Poudre Valley Hospital
Northern Colorado Region

Dear XX, July 2026

Welcome to PVH!

The purpose of the Residency Manual is to provide general information on the structure of the pharmacy, residency 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, PharmD, BCPS
PGY1 Residency Program Director
Clinical Manager
Department of Pharmacy
UCHealth Poudre Valley Hospital
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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.

		PVH New Resident Training Schedule			Last updated July 16, 2024
		Shift times:			
		D: 0600-1430	**EC**: 1000-1830		
		Neuro/PCU: 0700-1530	**E1230**: 1230-2100		
		NICU: 0600-143	**IV**: 0600-1430		
Day	**Date**	**Trainer**	**Shift**	**Training Tasks/Focus**	**Meetings/Notes**
Week 1					
Mon	17-Jun	NEO, Morganne	0800-1630	NEO in person. Complete online modules on site in afternoon.	
Tue	18-Jun	Morganne, Teresa, Jahonnah/Holly (tech)	0700-1530	At 0800, meet with Morganne to review orientation schedule/staffing plan, Epic set up, and intro to PC 8000 folder. During downtime, work on online modules, orientation binder, critical point modules. IV room time w/ Jahonnah and Holly (1430-1630).	Morganne 0800-1200; Teresa from 1300-1400, IV room w/ Jahonnah & Holly 1430-1630
Wed	19-Jun	Gina, Jill & Sydney	0800-1630	From 0800-1000, meet with Gina to go over Residency Manual and Clinical Comps (get access to Shared Lists). Work on orientation binder reviewing policies/procedures, competencies. Lunch with Jill & Sydney at 1200. During downtime, work on online modules, orientation binder, critical point modules, clinical competencies.	Gina 0800-1000, Jill & Sydney 1200-1300ish
Thu	20-Jun	Jason and Emily	Neuro (0600-1430 - note different time)	Prior to neuro shift, meet with Jason in main pharmacy to review electrolyte protocol and help complete remaining electrolyte consults. Intro to floor shift duties and how to perform PC review/prioritize patients. Review CPA tip sheet (dot phrases/smart phrases) and Shared Lists. Focus on "Finding Patient Information" and "Clinical Workflow" section of training checklist. Read warfarin CPA policy and associated documents in S: drive (include protocol steps). Focus on i-vent documentation/consults.	**From 0600-0700 meet with Jason to review electrolyes. Will finish neuro shift at **1430 instead of 1530.**
Fri	21-Jun	Patricia	Neuro	Focus on PC review - develop standard process for chart review. Continue to focus on chart review of patients with i-vents. Discuss available resources (Micromedex, Lexi-Comp, UCHealth Libraries, etc.). Discuss appropriate ways to communicate with providers/nursing staff.	
Week					
Sun	23-Jun	Daniel (tech)	IV 0600-1430	IV room Shadow (tech). Go through IV rooms skills checklist with technician trainer (see pharmacist for clarifications). If not completed,work on reviewing remaining IV room policies and complete Critical Point sterile compounding competencies.	
Mon	24-Jun	Troy/Jared	D	Intro to order verification (how to review new orders, look at historical MAR, home meds, dispense location, etc.). Discuss therapeutic interchange process and OTC/herbal/dose rounding policy. Focus on order verification and main pharmacy functions (stroke alert, medication messages, code response, etc.)	Meet with Andrew Hunter from 1230-1430. Make sure to take lunch prior to 1230 meeting.
Tue	25-Jun	Meredith	D	Focus on answering phone calls and order verification. Continue to work through training checklists. Read through some of the training tip sheets on S: drive.	
Wed	26-Jun		8 hrs (self-study)	Self-study - work on competencies, Critical Point Modules, meetings and ACLS Prep if time	Meet with Leanne at 0900 (MNT discussion); PCOW meeting at 1330
Thu	27-Jun	Nicole B	EC	Focus on "Operations" section on ICAT - CoRs, PakEdge, and checking trays/kits. Review secure transactions, CS waste documentation (dispensed from Pyxis vs. main pharmacy), and filing CS paper work.	
Fri	28-Jun	Randy	EC	Continue to work on checklists. Review patient own medication process. If time, verify simple pre-procedure, PACU orders or non-consults. Review PakEdge checking process	

Week					
Mon	1-Jul	Jeff	NICU	Focus on NICU TPN order processing/verification and interface with CAPS. Review process for NICU/Peds order verification (requires two pharmacist check) and available references/resources (NeoFax, LexiComp Peds) for NICU/PEDS/WC/BC. Jeff to introduce Neonatal/Peds Aminoglycoside and Vancomycin competencies. NICU/PEDS code blue checklist (orientation binder).	
Tue	2-Jul		OFF	NAPLEX	
Wed	3-Jul	Ellisa	EC	If possible, start to incorporate more order review and PC review during check shift since weekend workflow includes PC review.	RPh meeting @ 1330
Thu	4-Jul		OFF	Holiday	
Fri	5-Jul	Randy/Morgann e	D	Continue to work on answering phone calls and med messages. Complete order verification, as able and work on PC review during shift.	
Sat	6-Jul	Jahonnah (tech)	IV 0600-1430	IV room shadowing with technician. Fingertip test and media fill results should be back. If resulted, actively participate in preparing IV products under supervision of training pharmacy technician. Check in with chemo tech and shadow hazardous/chemo mixing as time allows.	
Week					
Mon	8-Jul	Troy	D	Continue to work on answering phone calls and med messages. Complete order verification as able and continue to work on PC review during shift.	
Tues	9-Jul	Nydia (tech)	AM Tech time/PM MPJE	Tech shadowing on D2 shift. Complete "Technician Functions Checklist." Take MPJE in the afternoon.	
Wed	10-Jul		8 hrs (self-study) **0600-1430**	Self-study - work on competencies, any remaining Critical Point modules, attend meetings and ACLS Prep if time	Downtime discussion @ 0600 w/ Audrey; On-boarding check in @ 1200 w/ Teresa; RX waste discussion @ 1230 w/ Josh; RPh meeting @ 1330
Thurs	11-Jul	Troy	EC	Last check shift of training. Plan to work as independently as possible (with double checks if not licensed). Work on PC review/orders as able to mimic workflow of weekend shifts.. Learn process for PakEdge checking. Plan to complete chemo/haz training sign off with Troy.	
Fri	12-Jul		chemo/haz training	Hazardous chemo training @ HCC. Cheryl Nacos to send details re: location, arrival time, etc.	
Week					
Mon	15-Jul	Audra	PCU	[illegible] good tool). Focus on chart reviews and how to prioritize day. Seek out opportunities to complete competency log.	
Tues	16-Jul	Audra	PCU	Last day of floor training. Work as if you are covering floor on your own, tackling patient review, orders, consults, phone calls.	
Wed	17-Jul		8 hrs (self-study)	Last self-study day to finish any remaining competencies/meet with Gina and Jeff to review (if competencies completed & turned in already), finish any remaining Critical Point modules, orientation checklists, ACLS Prep. If needed, can let pharmacist team know if you need more opportunities for competency log.	Chemo/Haz sign off w/ Nicole B @ 1230; RPh mtg @ 1330; Alaris Pump discussion w/ Allison @ **1430**
Thurs	18-Jul	Emily/Troy	D	Continue to work on answering phone calls and med messages. Complete order verification as able and continue to work on PC review during shift.	
Fri	19-Jul	Josh/Nicole B	D shift	Last D shift of training (and last day of orientation). Have resident work on prioritizing workflow for the day (managing searches, phone calls, order verification, etc.) Let training pharmacist know what you would like to focus on.	

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

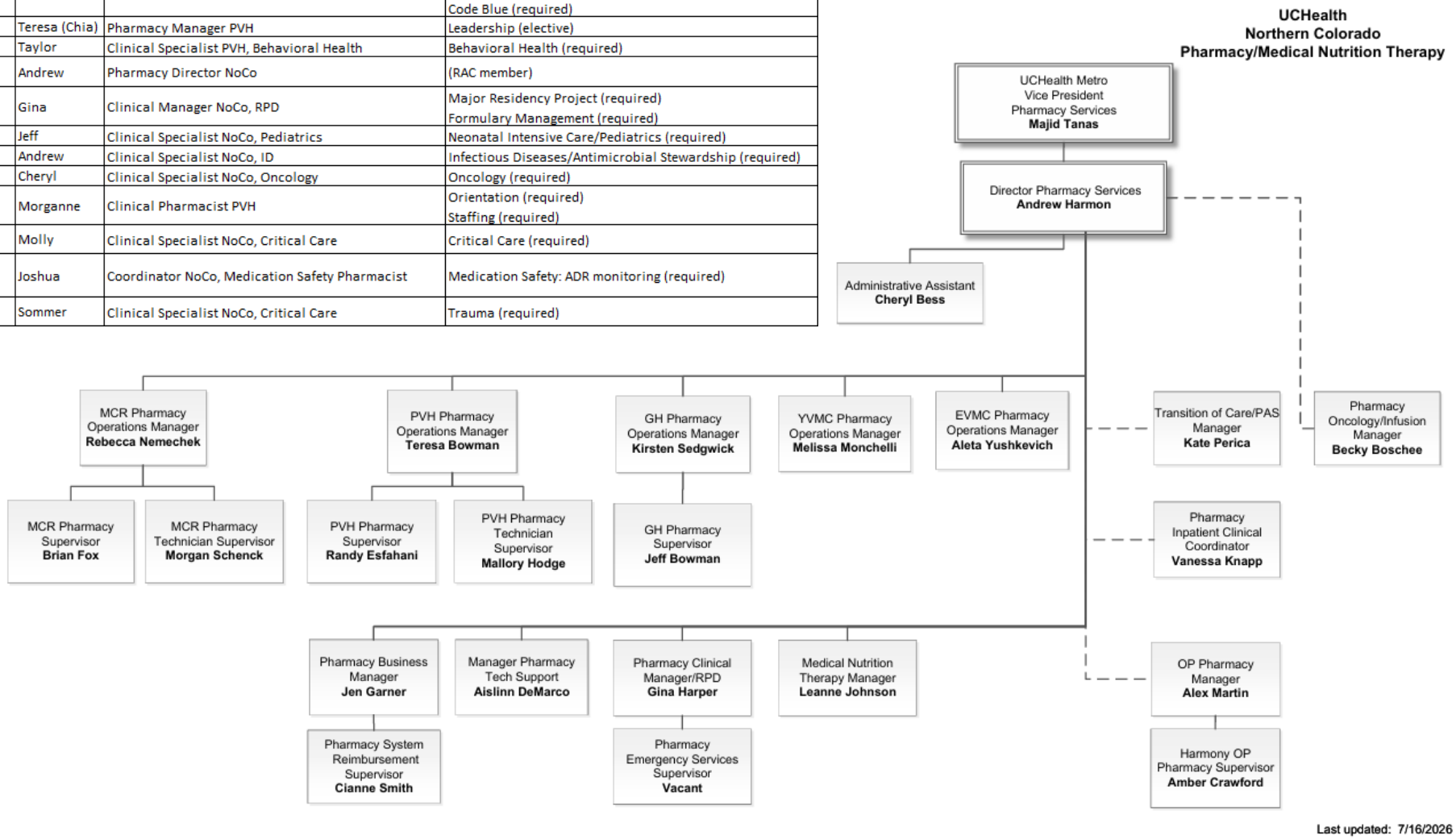
Be empathetic, motivating and there to catch me when I fall.

UCHealth Department of Pharmacy Mission and Vision

MISSION UCHealth Pharmacy improves lives every day with extraordinary CARE.
*Collaboration*Accuracy*Respect*Excellence*

VISION Always leading through our trusted expertise, exceptional outcomes, and innovative patient-centric approach.

LAST NAME	FIRST NAME	DAY TO DAY PRACTICE	LEARNING EXPERIENCE(S) PRECEPTED (all RAC members)
Bartlett	Chelsea	Clinical Specialist NoCo, Critical Care	CICU (elective)
Benson	Brianna	Clinical Specialist NoCo, ED	Emergency Medicine (required) Career Development and Leadership (required) Code Blue (required)
Bowman	Teresa (Chia)	Pharmacy Manager PVH	Leadership (elective)
Britton	Taylor	Clinical Specialist PVH, Behavioral Health	Behavioral Health (required)
Harmon	Andrew	Pharmacy Director NoCo	(RAC member)
Harper	Gina	Clinical Manager NoCo, RPD	Major Residency Project (required) Formulary Management (required)
Homann	Jeff	Clinical Specialist NoCo, Pediatrics	Neonatal Intensive Care/Pediatrics (required)
Hunter	Andrew	Clinical Specialist NoCo, ID	Infectious Diseases/Antimicrobial Stewardship (required)
Nacos	Cheryl	Clinical Specialist NoCo, Oncology	Oncology (required)
Smyth	Morganne	Clinical Pharmacist PVH	Orientation (required) Staffing (required)
Sweeney-McKiel	Molly	Clinical Specialist NoCo, Critical Care	Critical Care (required)
Werth	Joshua	Coordinator NoCo, Medication Safety Pharmacist	Medication Safety: ADR monitoring (required)
Zarbock	Sommer	Clinical Specialist NoCo, Critical Care	Trauma (required)



NoCo (Northern Colorado) Organization Structure and Preceptor/RAC membership. PVH PGY1 residents report to Gina Harper.

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 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 (Goals and Objectives, or CAGO) are the four required from ASHP:
Competency Area R1: Patient Care
Competency Area R2: Practice Advancement
Competency Area R3: Leadership
Competency Area R4: Teaching and Education

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)
- Leadership
- Volunteer Activities
- 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

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 up to 121 days (based on ~54 week program duration) 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 121 days.

Per ASHP, the resident must complete at least 2/3^{rds} of the residency based on a 52 week program (245 days, or ~8 months) as a licensed pharmacist. Therefore, if the resident is not licensed at 121 days (~4 months) after the start of the residency, the RPD will dismiss the resident from the residency program

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 annual PGY1 residency stipend for the 2026-2027 year is $66,580.80 ($32.01/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 relevant preceptor (based on the current rotation) *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 or 5.84 hours per pay period of 80 hours worked.
        - 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 and/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.
    - All PTO requests must be emailed to the RPD.

- 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 RPD not available) and current preceptor.
    - Missing 3 or more days requires a note from a physician.
- Late
    - Contact RPD (or Pharmacy Manager if RPD not available) and current preceptor.
- Holidays
    - UCHealth recognizes the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas.
    - You will be required to staff one summer and one winter holiday. These holidays will typically be shared with you at the start of the residency for appropriate planning.
    - Other holidays may be taken off utilizing PTO or may be worked, depending on the rotation and the schedule of the preceptor. If the holiday is not physically worked, PTO will be deducted.
- Attendance at professional meetings (ASHP Midyear Clinical Meeting and applicable end-of-year residency conference)
    - These days will not utilize your personal PTO.
    - Financial support is provided for both ASHP Midyear and the residency conference including registration, travel, room and board in compliance with UCHealth Continuing Education Policy.
- Time away from the program for residents will not exceed 37 days per 52-week training period
    - 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.
    - Compensatory days off for service requirements (e.g. weekend staffing) are not included.
    - Training will be extended to make up any absences exceeding 37 days in an equivalent amount.
    - 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 an additional 6 months, 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. This leave must be 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. The number of days exceeding 37 days requires an extension of the program by the same amount of days per ASHP. In such a case, the RPD, in conjunction with the Residency Advisory Committee (RAC), must approve the extension and be consistent with UCHealth policies. If an extension is approved, the RPD and RAC will make every attempt for the resident to continue meeting requirements during these extenuating circumstances. Residency accreditation standards require that 12 months of training must be completed in order to graduate from the PGY1 program. Any granted extension specifically will make up required learning experiences, activities, completion requirements and deliverables missed during this time. For example, if four weeks are missed (beyond the 37 days allowed) during a scheduled ICU rotation, the following will be completed: 1) 4 weeks ICU learning experience, 2) two weekends staffing (4 days) and 3) a case presentation or journal club.

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. In the event of an extension, pay and leave will be determined on a case by case basis in consultation with Human Resources.

Duty Hours and "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. UCHealth Northern Colorado includes Greeley Hospital, Medical Center of the Rockies, PVH, Yampa Valley Medical Center (Steamboat Springs), and Estes Valley Medical Center (Estes Park). No external moonlighting at other health systems, hospitals or facilities is allowed. If the resident chooses to work additional non-residency hours within UCHealth, 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. The maximum number of hours that can be worked by residents in a moonlighting capacity is 24 hours per pay period.

The resident should review the following information on ASHP's Duty Hour Requirements:
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 must seek specific approval from the RPD, in writing via email, for each additional shift prior to agreeing to work that shift.

All residents are required to attest to duty hour compliance by documenting as such in PharmAcademic monthly that you have not exceeded allowed hours. This includes assessing hours worked, hours free of work and moonlighting. As PVH does not offer or require on-call programs, this component is not applicable.

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, Collaborative Practice Agreements, Policies and Operational Workflows
All Department of Pharmacy procedures are located on Share Point. All applicable documents 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 on Share Point 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 at a minimum 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.

Plagiarism and artificial intelligence (AI)
Plagiarism includes, but is not limited to: copying of published content without appropriate citations, using work completed by previous residents, unauthorized collaboration, or improper use of artificial intelligence (AI) to generate content.

Excerpts/adaptations from UW Madison's manual on AI, March 2026, that we are applying to PVH residents: The use of artificial intelligence (AI) throughout residency is restricted (see guidelines below). All forms of intentional plagiarism using AI tools are strictly prohibited. Allegations of any form of plagiarism will follow the residency manual's policy on resident probation, dismissal and/or withdrawal.

Residents must follow the UCHealth policy on acceptable uses of Artificial Intelligence: Viewing Acceptable Use of Artificial Intelligence Policy

Guidelines for responsible AI use:

- All AI usage must be clearly disclosed in presentations, projects, or other deliverables.
- AI output must be reviewed and verified for accuracy before inclusion in any presentation, project, or other deliverable. If the resident is unable to identify **and** verify the source provided, AI-provided information should not be used.
- Do not use AI to bypass skill development in core residency competencies (e.g., clinical reasoning, answering drug information questions).
- Do not use AI solely for clinical decision making.
- Do not use AI for developing clinical documentation unless this is explicitly supported as part of a learning exercise by your preceptor.

REQUIREMENTS FOR COMPLETION OF PROGRAM
The following will be reviewed with the resident at least quarterly with the RPD to ensure that the resident is on track to meet graduation requirements:

1. Completion of 12 months of training
2. Complete PharmAcademic evaluations
3. Maintain electronic Residency Binder/Folder with all applicable materials
4. Attend weekly Pharmacy Staff Meetings (when onsite)
5. Attend NoCo monthly Formulary Subcommittee meetings (call in when offsite)
6. Staff every other weekend for ~25 weekends (actual # depends upon final day)
7. Required deliverables:
    a. Drug Monograph/Class Review completed (Obj R1.4.2) Presentation at a P&T or appropriate subcommittee
    b. Major project plan (Obj R2.1.2) Project defense slides: design, outcomes, impacts, required committee approvals, timeline, analysis
    c. Major project report (Obj R2.1.6)
    d. Residency Conference presentation
    e. Final manuscript
    f. Minor project report (Obj R2.1.6) Staffing rotation specified deliverable: handout, slides, etc…
    g. Medication Use Evaluation (MUE) (Obj R1.4.2. R2.1.2, R2.1.6) Abstract and Poster at ASHP MCM and NoCo P&T meeting
    h. Presentations with clinical rotations (Obj R4.1.1, R4.1.2, and R4.1.3)

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.

Required Learning Experiences (4-6 weeks each)

- Behavioral Health (4 weeks)
- Critical Care (6 weeks)
- Emergency Medicine (4 weeks)
- Family Medicine Inpatient Care (4 weeks)
- Infectious Diseases/Antimicrobial Stewardship (6 weeks)
- Neonatal Intensive Care/Pediatrics (4 weeks)
- Oncology (6 weeks)
- Orientation (5 weeks)
- Trauma, at Medical Center of the Rockies (4 weeks; MCR is located in Loveland, ~15 miles or 25 min from PVH)

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

- Cardiac ICU (CICU) at MCR
- Leadership
- Repeat/in-depth version of a required rotation
- Rotations offered at other UCHealth campuses (University of Colorado Hospital and/or Memorial Hospital), pending availability

Longitudinal Learning Experiences

- Career Development and Leadership (July – June): ~Monthly workshops
- Code Blue response (August – June): ACLS training typically in August, attendance at Code Blue events whenever possible following ACLS
- Formulary Management (July – June): Monthly meetings starting in July, Medication Use Evaluation, P&T monograph
- Major Residency Project (August – June): selection by August 1st, ASHP MCM poster, Residency Conference presentation, Manuscript
- Medication Safety (September– June): Adverse Drug Reaction monitoring
- Staffing (July – June): Every other weekend (8.5 hours/day), varying day shift times starting in mid-July for ~24 weekends; Two holidays required (typically one major and one minor)

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

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

Summative Self Evaluations are assigned to the resident at the completion of each required and longitudinal learning experience.

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 in PharmAcademic based on experiences with the resident, feedback from other preceptors and 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.

PharmAcademic Rating Scale Procedure
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)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • 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).

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, these will be assessed by the RPD for ACHR rating and conferred ACHR as appropriate by the RPD. If concerns are identified, it will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (e.g. R1 patient care objectives), once the resident has been assessed in two separate learning experiences or two separate patient populations and/or acuity levels (e.g., family medicine and critical care), these will be conferred ACHR rating by the RPD.

Once ACHR rating consensus is conferred to applicable objectives, this will be brought to and documented in the RAC meeting minutes, communicated to the resident, and documented in the resident's development plan. Once all objectives related to a goal are documented as ACHR in PharmAcademic, the goal automatically is assessed as ACHR. For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in RAC meeting minutes, an action plan developed in collaboration with the resident which and communicated with applicable preceptor(s).

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. Projects involving Quality Improvement/Initiatives (QI) are highly encouraged and do not require Institutional Review Board (IRB) approval. For projects involving patient specific research and applicable patient consent, IRB must approve these documents.

The major project deadline for selection is August 1st.

Following completion, whether a QI or research-oriented project, the project 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.

Project time will be allocated during all clinical rotations and will focus on work on the major project (and not necessarily the rotation or other projects). Depending on the needs of the rotation, that project time is either one hour per rotation day or a four-hour block one day per week. Residents are encouraged to remind preceptors about these hours if they are not scheduled for the rotation. However, patient care needs may occasionally interrupt project time.

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 One 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.

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. Consider reviewing past resident(s) folders for ideas. 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

MAJOR PROJECT

The binder should include a copy of all documents or forms submitted to IRB for approval (if applicable). The final abstract, your final presentation, and the completed manuscript must be included. All paperwork submitted to IRB for the closure of the project should also be included (if applicable).

PATIENT CASE PRESENTATIONS

The binder should contain a copy of all formal case presentations including handouts provided, and the PowerPoint presentation (if applicable) with references utilized listed in the presentation and/or handouts.

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/class review.

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.

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, include evaluations done outside of PharmAcademic (e.g. presentation evaluations). Do not include PharmAcademic evaluations in this section as those are electronically retrievable.

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. Confirm that date for ASHP Resident Poster Abstract Deadline is 10/1 (see www.ashp.org for details).
3. Present major project to preceptor vetting committee
4. Gather data for major project background with a goal to have a basic conclusion by ASHP abstract submission deadline

September

1. Start IRB submission forms (if applicable).
2. Prepare Abstract for ASHP MCM submission based on ASHP guidelines (see www.ashp.org for details).

October

1. ASHP Resident Poster Abstract Deadline (Oct 1).
2. Colorado residency showcase.

November

1. Prepare poster for ASHP Clinical Midyear Meeting.

December /January

1. Present poster/recruit for future residents at ASHP Clinical Midyear Meeting.
2. Continue data collection or major project implementation.
3. Determine meeting and month to present project/MUE results (if applicable).
4. Upcoming year residency candidate application review (Dec-Jan)

January/February

1. Residency applicant interviews (resident to participate in each).
2. Continue to work on major project implementation.

March/April/May

1. Finish major project implementation.
2. Prepare statistical results (if applicable).
3. Registration and abstract due for end of year residency conference.
4. 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. 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 Code of Conduct (UCHealth-Code-of-Conduct) 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 is unable to accommodate in a reasonable manner.
F. Failure to become a licensed pharmacist by defined timeline.
G. Plagiarism or inappropriate use of AI.

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
   3. This behavior may be brought to the preceptor's attention by any person associated with UCHealth 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 at PVH 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.

Library Services
We no longer have a physical library onsite. Pubmed may be accessed through the Medical Cybrary which grants users access to the University of Colorado library, which is significantly larger than the Northern Colorado access. To access UCD Strauss Health Sciences Library resources, follow the instructions located on this SharePoint page: Medical Cybrary