor.

PHARMACY RESIDENT PROBATION, DISMISSAL AND/OR WITHDRAWAL

I. **PURPOSE**: To establish policy and procedures for formally counseling or remediating a pharmacy resident, placing on a probationary status or dismissing from the program.

II. **POLICY**: A pharmacy resident may be officially be counseled, remediated, placed on probation, dismissed, or may voluntarily withdraw from the program. These actions will be based on evidence of placing patients at risk or a general inability to function effectively for any reason. Examples requiring action are listed, but are not limited, to the following:

A. Behavioral misconduct or unethical behavior that may occur on or off premises.
B. Unsatisfactory attendance.
C. More than one unsatisfactory performance evaluation.
D. Willful violation of UCHealth Northern Colorado policy or local or federal law, including substance abuse violations.
E. Inability to practice pharmacy safely or complete residency requirements due to disability or mental disorder that UCHealth Northern Colorado is unable to accommodate in a reasonable manner.
F. Failure to become a licensed pharmacist by defined timeline.

III. **RESPONSIBILITIES OF PRECEPTOR, RESIDENT, RAC AND/OR RPD**:

A. The Preceptor will be responsible for:

1. Documenting general unsatisfactory performance (including Needs Improvement, NI) of a pharmacy resident in writing. This is to be reviewed by the preceptor with the resident, when applicable, throughout the rotation and at the final evaluation of the rotation.
2. Documenting, in writing, any of the following that would warrant immediate formal counseling or disciplinary action:
    - Unethical or unprofessional behavior
    - Actions that places a patient's health at risk
    - Actions that causes endangerment to any personnel

This behavior may be brought to the preceptor's attention by any person associated with UCHealth Northern Colorado and then immediately reported to the RPD in writing.

4. Developing a plan of action, in conjunction with the resident, RPD and RAC as needed, that outlines the steps and objectives needed to remediate documented performance issue(s).
5. In the case of a resident who is not demonstrating appropriate progress in a rotation, as determined by the preceptor, but has not had a prior unsatisfactory (NI) rating, the preceptor may require that a resident may repeat the rotation during an elective block. This elective will emphasize components deemed lagging by the preceptor. The preceptor, resident and RPD will determine the appropriate timing for the repeat rotation. Depending on performance deficiencies, the preceptor may or may not assign a NI rating for goal(s)/objective(s) in the initial rotation. If the deficiencies are deemed significant and pervasive (e.g. similarly noted in other rotations during RAC discussions), the preceptor is encouraged to utilize an NI rating.
6. If the resident has had a prior NI rating during a past rotation and the current preceptor has documented concerns of continued NI performance, the preceptor, in consultation with the RPD may recommend official remediation and probation promptly, to be approved by the RAC.

B. The Resident will be responsible for:

1. Documenting, in writing, perception of actions or behaviors being considered and effects of those actions.
2. Developing a plan of action, in conjunction with appropriate Preceptors and the RPD, that outlines the steps and objectives needed to remediate the first and, if applicable, second documented performance issue(s).

C. The RAC will be responsible for:

1. Calling a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the action or performance issue in question. This meeting will occur within 1 business day following documentation submission.

2. Recommending, based upon the evidence provided, that the resident be counseled, remediated, placed on probation, dismissed, or that no action be taken.
3. Recommending steps and objectives needed to remediate performance issue(s) of the resident.

D. The RPD will be responsible for:
1. Counseling the resident at the time of the first instance of unsatisfactory performance or NI.
2. Discussing the RAC steps and objectives outlined in conjunction with the resident's objectives for mediation of the performance issue(s).
3. Notifying the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
4. Notifying the resident verbally and in writing upon receipt of the recommendation of the RAC of the resident's dismissal.

IV. **PROCEDURE**:
A. The residency preceptor or other applicable person will provide the RPD with written documentation of any unacceptable performance or actions.
B. Any actions requiring termination of the resident (immediate or as a result of the counseling and discipline process outlined below) will be managed by the RPD, department director, and Human Resources.
C. Upon receipt of the first instance of unsatisfactory performance, the RPD will counsel the resident. A plan of action that outlines the steps and objectives needed to remediate documented performance issue(s) will be discussed and put in writing by the preceptor, resident and RPD. The first performance issue will not result in probation.
D. Upon receipt of a second unsatisfactory performance evaluation, or initial (first instance) evidence of unethical or unprofessional behavior, actions that place patient's health at risk or actions that causes endangerment to any personnel, the RPD will call an emergency RAC meeting within 1 business day of receipt to determine appropriate action. Actions considered may be additional counseling, remediation or placing the resident on probation for four weeks. If steps and objectives to remediate performance issues have not been demonstrated by the resident within those four weeks, the RAC may recommend immediate dismissal.
E. Upon receipt of a third unsatisfactory performance evaluation, or additional evidence of unethical or unprofessional behavior, actions that place patient's health at risk or actions that causes endangerment to any personnel, the RPD will call another emergency RAC meeting within 1 business day of receipt to discuss appropriate actions. Actions will be either additional probation or recommendation of immediate dismissal.
F. Actions that the RAC deems necessary will be communicated to the resident both verbally and in writing by the RPD within 1 business day.
G. Dismissal from the residency program will occur if there is discharge for cause. The resident will not receive the remainder of the stipend, and a certificate will not be awarded.
H. At any time, a resident may submit a two-week notice of resignation to the RPD.
I. The resident has the right to address the RAC on any issue related to dismissal. This communication will be in writing. The grievance will be sent to all parties involved in the dismissal procedure.

GENERAL INFORMATION

Administrative Assistance

Faye Hagerling is the Pharmacy Administrative Assistant. She is available to answer many of your administrative questions (#58030).

Workspace and Supplies

Residents will have access to a computer and workspace within the Department of Pharmacy. General office supplies can be obtained in the Pharmacy office. Ask Faye Hagerling for specific material location.

Phone

Dial "9" to access an outside line. Not all phones are set up for long distance service. In the event the resident needs to call long distance for project or patient needs and do not have access, contact the operator and ask for assistance. Medical Center of the Rockies (MCR) numbers may be dialed internally by using a "4" and then the 4 digit number. PVH numbers begin with "5" and Redstone numbers begin with "7".

Lab Coats

Faye Hagerling can assist residents in selecting and procuring a lab coat during orientation.

Business Cards

Will be provided to the resident during orientation.

Employee Identification Cards

Issued by Human Resources after the hire date.

Photocopying

A copy machine is available in the Pharmacy office area. This copier is for business use only.

Resident Parking

All employee cars must be registered and employees must follow all parking rules and regulations for the facility. Residents may park in the garage or any employee identified parking.

Keys

Employee badges will serve to access restricted areas. A 4 digit code will be assigned and must be used in addition to the UCHealth Northern Colorado issued badge to enter the pharmacy.

Use of E-mail System

To be covered during new employee orientation. E-mails should be responded to in a timely manner.

Mail

Each resident will have a mailbox next to the pharmacy break area. Check your mailbox regularly.

Library Services

We no longer have a physical library onsite. Pubmed may be accessed through two methods. Epic grants users access to the University of Colorado library via Epic, which is significantly larger than the Northern Colorado access. The other option is via The Source → Medical Cybrary.

APPENDIX A

RESIDENCY DEVELOPMENT PLAN
INITIAL ASSESSMENT AND SUBSEQUENT UPDATES

Entering Characteristics	Initial Changes to Program/ Residency Structure	1st Quarter Update	2nd Quarter Update	3rd Quarter Update	4th Quarter Update
Strengths **Examples:** • Hospital experience • Personality traits • Drug information • Writing/Presentation skills	• Note modifications based on strengths (e.g. shorten Pyxis training with techs)	• Changes?			
Areas for Improvement **Examples:** • No hospital experience • Limited exposure to certain required clinical areas • Patient monitoring/assimilation • Perceived personality traits	• Note any enhancement of certain areas to increase exposure. • As needed, request upcoming preceptors increase snapshot evaluations of perceived weaknesses. • Also increase presentations, patient workups exercises, etc… as needed.	• Add elective objectives as needed (e.g. 7.3.1, 7.4.1) • Request additional snapshots • Monitor evaluations • Involve RAC as needed • Discuss w/ preceptors	•		
Career Goals • Short term: • Long term: • Considering PGY2 training?	Focus on R5.1 if interest in teaching	• Changes?			
Interests Examples: • Family medicine • Infectious diseases • Cardiology • Critical care	• Schedule electives/Extend required where possible	• Changes?			
Resident Progress		Comment on SP, ACH or NI documentation on evaluations or any relevant information provided on progress	Discuss any added goals/objectives or progress on prior NIs		
Resident Milestones (related to objectives chosen to demonstrate mastery of specific areas)					

Progress of Required PVH PGY1 Activities	**1st Quarter Update**	**2nd Quarter Update**	**3rd Quarter Update**	**4th Quarter Update**
Rotations completed				
Progress on major project				
Presentations				
Drug Monograph				
Medication Use Evaluation (MUE)				
P&T Newsletter				
Maintain Residency Binder with all applicable materials				
Completed PharmAcademic Evaluations				
Disease states discussion during learning experiences				
Attend ASHP Midyear Clinical Meeting				
Attend Mountain States				
Attend Pharmacy Staff Meetings				
Attend P&T Committee Meetings				
Staff every 2nd weekend				
Submit Residency Research Project Abstract to Western States				
Complete Manuscript for Residency Research Project				

Resident Signature_____ Date_____