Dear ,

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
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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 is usually the third Monday in June, dependent upon dates offered by UCHealth Northern Region.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Start at 0800 New Employee Orientation PVH Café F</td>
<td>23 Start at 0800 Morning: General Overview and Clinical Orientation Afternoon: Work on Competencies, Vanco and AG in particular</td>
<td>24 Start at 0830 0830-1700 Epic Training</td>
<td>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</td>
<td>26 Start at 0830 0830-1230 Beacon (Epic Oncology) Training 1300-1700</td>
</tr>
<tr>
<td>29 Start at 0600 D shift Order verification</td>
<td>30 Start at 0600 D shift Order verification</td>
<td>1 Start at 0700 PC shift with NICU TPN focus</td>
<td>2 Start at 0600 AM: D shift until 0900 0900-1100 Dot system w/Onc pharmacist 1200 Orientation w/ Manager</td>
<td>3 Off (Holiday)</td>
</tr>
<tr>
<td>6 Start at 0600 D shift Order verification</td>
<td>7 Start at ~0800 Work on ACLS prep for 8/6-7 0800-0930 Pyxis Technician Training (Britteny)</td>
<td>8 Start at 0800 Work on competencies</td>
<td>9 Start at 0630 IV room training (Roger)</td>
<td>10 Off Working weekend 11&amp;12 Off 0630 IV room training</td>
</tr>
<tr>
<td>13 Start at 0700 PC – Medical</td>
<td>15 Start at 0600 D shift</td>
<td>15 Start at 0600 D shift 1330 Pharmacy Buyer</td>
<td>16 Start at 0630 IV room training</td>
<td>17 Start at 0700 PC – Medical</td>
</tr>
<tr>
<td>20 Start at 0700 PC – Medical</td>
<td>21 Start at 0700 PC – Medical 1300-1400 Med Error and ADE training</td>
<td>22 Start at 1000 Check shift TPNs + Chemo</td>
<td>23 Start at 1000 Check shift TPNs + Chemo</td>
<td>24 Off Working weekend 25&amp;26 Off 0600 RPh staff training August 6/7 ACLS</td>
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EXAMPLE PGY1 Resident Orientation Calendar
Who We Are

At UCHealth, you make extraordinary possible.

Our mission, vision and values are what we believe in. What we believe in drives our decisions and our actions.

Our values in action are exactly that—behaviors we exhibit with patients and with each other. Respect is paramount in our values, because we believe in treating everyone with dignity and celebrating the unique aspects of every UCHealth team member.

What We Believe

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

What We Do

Values in Action

Patients First
Show respect, dignity and compassion. Be present and mindful. Connect in meaningful ways, both big and small. Build trust to build relationships.

Integrity
Respect diversity and demonstrate inclusion. Be honest. Be authentic. Be real. Own your actions and outcomes. Treat others as they want to be treated. Promote a fair and just culture.

Excellence
Demonstrate respect by listening to understand. Provide exceptional care and service, no matter what. Innovate for improvement. Take care of yourself so you can take care of others.

How We Support You

Career Conversations
Leadership Competencies
Recognizing You
Diversity, Equity & Inclusion
Flyer - Mission Vision Values
About UCHealth | fact sheets

Experience Pillars

Know Me
Me personally. My context. My goals.

Educate Me
Be knowledgeable about me, help me understand the “why” at every step, get the best out of me.

Guide Me
Be responsive, reliably stand by my side, remove barriers and give me honestly what I need.

Support Me
Be empathetic, motivating and there to catch me when I fall.
NoCo Organization Structure – of note, PVH PGY1 residents report to Gina Harper
DEFINITION AND PURPOSE OF POU DRE 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 Five Standards for PGY1 Pharmacy Residencies

• Standard 1: Recruitment and Selection of Residents
  Provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy, and support the organizations’ mission and values.

• Standard 2: Program Requirements and Policies
  Details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and, requirements of ASHP Regulations on Accreditation of Pharmacy Residencies and ASHP Duty Hour Requirements for Pharmacy Residencies.

• Standard 3: Structure, Design, and Conduct of the Residency Program
  Defines required components of program structure, design, and conduct. It is important that the program’s structure and design enable residents to achieve the purpose of the residency program through skill development in the program’s required competency areas. Requirements for oversight of residents’ development, formative and summative evaluations, and self-assessment are defined.

• Standard 4: Requirements of the Residency Program Director and Preceptors
  Defines eligibility and qualification requirements for residency program directors (RPDs) and preceptors as well as requirements for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

• Standard 5: Pharmacy Services
  Serves as a guide to best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department that are applicable to all practice environments. Each standard applies to all practice environments, unless otherwise indicated.

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 Application Criteria Evaluated:
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
- Pharmacy School Transcripts (minimum required GPA of 3.0)
- Hospital Intern/Tech Experience
- Other Pharmacy Intern/Tech Experience
- Recommendation Letters
- Posters/Publications/Scholarly Activities
- Other information provided that is not captured in the above categories

The Screen Team then determines which of the applicants are to be offered an interview based on scores 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).

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](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
The resident will have 120 days 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). Residents are encouraged to become licensed as early as possible as pharmacist licensure improves training and initial weekend staffing experiences. Additionally, if the NAPLEX or MPJE requires a retake, a delay in testing may result in licensure after 120 days. Per ASHP, the resident must complete at least 2/3rds 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.

If the resident is not licensed before July 1st, the resident must obtain a valid Colorado Pharmacy Intern License until pharmacist licensure is completed.

Salary and Benefits
The PGY1 residency stipend for the 2023-2024 year is $62,753.60 ($30.17/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.

Start and Stop Dates (term of appointment)
In general, the residency will start in the 3rd week of June to allow for UCHealth New Employee Orientation and 5 weeks of general pharmacy orientation. The residency will complete on June 30th if that is a weekday, or the Friday before June 30th if the 30th falls on a weekend.

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 0.0731 hours per hours worked if you have been employed w/ UCHealth for 0-12 months.
    - This translates to ~19 days (~152 hours) PTO during your year of employment.
  - You begin with 24 hours to use in your bank.
  - Four “wellness” days may be taken using your PTO bank (limit one per quarter) pending 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
  o **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.
  o Residents may not take off more than 1 week of vacation during a required 4-6 week learning experience.
  o Residents are encouraged to use time during December, following Midyear, to take vacation.
• Sick Leave
  o Contact RPD (or Pharmacy Manager if not available) and current preceptor.
  o Missing 3 or more days requires a note from a physician.
• Late
  o Contact RPD (or Pharmacy Manager if not available) and current preceptor.
• Holidays
  o PVH recognizes the following holidays: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas.
  o You will be required to staff one summer and one winter holiday.
  o 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 or other applicable end-of-year residency conference)
  o These days will not utilize your personal PTO.
  o Financial support may be provided for both ASHP Midyear and the residency conference including registration, travel, room and board. However, due to the impacts of the pandemic, business travel has been significantly curtailed since May 2020 and attendance at meetings with financial support is pending further discussion.
• Time away from the program for residents will not exceed 37 days per 52-week training period
  o Time away is defined by ASHP as: vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave as well as conference and/or education days
  o Compensatory days off for service requirements (e.g. weekend staffing) are not included
  o Training will be extended to make up any absences exceeding 37 days in an equivalent amount
  o See residency completion time below for program specific extension limitations

**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 exceeding 37 days in a 52-week period 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 in order to graduate from the PGY1 program. If residency requirements will not be met within 12 months due to the extension, residents will be paid according to human resource policies related to leave, time off, and/or extensions.

“Moonlighting”
The resident’s primary professional commitment must be to the residency program. PVH residents are not allowed to work outside of UCH’s Human Resource policy. If the resident chooses to work additional non-residency hours within UCH, it is the resident’s responsibility to ensure compliance with duty hours based on hours worked during a particular rotation vs scheduled shifts as described in the below linked document. [https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf)
If moonlighting hours appear to negatively affect the resident’s performance on rotation or other residency obligations, as determined by preceptors and/or RPD, the resident will seek specific approval from the RPD for each additional shift prior to agreeing to work that shift.

**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.

In the event duty hours non-compliance is identified, the RPD will meet with the resident upon notification to establish a specific monitoring plan (e.g. spreadsheet time tracking, weekly check-ins) to ensure future compliance.

**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, formulary meetings (whenever possible) and applicable P&T meetings. 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/electronic folder 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 (4 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)
- Transitions of Care
- In depth version of a required rotation
- Rotations offered at other UCHealth campuses, pending availability

Longitudinal Learning Experiences (Throughout)
- Career Development and Leadership: Monthly workshops
- 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
- Code Blue response/attendance during the year, whenever possible, ACLS training typically in August

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

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<th>PharmAcademic Rating Definitions</th>
<th>Definition</th>
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| 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). |
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
The term “binder” includes both paper and applicable electronic files (with a preference for electronic) that are placed in the S drive (a copy may be kept on your personal U drive). The residency binder is intended to organize activities accomplished during your residency and to ensure your final documents are available for future reference. One physical binder will be given to the resident at the start of residency to keep track of non-electronic items. Please scan any required documents to the specific Residency folder/sub-folder in the S drive. The resident may take their physical binder upon graduation.
At the end of each quarter, your folder will be reviewed for your development plan progress. 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 labeled as such in the electronic file. 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 to PharmAcademic). 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
Only as needed, these would be evaluations done outside of PharmAcademic (e.g. presentation evaluations)
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/MUE results (if applicable).
4. Prepare Abstract for ASHP MCM submission based on ASHP guidelines (see www.ashp.org for details).
5. University of Wyoming residency showcase.

October
1. ASHP Resident Poster Abstract Deadline (Aug 15 to Oct 1).
2. Colorado residency showcase.

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/recruit for future residents at ASHP Clinical Midyear Meeting.
2. Continue data collection or project implementation.
3. Upcoming year residency application review (Dec-Jan)

February
1. Abstracts and registration due for end of year residency conference.
2. Residency applicant interviews (resident to participate in each).

April/May
1. Finish project implementation.
2. Prepare statistical results if applicable.
3. Submit final slides to the Residency Conference.

June
1. Present at the Residency Conference.
2. Prepare for end of year.
3. Submit all required materials, including final project manuscript.
4. Participate in exit interview and graduation.
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 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 remediation 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

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.

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”, Redstone numbers begin with “7” and GH begins with a “2”.

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.
## RESIDENCY DEVELOPMENT PLAN
### INITIAL ASSESSMENT AND SUBSEQUENT UPDATES

<table>
<thead>
<tr>
<th>Entering Characteristics</th>
<th>Initial Changes to Program/Residency Structure</th>
<th>1st Quarter Update</th>
<th>2nd Quarter Update</th>
<th>3rd Quarter Update</th>
<th>4th Quarter Update</th>
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</thead>
<tbody>
<tr>
<td><strong>Strengths</strong> Examples:</td>
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<tr>
<td>• Hospital experience</td>
<td>• Note modifications based on strengths (e.g. shorten Pyxis training with techs)</td>
<td>• Changes?</td>
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<td>• Personality traits</td>
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<td>• Drug information</td>
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<td>• Writing/Presentation skills</td>
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<td><strong>Areas for Improvement</strong> Examples:</td>
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<tr>
<td>• No hospital experience</td>
<td>• Note any enhancement of certain areas to increase exposure.</td>
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<tr>
<td>• Limited exposure to certain required clinical areas</td>
<td>• As needed, request upcoming preceptors increase snapshot evaluations of perceived weaknesses.</td>
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<td>• Patient monitoring/assimilation</td>
<td>• Also increase presentations, patient workups exercises, etc... as needed.</td>
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<td>• Perceived personality traits</td>
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<td><strong>Career Goals</strong></td>
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<td>• Short term:</td>
<td>Focus on R5.1 if interest in teaching</td>
<td>• Changes?</td>
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<td>• Long term:</td>
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<td>• Considering PGY2 training?</td>
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<td><strong>Interests</strong> Examples:</td>
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<td>• Family medicine</td>
<td>• Schedule electives/Extend required where possible</td>
<td>• Changes?</td>
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<td>• Infectious diseases</td>
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<td>• Cardiology</td>
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<td>• Critical care</td>
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<td><strong>Resident Progress</strong></td>
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<td>Comment on SP, ACH or NI documentation on evaluations or any relevant information provided on progress</td>
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<tr>
<td><strong>Resident Milestones</strong></td>
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<td><strong>(related to objectives chosen to demonstrate mastery of specific areas)</strong></td>
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<td>Progress of Required PVH PGY1 Activities</td>
<td>1st Quarter Update</td>
<td>2nd Quarter Update</td>
<td>3rd Quarter Update</td>
<td>4th Quarter Update</td>
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<td>Rotations completed</td>
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<td>Progress on major project</td>
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<td>Presentations</td>
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<td>Drug Monograph</td>
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<td>Medication Use Evaluation (MUE)</td>
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<td>P&amp;T Newsletter</td>
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<td>Maintain Residency Binder with all applicable materials</td>
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<td>Completed PharmAcademic Evaluations</td>
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<td>Disease states discussion during learning experiences</td>
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<td>Attend ASHP Midyear Clinical Meeting</td>
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<td>Attend Mountain States</td>
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<td>Attend Pharmacy Staff Meetings</td>
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<td>Attend P&amp;T Committee Meetings</td>
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<td>Staff every 2nd weekend</td>
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<td>Submit Residency Research Project Abstract to Residency Conference</td>
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<td>Complete Manuscript for Residency Research Project</td>
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Resident Signature__________________________ Date__________