

Highland Hospital PGY1 Pharmacy Residency Program

Residency Program Handbook
2021 - 2022



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MEDICINE *of* THE HIGHEST ORDER

Mission Statement

Our mission is a commitment to excellence in health care, with patients and their families at the heart of all that we do.

Purpose

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

Outcomes

The resident will function as a key member of the health care team and be accountable for achieving optimal drug therapy outcomes for their patients. Upon completion of the program, the resident will be competent in the following required competency areas:

1. Patient care
2. Advancing practice and improving patient care
3. Leadership and management
4. Teaching, education, and dissemination of knowledge
5. Management of Medical Emergency
6. Pharmacy Research

Highland Hospital

Founded in 1889, Highland Hospital has a history of innovative and personalized care. The hospital is a regional leader in specialties such as bariatric surgery, total joint replacement, geriatric care, gynecologic oncology, prostate cancer treatment, women's health services, and maternity.

At Highland we are committed to providing exemplary patient and family-centered care. As a community hospital we have the advantage of providing excellence in health care while ensuring that our patients and their families are included in all decision making.

Our affiliation with the University of Rochester Medical Center gives us access to leading edge technology, research, and resources, enhancing our ability to provide excellence in patient care. Together we confront the challenges of a changing health care environment and utilize each other's strengths to provide remarkable care for our community

Accreditation and History

The Highland Hospital Department of Pharmacy offers a PGY1 ASHP Accredited Pharmacy Residency program. The Program initially began in 2012-13 with one resident per year, changing to two residents per year in 2015-16.

The PGY1 Residency Program is designed to cultivate competent and innovative practitioners who provide comprehensive medication management services across the continuum of healthcare. The structure and areas of emphasis are based on the resident's entering level of knowledge, skills, and career aspirations. The program has been developed to meet all accreditation standards established by ASHP.

Pharmacy Residency Program Overview

Residency Program Director (RPD) and the Program Coordinator are responsible to facilitate the overall coordination of the Residency Program, act as the direct supervisor to the residents, organize recruitment of new residents and coordinate the implementation of the residency program activities and quality improvement of the residency program in accordance with PGY1 standards for ASHP accreditation. The RPD is responsible for ensuring that overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each learning experience is provided, and resident evaluations are routinely conducted.

It is the responsibility of the residency program director (RPD) to work with his or her resident to design and implement a customized residency experience meeting the American Society of Health-System Pharmacists (ASHP) accreditation goals and objectives.

Residency Preceptors are individuals assigned to educate, train and evaluate the resident within their practice area or area of expertise. Each resident will have a primary preceptor(s) for each learning experience including longitudinal experiences. The preceptor may ask for feedback on resident performance from other pharmacists working with the resident during the learning experience. The preceptor will be responsible for ensuring all resident evaluations are completed. All Highland Hospital pharmacist preceptors can be found at the end of this manual.

The Residency Advisory Committee (RAC)

Residency Advisory Committee's (RAC) purpose is to provide oversight for the Highland Hospital Residency Program. The RAC membership consists of all preceptors, and is chaired by the RPD. The pharmacy residents may be periodically asked to attend to provide updates to the Committee. The primary goals of the RAC are to review residents' progress toward completion of goals and resident development plans; to maintain and assure compliance with ASHP accreditation standards, and to assure an on-going process of assessment of the residency program including all aspects of program design. The RAC will hold an annual retreat or meetings prior to the conclusion of each residency year to discuss areas of program strength, opportunities for improvement, and strategies to improve the residency program. Residents will participate in these end of year meetings in order to provide their feedback and input.

Licensure Requirement for Residents

- If not already licensed as a pharmacist, residents are required to hold a valid NYS Pharmacy intern permit at the start of the residency program.
- It is the expectation of the HH RPD that HH residents will initiate the scheduling of the 3 components of the New York pharmacy licensure exam prior to the beginning of their residency, or if not possible, no later than August 1st. Residents are expected to have successfully completed the licensure process and be officially licensed to practice pharmacy in the State of New York no later than within 90 days from the start of the residency program..
 - See <http://www.op.nysed.gov/prof/pharm/pharmlic.htm#exam> for details regarding requirements for licensure in the State of New York.
 - Costs associated with licensure must be borne by the resident.
 - An opportunity to complete the Part III exam via a New York approved waiver process is available but must be approved by the RPD.
 - Residents taking the Part III exam need to be aware they must register as soon as possible in order to complete the licensure process no later than within 90 days from the start of the residency program (November 1st for the January exam and April 1st for the June exam).
 - The resident must send proof of licensure to their RPD no later than within 90 days after the start of the residency program.
- If a resident is unable to obtain licensure prior to 90 days from the start of the residency program:
 - Exceptions due to circumstances beyond resident control will be evaluated by the RPD.
 - Failure to obtain licensure by 90 days after the start of the program shall result in initiation of a training plan modification, as licensure is required to fully participate in the pharmacy practice component of our program.
- Failure to obtain licensure within 120 days of the start of the residency program will result in immediate termination from the residency program.

Stipend and Benefits for Residency Programs

- Annual salary: \$47,507.20
- Health / Dental insurance: See the current HH Benefits-at-a-Glance and Medical Plans-at-a-Glance. Please contact Debbie Pullyblank, Recruitment Specialist, (Debbie_pullyblank@urmc.rochester.edu) with questions pertaining to benefits.

Vacation / Sick-leave / Holidays:

- Vacation accrual
 - Residents will be allocated 15 days of vacation for the 12 month residency
 - Residents will receive compensation for any unused vacation days.
- Sick-leave
 - Residents are allocated 40 hours of paid sick time over the duration of their 1 year employment. The full 40 hours will be allocated to the short-term bank at the start of the year and be available for use. Please refer to the [Highland Hospital Sick Time policy](#) for additional details.
 - The resident must notify via email and/or phone their current rotation preceptor, the RPD, the Coordinator, and the Pharmacy Department Manager of being away from their rotation site due to illness.
 - In the event a resident must use more than three consecutive sick days, a physician note must be forwarded to the RPD.
- Eligible holidays
 - Please see [Highland Hospital Employee Handbook](#)
 - Residents are required to staff one designated major and one designated minor holiday period each year
 - All requests for time-off, including vacation and holidays, must be pre-approved by the residency director and if required, by the rotation preceptor, with as much advance notice as possible (minimum of 2 weeks).
- Given the nature of the resident's responsibilities during the months of June and July, the use of vacation time during these months is not permitted without the consent of the RPD.
- All vacation and sick days will be documented in a designated Pharmacy Department binder, and each day must be signed off by the resident prior to the end of the pay period.
- Residents must be present for a minimum of 75% of a scheduled learning experience so this must be taken in to account when planning vacation time and is inclusive of sick time. If greater than 25% of a learning experience time is missed, additional time will need to be made up to meet or exceed the 75% requirement and will be arranged with the RPD, coordinator, and preceptor.

Resident Duty Hours

- Resident Duty Hours are defined according to the “[Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies](#)” as applicable.
- **Personal and Professional Responsibility for Patient Safety**
 - RPD will educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.
 - RPD will educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
 - Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
 - Highland does not have an on-call program for residents. If the program implements any type of on-call programs, there must be a written description that includes:
 - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
 - Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
 - The RPD will ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.
- **Maximum Hours of Work per Week and Duty Free Times**
 - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting (internal or external).
 - Successful completion of residency training requires a significant time commitment. We therefore discourage residents from working outside of the residency program. A resident who wishes to work outside of the residency (moonlight) must discuss this issue with the RPD.
 - Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Internal moonlighting opportunities may occasionally arise and will be at the option of the resident and discussed with the RPD prior to scheduling. For any internal moonlighting performed, the resident will be paid the “block” pay rate for pharmacists.
 - All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - In the event that a resident is granted permission to work outside of the residency program, a documented structured process to monitor moonlighting will be developed by the RPD and will include:
 - The type and number of moonlighting hours allowed.
 - A reporting mechanism for residents to inform the RPD of their moonlighting hours.

- A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
 - Mandatory time free of duty: residents will have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call will not be assigned on these free days.
 - Residents will have 10 hours free of duty between scheduled duties, and will have at a minimum 8 hours between scheduled duty periods.
- **Maximum Duty Period Length**
 - Continuous duty periods of residents will not exceed 16 hours. The maximum allowable duty assignment will not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
 - There is not an in-house or at-home call program for the Highland Hospital Pharmacy resident.
 - **Duty Hour and Moonlighting attestation process**
 - Residents will receive a Duty and Moonlighting Hours Attestation form each month via Pharmacademic. This must be completed within 7 days of the last day of each month.
 - Residents are asked to attest that they have reviewed and are aware of the ASHP and Highland Hospital Duty Hour requirements and acknowledge their compliance. If they believe they have not been in compliance, they should indicate that and provide an explanation. Lack of compliance with the duty hour requirements must be discussed with the RPD.
 - Residents are asked to indicate if they have participate in any moonlighting hours, and to provide details regarding the number of hours.
 - **Service Activities / Responsibilities of Residents**
 - All residents will be required to participate in a service requirement of every third weekend in addition to one designated major holiday and one designated minor holiday.
 - All service activities will follow Resident Duty Hour requirements as described above.
 - This requirement will be a component of the required longitudinal learning experience in Pharmacy Practice.

HH Department of Pharmacy Resident Leave Policy

- A leave of absence, which is defined as an approved absence without pay, is a privilege that may be granted to residents at the discretion of the Program Director.
- If a resident is requesting a leave of absence, the resident must discuss this request with the Program Director.

- If a resident is granted leave, they must periodically update the Program Director of his/her status.
- In order to have met the criteria for graduation of the residency and to receive a residency completion certificate, the resident granted leave must successfully complete the required activities, goals, and objectives (See HH Residency Program Requirements for Residency Completion). If approved by the Program Director, the training program may be extended beyond the contract date of the residency in order to meet the minimum 12 month practice commitment requirement. The maximum period of extended training time that would be granted should not exceed 12 weeks. In the event of extenuating circumstances where a resident requires extended time off beyond 12 weeks, this will be evaluated on a case-by-case basis in consultation with the Human Resources Department. The resident will receive payment for any extended training time granted.

HH Department of Pharmacy Resident Dismissal Policy

- All HH Department of Pharmacy Residencies are considered by Highland Hospital to be “at will” employment.
 - At will employment refers to those employed on a temporary basis, usually for a period of one year or less and policy for corrective action is departmentally based.
 - Please refer to the Highland Hospital Employee Handbook for additional information.
- Licensure
 - It is the expectation of the RPD that the HH residents will obtain pharmacy licensure as outlined in the HH Residency Program Handbook for successful completion of the residency program. Please refer to the Licensure Requirements section of this handbook. Failure to meet these requirements may result in dismissal.
- Professionalism
 - Residents are expected to conduct themselves in a professional manner at all times, both in the hospital or applicable training site, at Highland Hospital, and during local, state, and national professional events (i.e. ASHP Midyear Clinical Meeting, Eastern States Residency Conference, etc).
 - Residents are expected to comply with hospital/training site and HH policies.
 - Unprofessional behavior will result in corrective action up to and including termination from the program.
- Residents who are not performing satisfactorily and/or failing to make satisfactory progress in the residency curriculum based on the standards of HH Pharmacy residency program will be immediately notified and a plan of correction developed.
 - The RPD has the authority to initiate corrective actions and will be decide upon with input gathered from the resident’s preceptors, the Residency Advisory Committee, and representatives from the Department of Human Resources.
 - Failure of the resident to meet the objectives and deadlines outlined in their correction plan will be considered grounds for dismissal from the residency program. If dismissed, the resident will not receive a residency completion certificate.
 - The Department of Pharmacy will follow all procedures outlined in the Highland Hospital Human Resources policies ([Disciplinary Action 123](#), [Termination of Employment 124](#))

Resident Travel

- Travel and Conference Attendance
 - While attending a conference, residents are expected to portray the image of a professional and are required to actively participate in conference activities / events.
 - Funding
 - The Department of Pharmacy will cover the expenses of the Resident attending the ASHP Midyear Clinical Meeting, Eastern States Conference, and Vizient resident poster session according to the Highland Hospital Pharmacy Travel and CE Reimbursement Policy to further the Resident's education, network, and/or present research.
 - Reimbursement
 - All travel must be pre-approved by the RPD.
 - The Pharmacy Department Secretary must be notified prior to travel.
 - All travel must be planned according to the [Highland Hospital Pharmacy Travel and CE Reimbursement Policy \(4.A\)](#) in order for the resident to receive reimbursement.

Supplies Available to Residents

- Computer
 - The residents will have a designated work space with a computer.
- Pager
 - All residents will receive a pager for use during the residency year. One pager will be supplied to each resident. If lost or stolen, the replacement cost will be incurred by the resident.
 - The pager must be returned on the last day of the residency.
- Lab Coat
 - Each resident will be supplied two lab coats. Replacement lab coats will be at the expense of the resident.
- Business Cards
 - Each resident will be supplied business cards. Please contact the Pharmacy Department Secretary for ordering details.
- Office supplies
 - Each resident will have necessary office supplies supplied by the Department. Please discuss any needed office supplies with the Department Secretary.

Residency Learning Experiences and Activities

Please refer to PharmAcademic for all learning experience descriptions, learning objectives, objective activities, and additional learning experience requirements and expectations

Core Learning Experiences (Required)

- Orientation (6 weeks)
- Critical Care (4 weeks)
- Infectious Diseases (4 weeks)
- Internal Medicine (three 4 week experiences)
- Transitions of Care (4 weeks)
- Pharmacy Management (4 weeks)

Core Longitudinal Learning Experiences (Required)

- Management/Safety/Informatics
- Pharmacy Practices (Staffing)
- Research
- Teaching and Education
- WSOP Teaching Certificate Program

Elective Learning Experiences (4 weeks)

Up to 4 electives possible – maximum of 2 electives at Strong Memorial Hospital

Highland Elective Learning Experiences

- Advanced Pharmacy Practice
- Family Medicine - Ambulatory Care
- Antimicrobial Stewardship
- Emergency Medicine
- Medical Mission Trip (length determined based on location)

Strong Memorial Elective Learning Experiences

- | | |
|---|---|
| • Ambulatory Primary Care (Internal Medicine) | • Medical Intensive Care (MICU) |
| • Burn/Trauma Intensive (BTICU) Care | • Pediatric Intensive Care |
| • Cardiology | • General Pediatrics |
| • Emergency Medicine | • Psychiatry |
| • Inpatient Blood and Marrow Transplant | • Solid Organ Transplant |
| • Inpatient Malignant Hematology | • Ambulatory Solid Organ Transplant |
| • Infectious Diseases | • Surgical Intensive Care (SICU) |
| • Informatics | • Specialty Pharmacy Services – Ambulatory Care |
| | • Toxicology |

Teaching Activities and Responsibilities of Residents

- Teaching certificate: Participation in the St. John Fisher College Wegmans School of Pharmacy (SJFC WSOP) teaching certificate program is considered mandatory of all residents. Residents will acquire the basic skills needed to practice in the area of pharmacy academia. Upon completion of the course, residents will be awarded a teaching certificate. The SJFC WSOP certificate program consists of 4 classroom sessions and various practical components. Residents must meet all requirements of the specific certificate program. Any missed classes or practical components should only occur with the approval of the RPD.
- Clinical teaching: Residents, with the guidance of their rotation preceptor, may be expected to co-precept students during their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experience.
- In-services: Each resident is expected to participate with the teaching of other health care professionals through in-services relating to topics within their specialty on a routine basis.

Research & Writing Activities / Responsibilities of Residents

- Each resident is required to participate in at least one major research project and one minor research project.
 - The focus of the project should be residency director driven, but if deemed appropriate by the residency director, may be chosen by the resident based on a mutual interest so as to allow for customization of the learning experience.
 - Acceptable types of research include; clinical research, drug use evaluation, administrative research, quality improvement research, survey-based research, laboratory research, etc., as long as it contains all the usual components of research (hypothesis, methods, statistics, etc.).
 - All projects that are not classified as quality assurance are required to receive Research Subjects Review Board (RSRB) approval in advance of beginning the project.
 - Research projects should be able to be completed in the span of the residency year.
 - Sufficient funding, if needed, must be available for project execution.
 - A proposed research project time-line will be provided to residents at the start of the residency year.
 - Results of the major research project are to be presented at the UB SOPPS' Resident Research Presentation Day and at the Eastern States Residency Conference (as a platform presentation).
 - Results of the minor research project are to be presented at the Vizient and American Society of Health-System Pharmacists (ASHP) resident poster sessions.
 - Poster printing is out-sourced. Submittal of paid receipts for reimbursement must be turned-in within 30 days of the purchase (please contact the Pharmacy Department Secretary for details). Typically, the website makesigns.com is used to print posters.
 - A final manuscript of the residency major project in publishable form must be submitted to the program director prior to the end of the residency year in order to be eligible to receive a certificate of residency completion. Failure to submit an acceptable manuscript will result in delay of receipt of the certificate of residency completion. Any extension of this requirement beyond the scheduled end of the residency program will require approval of the RAC. Extensions beyond 4 weeks following the scheduled completion of the residency year will not be approved and would result in a residency completion certificate not be issued.
 - A minimum of one initial draft followed by any necessary revisions is required. The research preceptor will work with each resident to define deadlines, but the final draft must be submitted prior to the end of the residency year.
 - Publication of the manuscript is strongly encouraged.
 - Failure to submit the research manuscript for publication in a timely fashion may default the project authorship to the RPD
- Resident Research Seminar Series: Residents are required to attend the didactic research course at the University of Rochester Medical Center during the months of July/August. Attendance is mandatory.
- Written drug information requests –

- Minimum of 2 formal DI question write ups (to be completed by December 31st) are required. Following the completion of the second write up, the resident may be required to complete additional write ups as determined by the RAC.
- Therapeutics monograph and presentation to the URM C Therapeutics Committee- minimum #1 required.
- Clinical guideline/policy creation or update- minimum #1 required

Residency Journal Club

- Resident are expected to attend and participate in any scheduled journal club meetings. Attendance may be excused only if approved by the preceptor the resident is currently on rotation with.
- Goals:
 - Enhance literature analysis skills.
 - Keep updated on diverse topics and issues.
 - Practice presentation skills.
- Each resident is required to prepare and present at four journal clubs sessions on assigned dates.
 - The residency director, coordinator, and/or preceptor of the presenting residents are expected to attend to facilitate discussion on the topic.
 - Residents will receive both written and verbal feedback on their journal club presentations and this feedback is expected to be discussed with their current preceptor or preceptor assigned to their presentation. Feedback will also be reviewed and discussed at the quarterly evaluations for the Teaching and Learning longitudinal learning experience.

Special Training Requirements for Residents

Residents are required to satisfactorily complete the following additional training programs during the course of the residency program. Dates for successful completion of these programs will be assigned by the RPD.

- Highland Hospital orientation session and mandatories
- Web-based HIPAA compliance
- URM C Research Subjects Review Board training (CITI training)
- Electronic medical record (eRecord) training
- Advanced Cardiac Life Support (ACLS) certification

Meetings/Class Attendance

Residents will have numerous opportunities throughout the course of their training to attend various departmental, Highland Hospital, URM C, and external meetings or conferences. The following meetings are examples, but additional opportunities will occur and may be assigned

- URM C Therapeutics Committee meetings – as assigned
- NYS ACCP fall clinical meeting
- Medication Safety Committee meetings (as scheduled)
- HH Pharmacy Staff Meetings (unless excused)
- HH Pharmacist Huddles (unless excused)

Resident and Residency Program Evaluation and Feedback

The Highland Hospital Residency Program prides itself in providing the best possible experience for its residents. Therefore, critical evaluation of our program, learning experiences, preceptors, and program directors is required from each resident at the completion of each learning experience and throughout the residency year. It is also important that residents receive valuable feedback on their performance from their preceptors and program director. Most importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency program.

Resident Questionnaire and Entering Interest Form

Prior to the start of the residency year, residents will receive a Highland Pre-Residency Questionnaire and an ASHP objective based entering interest form. These forms are expected to be completed and returned by the date requested by the RPD. Used together, the information collected in these forms serves as a guide for the development of a customized residency plan specific to the needs of the resident.

Resident Quarterly Development Plans

Each quarter (approximately end of July, October, December, March) residents will meet with the RPD to create, update, and review the quarterly development plan. The purpose of resident development plans is to modify the design and conduct of the program to address each resident's unique learning needs and interests. Development plans also provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments made to meet their learning needs. The RAC will review the development plans and discuss overall progress by residents and agree to any development plan adjustments needed for residents.

The Highland Hospital Pharmacy Residency program employs a three-part evaluation strategy: (1) Preceptor evaluation of the resident; (2) Resident self-evaluation; and, (3) Resident evaluation of the preceptor and learning experience. These evaluations need to be completed in a timely manner by both residents and preceptors, occurring within seven (7) days of the quarterly due date and/or completion of the learning experience. Preceptors will conduct and document within PharmAcademic a criteria-based, summative assessment of the resident's performance of each of the respective educational goals and objectives assigned to the learning experience. Such evaluations will be conducted at the conclusion of the learning experience (and quarterly for extended/longitudinal learning experiences), reflect the resident's performance at that time, and be discussed verbally by the preceptor and the resident. The RPD will review the written evaluations and comment as necessary/seen fit, or intervene when requested by either the preceptor or resident. At the end of each learning experience the resident will evaluate their preceptor(s) and experience which will be submitted directly to the Residency Program Director via PharmAcademic. Residents will be required to perform self-evaluations via PharmAcademic for designated learning experiences which will be discussed with the respective preceptor and reviewed by the RPD. Finally, preceptors have been encouraged to do "formative feedback" of the resident(s) at multiple times during each learning experience. Formative feedback should ideally be discussed verbally between the preceptor and resident, and can also be documented via

the “feedback” functionality in PharmAcademic. Formative feedback allows for real-time feedback on a specific instance / project / presentation, etc.

- Definitions of evaluation rating scales for Preceptors and Residents
 - **ACHR** – Resident consistently performs objective at ACH level, as defined below.
 - **ACH**- Resident has demonstrated independence in this area or has refined judgment to ask for advice. No further developmental work is needed. Resident performs the skill with little or no assistance from the preceptor.
 - **SP**- Resident is able to ask questions to acknowledge limitations and/or judgment is not refined. Additional skill development is needed over more than one learning experience, but resident is expected to fully master the skill or objective as the year progresses.
 - **NI**- Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area. Assistance is often required to complete this objective.
- Indicating that assigned learning objectives have been achieved for the residency (ACHR) can only be done by the RPD or Coordinator in Pharmacademic after discussion with the RAC Committee members. Each R1 (Patient Care) associated objective should have been designated as ACH in 2 different learning experiences before being considered as ACHR. Other objectives may be considered for ACHR status following a minimum of one assessment as ACH.

Additional Residency Program Policies

- Please refer to PolicyStat for additional policies regarding the residency program
 - [Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors](#)
 - [Process for the Selection and Evaluation of Resident Candidates](#)
 - [PGY2 Early Commitment Policy](#)
 - [Preceptor Requirements, Expectations and Development](#)
 - [Residency Preceptor in Training](#)

Summary of Requirements for Successful Completion of the Residency Program

Successful completion of the residency program entails:

- Licensure (see pertinent section)
- Obtain ACLS certification
- Completion of all scheduled learning experiences as determined by the primary preceptor.
- Completion of WSOP Teaching Certificate Program activities, as determined by the primary preceptor.
- Midyear/Vizient and Eastern States Conference Research projects
 - A final manuscript of the Eastern States Conference residency project in publishable form must be submitted to the program director prior to the end of the residency year (see previous section).
- Professional presentations of research projects at ASHP Midyear/Vizient, UB Research Day, and Eastern States Conference.

- All assigned clinical conference presentations (min of 4 to include the following)
 - (1) Case presentation
 - (1) Platform presentation
 - (1) Pharmacy Grand Rounds
 - (1) CE accredited presentation
- All assigned drug information questions (see detail above)
- Preparation and presentation of 4 journal club meetings.
- Therapeutics monograph and presentation to the UPMC Therapeutics Committee- minimum #1 required.
- Clinical guideline/policy creation or update- minimum #1 required
- Residency program's educational goals and outcomes
 - Attain "achieved (ACHR)" for residency in $\geq 85\%$ of the residency program specific evaluated goals and objectives
 - Attain "needs improvement (NI)" in 0% of the residency program specific evaluated goals and objectives
- Residents who fail to meet these expectations will be considered to have not graduated from the residency program and will not receive a residency certificate.

Progress will be tracked via the Residency Activity Tracking form located in each residents electronic binder on the S drive. The resident is expected to keep the tracking form updated except for components to be completed by the RPD or Residency Coordinator. The tracking form will be reviewed and discussed during each quarterly development plan meeting.

Highland Hospital Residency Program Faculty and Contact Information

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