

# Highland Hospital PGY1 Pharmacy Residency Program

## Residency Policy Appendix



MEDICINE *of* THE HIGHEST ORDER

## Table of Contents

Highland Hospital Human Resource Policy: Disciplinary Action, 123	3
Highland Hospital Human Resource Policy: Termination of Employment, 124	7
Personnel: Travel and CE Reimbursement Policy	12
Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors Highland	15
Hospital's Process for the Selection and Evaluation of Resident Candidates	20
PGY2 Early Commitment Policy	24
Preceptor Requirements, Expectations and Development	27
Residency Preceptor in Training	30

Status **Active** PolicyStat ID **13621913**



Origination	08/1991	Owner	Rebecca Testa
Last Approved	05/2023	Policy Area	Human Resources Policies
Effective	05/2023	Applicability	University of Rochester - Highland Hospital
Last Revised	02/2020		
Next Review	05/2026		

## Disciplinary Action, 123

### POLICY:

The primary purpose of these employee conduct and disciplinary guidelines is to encourage positive, productive conduct by employees and to provide for an appropriate response by the hospital when employee performance issues arise or when employees violate the hospital's policies and/or workplace conduct rules. Under these guidelines, the hospital will take disciplinary action that it deems appropriate in response to employee performance issues or violations of the Hospital's policies and workplace conduct rules.

#### A. Employee Conduct and Disciplinary Guidelines

When taking disciplinary action, a supervisor should consider the nature and seriousness of the infraction, all relevant facts and information, and any mitigating circumstances. In addition, it is recommended that a supervisor discuss the proposed corrective action with Human Resources prior to implementation to ensure appropriate applicability, documentation, and process. While the hospital generally aims to implement disciplinary action on a progressive basis, there is no guarantee that any particular type of disciplinary action will necessarily precede another. There are times when immediate and serious disciplinary action, such as suspension or dismissal, is warranted. Likewise, there are times when minor performance issues and/or minor violations of policies/rules issues can be handled without formal discipline through an informal counseling discussion with the employee.

Repeated or more serious performance issues and/or violations of policies/rules and/or workplace conduct issues may require a stronger initial response. Depending upon the infraction, disciplinary actions may take the form of a written or verbal warning, written reprimand, unpaid suspension, or immediate termination, among others. The following is some additional guidance on these forms of discipline:

### **Warning**

A verbal discussion or a written warning may be given when a problem occurs meriting corrective action. Whether verbal discussion or written warning is given depends on the nature and severity of the infraction. For example, a written warning may be appropriate when there is a re-occurrence of a performance issue about which an employee has previously been informally counseled. If a verbal discussion takes place, Human Resources recommends that the supervisor document the fact that such a warning was given, noting, at a minimum, the date, circumstances, and what was conveyed to the employee and keep that record in the department's employee file.

### **Written Warning**

A written warning is a formal statement that will become part of the employee's permanent personnel file. Examples of problems that may result in a written warning include, but are not limited to, disruptions and/or misconduct in the workplace, failure to follow proper work procedure or business practice, chronic tardiness or absenteeism, continued problems not remedied by verbal discussion or written warning, or where problems could lead to suspension or dismissal if repeated. A written warning may affect the employee's ability to apply for an intra- or inter- departmental transfer. (refer to HR Policy 104, Transfer/Promotion/Demotion.)

It is recommended that the statement describe the specific circumstances that prompted the disciplinary action, the plan of action to correct and resolve the situation, the time period in which the employee must implement the necessary steps for corrective action, and the consequences for failure to resolve the problem. Written warnings should be reviewed by the department's Human Resources Business Partner prior to being presented to the employee.

### **Suspension**

Suspension (with or without pay) may be imposed when there is a need to remove the employee from the workplace while an investigation is conducted or to protect the health, safety, or welfare of others, or for failure to comply with mandatory Employee Health requirements..

### **Termination**

Termination may be imposed when the problem is sufficiently severe or where other courses of action have been attempted or where there is no reasonable expectation of future improvement. However, it should be noted that termination may occur for reasons not related to disciplinary action as New York is an employment-at-will state. Prior to any termination, a supervisor must first review the termination with Human Resources.

The following examples illustrate situations that could result in immediate suspension or termination of employment; however, the list is not exhaustive and there are other circumstances not listed here that may result in immediate suspension and/or termination of employment. The list below is intended merely to provide guidance with respect to some of the forms of misconduct that may result in disciplinary action.

- Violation of the Highland Promise, Behaviors, and/or Values.
- Negligence, carelessness, rudeness, abuse, and/or inconsiderate treatment in care of patients.

- Inappropriate disclosure of confidential patient, employee or organization information.
- Falsifying records, reports or information of any kind.
- Displacing, tampering with or otherwise manipulating medications, supplies and other patient care equipment unless within the scope of practice or job requirements.
- Engaging in the unauthorized or inappropriate access or utilization of confidential or proprietary computer data.
- Excessive/repeat absenteeism or tardiness.
- Failure or refusal to perform assigned duties and/or infraction of work rules.
- Failure to complete mandatory requirements including, but not limited to: care Learning, departmental and health.
- Insubordination.
- Badging in or out for another employee or any other falsification of time records.
- Theft, misuse, or unauthorized possession of property belonging to hospital patients, visitors, or other employees.
- Illegal or unauthorized use or possession of a weapon on hospital premises.
- Soliciting tips from patients or visitors.
- Immoral, rude, indecent or disorderly conduct.
- Disruptive or harassing conduct, such as the use of or threat of violence, horseplay, practical jokes, physical abuse or unlawful discrimination.
- Willful or careless destruction, mishandling, alteration, defacing or waste of hospital equipment or property or of another employee's property.
- Gambling on hospital property during work hours.
- Inappropriately interfering with the work of another employee.
- Threatening, intimidating, or coercing another employee, a patient or a patient's family member
- Violence or threat of violence.
- Willful or careless violation of hospital safety, fire or security regulations.
- Sleeping, watching television, reading or loitering on duty.
- Abuse of sick leave or other time off privileges.
- Walking off the job or unauthorized absence from assigned work area.
- Repeated failure to report to work with photo ID.
- Repeated failure to badge in or out.
- Smoking on work time or in unauthorized area.
- Inappropriate use of the hospital's information resources and/or business equipment.

- Offensive use of abusive, indecent, foul, or vulgar speech.
- Violation of the hospital's prohibition of discrimination and harassment.
- Violation of the hospital's Alcohol and Drug Policy.
- Willfully ignoring hospital rules and regulations
- Dishonesty.
- Time reporting misrepresentations.
- Theft or inappropriate removal or possession of property.
- Unsatisfactory work performance that has no reasonable expectation of improving.
- Accessing pornography.
- Any conduct reasonably deemed by supervision to be detrimental to the hospital's interests
- Any grossly negligent or willful act that results in personal injury, property damage, or loss to the hospital.
- Criminal activity of any kind.

Neither the above list nor the hospital's decision to use or not to use progressive discipline in a particular case, as it sees fit, will alter the at-will nature of an employee's employment status.

## Approval Signatures

Step Description	Approver	Date
Human Resources Policy Committee	Rebecca Jones	05/2023

## Applicability

University of Rochester - Highland Hospital

Status **Active** PolicyStat ID **14862858**



Origination	08/1985	Owner	Rebecca Testa
Last Approved	12/2023	Policy Area	Human Resources Policies
Effective	12/2023	Applicability	University of Rochester - Highland Hospital
Last Revised	12/2023		
Next Review	12/2026		

## Termination of Employment, 124

### POLICY:

Highland has established uniform procedures regarding the termination of employees to ensure: (1) The employee's rights and the best interest of the organization are fully protected; (2) Proper computation of final wages due, including any vacation accrual due; (3) Provision for the return and crediting of company property; and (4) Timely and orderly processing of personnel records.

#### I. VOLUNTARY RESIGNATION

- A. Appropriate prior notice in writing must be given to the Department Manager by employees resigning for personal reasons. Appropriate notice is generally considered to be equal to one year's vacation allotment. Reasons for voluntary resignation may include, but are not limited to:
  - 1. Personal Reasons
  - 2. Retirement
  - 3. Failure to report to work for three consecutive work days with no call to supervisor is voluntary.
  - 4. Failure to return from an approved leave of absence within designated period.
  - 5. Not working one shift within a department's specified time frames may be cause for termination at the discretion of the department manager.
- B. Procedure
  - 1. It is the Manager's responsibility to process the employee's resignation (date must be actual last day worked) in MyHR **prior** to the employee's resignation date. The employee's written resignation should

be uploaded into MyHR.

- a. Employees cannot end their employment with Highland Hospital by using vacation or sick time.
  - b. If the department requires replacement, the manager should follow the recruitment procedures for requisition approval and posting.
2. The employee will receive any worked hours in the regular pay date following their date of termination. If applicable, vacation payment due to termination will be made in the next regular scheduled payroll check run, following the completion of the termination process in MyHR.

## **II. REDUCTION OF WORKFORCE DISMISSAL:**

- A. This type of termination is generally considered to be applied in cases involving circumstances beyond the control of the employee (Reference Layoff and Recall Policy #127).
  1. Specific reasons for dismissal include, but are not limited to:
    - a. Reduction in work force.
    - b. Discontinuance of department, service or specific position.
  2. In all dismissal cases, every effort will be made to relocate the employee into an appropriate available position. If this is not possible, the employee maybe given two weeks notice prior to the position ending. If it is determined to be in the best interest of Highland, the Department Manager may recommend that the employee does not work out the remaining notice period. In cases where this takes place the employee may be paid the remaining notice period in lieu of notice.
  3. All proposed dismissals must be reviewed by Human Resources prior to any action being taken.

## **III. INVOLUNTARY TERMINATION:**

- A. This type of termination is applied in circumstances that are within the control of the employee.
  1. Work rules: Every employee is expected to observe certain rules of conduct in dealing with fellow employees, management and with patients. Failure to do so may result in immediate termination. Specific reasons for discharge include, but are not limited to:
    - Violation of the Promise Standards, Behaviors, and/or Values
    - Violation of HIPAA
    - Negligence, carelessness, rudeness, abuse, and/or inconsiderate treatment in care of patients
    - Inappropriate disclosure of confidential patient, employee or organization information
    - Falsifying records, reports or information of any kind

- Engaging in the unauthorized or inappropriate access or utilization of confidential or proprietary computer data
- Excessive/repeat absenteeism or tardiness; failure to report unexcused absences to supervisor and/or unexcused absence, or three occurrences over the course of employment may be considered
- Failure or refusal to perform assigned duties and/or infraction of work rules
- Failure to complete mandatory requirements including, but not limited to: careLearning, departmental and health.
- Insubordination
- Badging in or out for another employee or any other falsification of time records
- Theft, misuse, or unauthorized possession of property belonging to hospital patients, visitors, or other employees
- Illegal or unauthorized use or possession of a weapon on hospital premises
- Soliciting tips from patients or visitors
- Immoral, rude, indecent or disorderly conduct
- Disruptive or harassing conduct, such as the use of or threat of violence, horseplay, practical jokes, physical abuse or unlawful discrimination
- Willful or careless destruction, mishandling, alteration, defacing or waste of hospital equipment or property or of another employee's property
- Gambling on hospital property during work hours
- Inappropriately interfering with the work of another employee
- Threatening, intimidating, or coercing another employee, a patient or a patient's family member
- Violence or threat of violence
- Willful or careless violation of hospital safety, fire or security regulations
- Sleeping, watching television, reading or loitering on duty
- Abuse of sick leave or other time off privileges
- Walking off the job or unauthorized absence from assigned work area
- Repeated failure to report to work with photo ID
- Repeated failure to badge in or out
- Smoking on work time or in unauthorized area

- Inappropriate use of the hospital's information resources and/or business equipment
  - Offensive use of abusive, indecent, foul, or vulgar speech
  - Violation of the hospital's prohibition of discrimination and harassment
  - Violation of the hospital's Alcohol and Drug Policy
  - Willfully ignoring hospital rules and regulations
  - Dishonesty
  - Time reporting misrepresentations
  - Theft or inappropriate removal or possession of property
  - Unsatisfactory work performance that has no reasonable expectation of improving
  - Accessing pornography
  - Any conduct reasonably deemed by supervision to be detrimental to the hospital's interests
  - Any grossly negligent or willful act that results in personal injury, property damage, or loss to the hospital
  - Criminal activity of any kind
2. The discharge of an employee should be reviewed with department's Human Resources Business Partner (or designee) before any action taken. Immediate suspension of the employee from duty may be taken by a Department Manager or Supervisor when further investigation is needed.
  3. The employee is to be presented with a copy of a full statement of cause that must be signed by the Department Manager or Supervisor.
    - a. The employee must be asked to sign and be allowed to make comments; if he/she refuses, the manager should indicate, "refused to sign".
  4. Unless otherwise instructed, it is the manager's responsibility to process the employee's termination in MyHR. The employee's termination document must be uploaded in MyHR. Timely submission is expected.
  5. The final paycheck will be issued to employees discharged at the time of the next regular paycheck. Only employees who voluntarily resign, who are out on an approved leave of absence and Highland can no longer continue to hold a position or are dismissed, as stated in Section II-A, will receive their vacation payout. Those employees who were terminated involuntarily and employees who resign in lieu of termination are not entitled to receive their vacation payout.

#### **IV. RETURN OF HIGHLAND PROPERTY**

- A. All Highland property (i.e., photo ID, pagers and other electronic devices, uniforms,

keys, ramp garage card, etc.) must be returned to the appropriate source on the employee's last day of work.

**V. EXIT INTERVIEW**

- A. Exit Interviews will be conducted online for employees who terminate employment voluntarily. In-person exit interviews will be conducted by a Human Resources Business Partner when requested or as deemed necessary.
- B. Exit interviews will not be scheduled for involuntarily terminated employees except at the discretion of the Human Resources Department.

**VI. PRESENCE ON HOSPITAL GROUNDS**

Former employees should be present on hospital grounds only when seeking medical attention, visiting a registered patient, or when needing to conduct business with the hospital.

## Approval Signatures

**Step Description**

**Approver**

**Date**

Human Resources Policy  
Committee

Rebecca Jones

12/2023

---

## Applicability

University of Rochester - Highland Hospital



Origination	12/2019	Owner	Chris Dailey
Last Approved	09/2025	Policy Area	HH Pharmacy Policies
Effective	09/2025	Applicability	University of Rochester - Highland Hospital
Last Revised	11/2023		
Next Review	09/2028		

## Personnel: Travel and CE Reimbursement

### Policy:

Travel to and participation at scientific and professional meetings is an important component of staff development, and is also recognized as being important for the growth and recognition of the department regionally and nationally. However, there are also finite resources available to support the cost of travel and meeting participation. The purpose of this policy is to define criteria for approval of travel and meeting attendance, define allowable costs, and establish a process of equity and fairness concerning meeting participation by members of the department. All departmental travel will conform to the [Highland Hospital policy on Meetings and Seminars](#) with the contents of this policy to be considered department-specific clarifications or restrictions.

All requests for travel and meeting attendance should be made using the [Travel/Conference Approval Request Form](#), which may be found on the Accounts Payable Intranet Forms Page and must include documentation of the purpose of meeting attendance consistent with the criteria for approval listed below. All requests for travel and meeting attendance must be approved by the Director of Pharmacy Operations or Director of Clinical Pharmacy Services. Approval of all travel and meeting attendance is at the discretion of the Director(s), and is contingent upon budgeted travel funds being available.

### Travel and Conference Budget Planning

Prior to the start of the new fiscal year, senior leadership for the department will meet to plan and establish a budget for travel and conferences for the coming year. This budget will be based upon specific advance travel requests from staff, anticipated travel for trainees, and other departmental priorities for training, education, recruitment and presentation. In January of each year, this group will readdress the travel plans and budget for the balance of the fiscal year to consider changes in departmental needs or funding availability.

## Criteria for Approval

The purpose for meeting attendance that meets one or more of the following criteria will be given priority for approval:

- **Recruiting.** Active involvement in resident or staff recruiting activities as a primary component of the purpose for meeting attendance are consistent with departmental mission and will be given high priority.
- **Presentation.** Presentation of original research or invited presentations due to recognized expertise of a staff member contribute to the recognition goals of the department and will be given high priority.
  - Abstract accepted for poster or platform presentation.
  - Invited presentation or moderation at a meeting symposium or session.
- **Organizational Business.** Serving as a board member, officer, delegate or committee chair where attendance at the meeting is expected in order to conduct the business of the professional organization.
- **Continuing Education.** Attendance at local or regional meetings with minimal travel expenses will be considered for approval, however national meetings or regional meetings with significant expenses for the primary purpose of obtaining CE will be given a low priority for approval.

## Post-Conference Departmental Expectations

At the discretion of the Directors of Pharmacy, upon return from the event, attendees may be expected to prepare and present a summary of covered topics and knowledge gained during the conference. This will be scheduled within a reasonable timeframe following the conference.

## Reimbursement Guidelines

Reimbursement of conference expenses will be limited to those reasonable, necessary, approved expenses which are to be reported on the [Travel/Conference Expense Reimbursement Form](#), found on the Accounts Payable Intranet Forms Page with supporting original receipts or documentation of payment. To assure efficient use of resources available to support staff travel and meeting attendance the following guidelines will be used to grant final approval of expenses.

**Airline Travel:** Airline travel must be approved in advance of the meeting. Flights booked independent of approval may not be reimbursed in full, and is at the discretion of department administration.

**Automobile Travel.** Automobile travel beyond 50 miles round trip will be reimbursed utilizing the current federal mileage rate pursuant to Highland Hospital Department of Finance policy. Local travel for CE or local programs will not be reimbursed.

**Meeting Registration.** Meeting registration rates will be paid at the member rate. Reimbursement at a nonmember rate must be approved in advance.

**Hotel Accommodations.** Hotel costs will be reimbursed at the convention or meeting rate based upon double occupancy. Reimbursement at the single occupancy rate or at alternative hotel sites must be approved prior to attending the meeting.

**Meals.** The cost of meals will be considered reasonable and will be reimbursed based upon a maximum per diem rate of \$35.00/day according to [Highland Hospital Policy for Meetings and Seminars](#). Meal expenses exceeding the per diem rate are the responsibility of the staff member. Notations should include the names and organizations of persons whose meals or beverages are being claimed for reimbursement.

**Ground Transportation/Parking.** All reasonable costs for ground transportation and parking will be reimbursed per receipt. Car rental expenses must be approved in advance of the meeting.

**Reimbursement Cap.** It is expected that staff will be taking all reasonable measures to keep the cost of travel and meeting participation at a reasonable level. Due to limited resources to support travel and a large number of staff eligible for travel, a maximum of \$2500 will be allocated for an individual meeting expense. This maximum must include all costs associated with the meeting including registration, travel, accommodations and food. Exceptions to this maximum reimbursable cost must be reviewed and approved in advance of the meeting.

COPY

## Attachments

- [travel-conference-education-expense-reimbursement-calc.doc](#)
- [travelconferenceeducationapprovalrequestcalc.doc](#)

## Approval Signatures

Step Description	Approver	Date
Pharmacy	Chris Dailey	09/2025

## Applicability

University of Rochester - Highland Hospital

Status **Active** PolicyStat ID **15516998**



Origination 04/2020  
Last Approved 01/2025  
Effective 01/2025  
Last Revised 01/2025  
Next Review 01/2028

Owner Michelle Opirari  
Policy Area HH Pharmacy Residency Program  
Applicability University of Rochester - Highland Hospital

## Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors

### Policy:

The following policy outlines a formal process by which appointment or re-appointment is made for PGY1 residency program preceptors and by which appointment is made for the Residency and Student Advisory Committee (RAC).

### Definitions:

**Preceptor-in-Training** - Any pharmacist who **DOES NOT** meet the definition of a preceptor as defined below.

**PGY1 Preceptor** - Any pharmacist who has an up-to-date and completed Preceptor Academic and Professional Record (PAPR) form on file with the department, meets criteria outlined in Standard 4 of the ASHP Accreditation Standard for Postgraduate Pharmacy Residency, and approved by the Residency Program Director (RPD).

**Residency Advisory Committee (RAC)** - Provides oversight for the Highland Hospital PGY1 residency program, contributes to resident progress, and ensures continuous program improvement, development, and perpetual compliance with the American Society of Health System Pharmacists (ASHP) accreditation standards. It is composed of a group of clinical, operational, and administrative preceptors for the PGY1 residency program. In addition to discussions held at each RAC meeting throughout the year, 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.

## Procedures:

### Appointment of preceptors:

- Pharmacist to submit completed PAPR form electronically through PharmAcademic for RPD to confirm eligibility. Preceptors are expected to meet all parts of the APR, including standard 4.3d (if RPD)/Standard 4.6c (if Preceptor) - role models ongoing professional engagement.
  - If a Highland-based resident completes an elective at another affiliate, including Strong Memorial Hospital, those elective preceptors must be qualified according to their respective residency program.
- RPD will meet with the individual to discuss and review the overall purpose and structure of the residency program, determine the individual's willingness and interest in serving as a residency preceptor, and provide an orientation to PharmAcademic (Refer to **ADDENDUM A** for the Initial Residency Preceptor Overview Checklist).
- Completed PAPR form to be reviewed by RAC and vote to instate as full preceptor with final approval by the RPD.
- For those pharmacists who do not meet the qualifications for residency preceptors according to Section 4.6 of the [Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#), refer to procedure in the [Residency Preceptor in Training Policy](#)

### Re-appointment of preceptors:

- RPD to review and co-sign all submitted learning experience evaluations by the preceptor and resident evaluations of the preceptor. During this review, if any preceptor deficiencies are identified, this will warrant a meeting with the RPD and preceptor for further discussion and a subsequent development plan put into place if necessary.
- The RPD (Director of Clinical Pharmacy Services) will discuss with each preceptor during their annual performance evaluation the number of residents precepted over that past year, feedback provided by residents, compliance with meeting preceptor education requirements and qualifications, and any other activities of the preceptor relative to the residency program. Please refer to the [Preceptor Development Plan policy](#) for additional information on the assessment of preceptor skills. All of these issues will contribute to consideration for preceptor re-appointment.
- Fully instated preceptors are expected to be compliant with the institution's standards according to the [Preceptor Requirements, Expectations and Development Policy](#).
- Preceptors are expected to review/update their PAPR electronically via PharmAcademic annually to ensure compliance on a yearly basis. Annual review by the preceptor should be done no later than the preceptor's annual performance evaluation date. If found non-compliant

during an annual review, a plan to meet compliance will be discussed with the RPD at the time of their annual performance evaluation or another specified time.

- Preceptor PAPER forms to be formally reviewed every 3 years by RPD or designee to confirm preceptor qualifications according to Section 4.6 of the [Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#).
- For those pharmacists once instated as a full preceptor, however upon review of PAPER form, it is determined no longer meet qualifications according to Section 4.6 of the [Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#), the RPD will meet with the preceptor to discuss areas of deficiency and collaboratively develop a plan to meet criteria.
  - The RPD and pharmacist will meet no later than 3 months from the date that a development plan was put into place to re-assess qualifications and develop a further plan if necessary. If it is determined that the pharmacist is eligible for preceptor, repeat procedure above for the appointment of preceptors.

Appointment of RAC members:

Implementation:

- The RAC is chaired by the RPD.
- Meeting minutes to be maintained by the Residency Coordinator or other designee.
- Appointment is made by the RPD and includes all PGY1 residency program preceptors, as approved by the RPD and who meet the requirements outlined in Standard 4 of the ASHP Accreditation Standard for Postgraduate Pharmacy Residency. Preceptors-in-training also qualify for membership. Refer to the [Highland Hospital Residency Preceptor in Training Policy](#) for further preceptor-in-training requirements.
- The pharmacy residents may be periodically asked to attend to provide updates to the Committee.
- An up-to-date email distribution list to be kept as a roster of current RAC members.

## ADDENDUM A

Initial Residency Preceptor Overview Checklist

- Coordinator/RPD To Do Checklist For New Resident Preceptors
  - Add preceptor in as a preceptor in PharmAcademic and update preceptor list for their respective Learning Experience
  - Create bio and upload photo for website
  - Add preceptor to the Residency Program Handbook listed under Highland Hospital Residency Program Faculty and Contact Information

- Department secretary to add preceptor to email distribution lists (Pharmacy HH RAC and Pharmacy HH Residency Preceptors) and ensure preceptor is sent RAC calendar invites
- Add preceptor to the Preceptor Development Topic Assignment Excel file located on URM C Box
- Send preceptor Achieve instructions for uploading preceptor development topics & instructions for preceptor development topics
- Set up a learning experience for them with the resident if possible for current year or next year

#### Initial Meeting With Resident Preceptor Checklist:

- Handbook Review
  - Overview of Purpose Statement and structure of the program
  - Review definitions of evaluation rating scales – NI for example, needs to have a plan for improvement documented if you are selecting this
  - Brief review of the entire handbook, including licensure requirements and requirements for successful completion of the residency program
  - RPD/Coordinator yearly review for updates – handbook available on ShareDrive and on [Highland Hospital Pharmacy Residency Internet Website](#).
- Review all current residency program guidelines published on PolicySTAT
- PharmAcademic Overview
  - Review Academic and Professional Record (APR) tab for maintaining APR electronically
  - Expectation is to meet with resident right in the beginning of rotation to go over the learning experience including the objectives taught and evaluated
  - Review all tabs of their Learning Experience(s) including, Overview, Learning Objectives, Activities, and Evaluations for their Learning Experience
  - Evaluations
    - Expectation is to include strengths and improvements and a specific plan for how to improve
- Review “Provide Feedback To Resident” functionality
  - Examples include journal clubs, presentations, and any assignments ect.
- Review rotation hand-off process (if applicable)

- Preceptor role examples (instruction, modeling, coaching, facilitating)
- RAC Overview
  - Student and resident preceptors attend
  - Time of meeting/frequency
  - Review preceptor development requirements – complete at least 5 per year and add to Achieve/Pharmacist Addendum for yearly tracking
- ShareDrive Review
  - Master schedule
  - Resident Folder (“Binders”)
  - RAC Info folder
    - Meeting minutes
    - Preceptor development

COPY

## Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	01/2025
Residency Program Coordinator	Michelle Opipari	01/2025

## Applicability

University of Rochester - Highland Hospital



Origination 10/2020  
Last Approved 01/2025  
Effective 01/2025  
Last Revised 01/2025  
Next Review 01/2028

Owner Michelle Opirari  
Policy Area HH Pharmacy Residency Program  
Applicability University of Rochester - Highland Hospital

## Highland Hospital’s Process for the Selection and Evaluation of Resident Candidates

### Policy:

The following procedures formalize a process by which pharmacy residency candidates will undergo an evaluation and selection process to obtain a PGY1 residency position at the institution.

### Scope:

This policy applies to all interested residency candidates who wish to apply to the PGY1 residency program at Highland Hospital.

### Implementation:

The Pharmacy Department will recruit based on an equal employment opportunity basis and be nondiscriminatory in nature. Parallel to Highland Hospital policies, the PGY1 residency program values diversity. The Pharmacy Department will participate in the following for recruitment efforts on an annual basis. These will serve as opportunities to promote our programs to potential candidates:

- Residency Showcase at the ASHP Midyear Clinical Meeting (pending available of funding for travel)
- Virtual Residency Informational Sessions and Showcases including but not limited to those advertised through ASHP and ACCP Residency Program Directories, Highland Hospital PGY1 Residency Program Internet Website and Social Media Platforms, and the New York State Council of Health-system Pharmacists
- Brochure advertisement sent to pharmacy schools identified based on a reference from the

[ASHP Diversity Resource Guide](#), targeting schools with a percent minority of >40%.

Necessary qualifications of the resident candidate:

- The candidate must have graduated or anticipated graduation from an ACPE-accredited Doctor of Pharmacy degree program.
- The candidate must be licensed in or eligible for pharmacist licensure in New York State.
- The candidate must be considered authorized to legally work in the United States for the duration of the residency program

The application process for resident candidates will include the following:

- Utilizing PhorCAS, the candidate must submit their application by the deadline assigned by the program
- Curriculum vitae
- Letter of intent
- Official university or college of pharmacy transcripts
- Three letters of recommendation utilizing the standardized PhorCAS format.
  - Note: If more than three letters are submitted, the RPD or designee will determine the three most relevant for official review/scoring.

Upon receipt and review of application materials, a panel consisting of the Residency Program Director (RPD), Coordinator, and residency preceptors will screen and evaluate candidates for an interview utilizing a program-specific applicant screening tool that is reviewed/updated annually and maintained on an internal Pharmacy ShareDrive. Each applicant will receive a total score for his/her application as well as an overall remark of either "Recommend Interview", "Recommend Further Review" or "Do Not Recommend Interview". All candidates are considered for an interview, with preference placed on those with the highest score and a consistent overall remark of either "Recommend Interview" or "Recommend Further Review". The number of applicants selected for an interview will vary each year depending on the number of positions available and applications received, as determined by the RPD. Generally, no more than 8 candidates are interviewed per each open position. The RPD has final authority over the selection of those candidates for invited for interviews.

As part of the time slot interview confirmation, candidates are provided a link and encouraged to review the Highland Hospital PGY1 Pharmacy Residency Program Handbook available on our Internet website. The handbook includes the program's requirements for successful completion of the residency program and additional policies.

The RPD may approve the reimbursement of candidates invited to interview traveling from outside the region no more than the cost of one night hotel accommodations in order to facilitate participation if applicable.

The interview will primarily consist of the following:

- Interviewing with the RPD, Pharmacy Operations Director, Coordinator, residency preceptors, and current residents
- Providing a 15 minute PowerPoint-style presentation on a clinical topic of the candidate's

choosing (candidate will be informed of this at the time of the interview invitation)

- Reviewing a brief patient case and answer questions based on a few clinical scenarios
- An overview of the requirements for successful completion and expectations of the residency program will be provided to candidates invited to interview. This overview will include policies for professional, family, and sick leave and the consequences of such leave on the residents' ability to complete the program and for dismissal from the program.

Upon completion of all resident candidate interviews, the RPD, Coordinator or designee will summarize all evaluation forms received for each candidate. All evaluation tools are developed in and submitted via WebAdmit.

A meeting will be held for the RPD, Coordinator, residency preceptors, and current residents for the purpose of evaluating and ranking the candidates prior to the deadline for rank order list submission to the National Matching Service. Interview evaluation form summaries will be reviewed and the group will discuss their observations and assessment of each candidate. The residency program will participate in the ASHP Resident Matching Program, and after a consensus is reached within the group, the rank list will be entered with the National Matching Service by the RPD. The RPD has final authority over the order of the rank list. Candidate selection/ranking procedures will strictly abide by the rules outlined by the [Rules for the ASHP Pharmacy Residency Matching Program](#).

After obtaining the Match results, the residents will be contacted by the RPD as soon as possible. Residents will be asked to sign a written statement formally accepting the position within 30 days of the Match results release date.

In the case of a program not matching a resident, the program may enter Phase II of the Match. Applicants who did not obtain a position in Phase I of the Match will undergo a similar screening and interview process as outlined above during Phase II of the Match. Alternatively, the interview and selection process may be modified at the discretion of the RPD, Coordinator and residency preceptors during Phase II as warranted based on the needs of the program. In the case of a candidate not being able to attend their scheduled interview due to reasons out of the candidate's control (i.e. travel issues), it will be at the discretion of the RPD whether or not to offer an alternative interview time in lieu of time constraints, consideration of other applicants available for interview, and organizational resources.

Upon release of the Phase II Match results, the resident will be asked to sign a written statement formally accepting the position within 30 days of the Phase II Match results release date.

In the case of a program not matching a resident after Phase II of the Match, the program may enter a Post-Match Process or otherwise may be referred to a Post-Match Scramble in accordance with ASHP Match Rules. These applicants within the Post-Match or Post-Match Scramble will undergo a similar screening and interview process as outlined above. Alternatively, the interview and selection process may be modified at the discretion of the RPD and preceptors based on the needs of the program. In the case of a candidate not being able to attend their scheduled interview due to reasons out of the candidate's control (i.e. travel issues), it will be at the discretion of the RPD whether or not to offer an alternative interview time in lieu of time constraints, consideration of other applicants available for interview, and organizational resources.

Following interviews during the Post-Match Process, a written offer will be sent to residents directly by

the RPD. The resident will be asked to sign a written statement formally accepting the position within 30 days of the position offer or by the residency start date, whichever is sooner.

## Approval:

Highland Hospital Resident and Student Advisory Committee

### Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	01/2025
Residency Program Coordinator	Michelle Opipari	12/2024

---

### Applicability

University of Rochester - Highland Hospital

COPY

Status **Active** PolicyStat ID **17252851**



Origination 07/2019  
Last Approved 01/2025  
Effective 01/2025  
Last Revised 01/2025  
Next Review 01/2028

Owner Michelle Oipari  
Policy Area HH Pharmacy Residency Program  
Applicability University of Rochester - Highland Hospital

## PGY2 Early Commitment Policy

There are multiple PGY2 Pharmacy Residency Programs established within the University of Rochester Medical Center/ Strong Memorial Hospital. The Highland Hospital PGY1 residency program collaborates with the Strong Memorial residency programs in multiple settings throughout the residency year including but not limited to ACLS training, research programs, presentations of conferences and CE programs, and several other aspects of orientation training. The Highland Hospital PGY1 Residency Program Director and Coordinator are members of the URMC Residency Directors and Coordinators group which meets routinely throughout the year.

Due to Highland Hospital's affiliation with URMC/Strong Memorial Hospital, Highland Hospital's PGY1 Pharmacy residents may be eligible for early commitment to no more than one of the PGY2 Pharmacy Residency Programs. A complete listing of PGY2 Pharmacy Residency Programs can be found on the [University of Rochester Medical Center Department of Pharmacy Residency Programs](#) website.

Highland PGY1 resident candidates and residents will be informed of the early commitment opportunities and policies each year during the residency interviews, following the match, and at orientation.

### Criteria to be met for eligibility:

- The resident must be in good standing to successfully complete their PGY1 residency program requirements.

- The resident should schedule a meeting with the PGY2 Residency Program Director as soon as possible and no later than October 10th to discuss their interest and learn more about the program.
- The resident must submit a letter of intent and curriculum vitae to the PGY2 RPD by November 1st.
- As schedule/availability allows, it will be the goal, although not required, to have the resident complete at least one elective rotation in the PGY2 area of interest prior to the interview.
- The interview process will occur in November (prior to the ASHP Midyear Clinical Meeting) and include interviewing with the PGY2 RPD, PGY2 Coordinator, core preceptors, and currently PGY2 resident(s) in the specific program.
- The resident must meet all requirements of the PGY2 program for early commitment in order to be eligible for consideration. PGY2 Residency Program Directors or Coordinators can be contacted at any time for detailed requirements.
- After all early commitment interviews are completed by the PGY2 program, those that interviewed candidates will meet to discuss each candidate and interview evaluations. The PGY2 RPD will inform the candidate of their decision prior to the ASHP Midyear and Clinical Meeting and National Matching Service deadline for participating residency programs (early December).

If an offer is made, a letter confirming the offer will be provided and both the early commitment PGY1 and PGY2 RPD will follow the steps outlined here: [ASHP Match - Early Commitment](#) that commits the PGY2 position to the PGY1 resident. This will remove the position from the formal ASHP matching process in March. The resident will transition into the PGY2 residency position following completion of the PGY1 residency.

Decisions to not offer a PGY1 candidate a PGY2 position during the early commitment process does not preclude the resident(s) from applying for the same position during the ASHP PGY2 residency Match process.

## Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	01/2025

---

## Applicability

University of Rochester - Highland Hospital

COPY

Status **Active** PolicyStat ID **15516343**



Origination 10/2020  
Last Approved 01/2025  
Effective 01/2025  
Last Revised 01/2025  
Next Review 01/2028

Owner Michelle Opirari  
Policy Area HH Pharmacy Residency Program  
Applicability University of Rochester - Highland Hospital

## Preceptor Requirements, Expectations and Development

### Policy

The following policy outlines requirements, expectations and development for PGY1 residency program preceptors at the institution.

### Scope

This policy applies to all PGY1 residency program preceptors at Highland Hospital.

### Preceptor Requirements

Refer to the [Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors](#) policy for preceptor requirements.

### Preceptor Expectations

- Preceptors must create and maintain a description of their learning experience (LE) with a list of activities to be performed by residents in the learning experience that correlate with the goals and objectives of the LE.
- Preceptors must be committed to devoting the time necessary to provide a quality educational experience for the resident.
- Preceptors must follow the residency program's assessment strategies:
  - Preceptors must review the LE descriptions and expectations with the resident on or before the first day of the LE.
  - Preceptors must provide regular constructive feedback to residents that includes

- specific examples as to how they can improve.
  - Timely completion of LE evaluations either prior to the end or no later than 7 days after the end of the LE.
  - Preceptors must have verbal discussion with the resident to review the LE evaluation and their progress toward achievement of assigned educational goals and objectives.
- Preceptors should use the four preceptor roles (direct instruction, modeling, coaching, and facilitation) as appropriate.
  - Preceptors should attend the monthly Highland Hospital Resident and Student Advisory Committee (RAC) meetings.
  - Preceptors should contribute to the educational environment of the Pharmacy Department; this should include instruction and lectures during resident rotations as well as attendance at resident journal clubs and presentations.
  - Preceptors interested in precepting resident research projects should have adequate experience in research as determined by the RPD and complete/maintain [CITI training](#). The preceptor will be responsible for guiding the residents in all phases of the research project (e.g. study concept, study proposal, IRB approval, data collection, data analysis, project presentation, and manuscript preparation).

## Preceptor Development Plan

### Assessment of needs

- Distribute a biannual needs assessment survey to all preceptors.
- An annual group plan for improvement will be developed based on identified needs according to the biannual needs assessment survey, the annual Highland Hospital residency retreat with residents, and during individual annual preceptor performance evaluations.

### Schedule of activities to address identified needs

- A portion of the monthly RAC meeting will be dedicated to preceptor development initiatives.
- Preceptors are required to complete a minimum of 5 preceptor development activities per year. The preceptor development initiatives presented at RAC meetings can count towards this number. It is expected that preceptors document their preceptor development activities on Achieve as part of their portfolio.

### Review of effectiveness of development plan

- Yearly, as a component of each preceptor's annual performance evaluation, all resident preceptor and learning experience evaluations completed for their specific learning experience(s) will be reviewed. Plans for further improvement will be made based on this review.
- Include this as a yearly topic of discussion at the annual Highland Hospital Preceptor Retreat.
- Each preceptor's Achieve transcript will be reviewed during their annual performance evaluation to confirm completion of a minimum of 5 preceptor development activities per year.

# Approval History

April 2024 Highland Hospital Resident and Student Advisory Committee

## Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	01/2025

---

## Applicability

University of Rochester - Highland Hospital

COPY

Status **Active** PolicyStat ID **17253921**



Origination	07/2019	Owner	Michelle Opipari
Last Approved	01/2025	Policy Area	HH Pharmacy Residency Program
Effective	01/2025	Applicability	University of Rochester - Highland Hospital
Last Revised	01/2025		
Next Review	01/2028		

## Residency Preceptor in Training

### Purpose:

The purpose of this document is to define the process and parameters for the minimum necessary requirements to transition from a Preceptor in-Training to a preceptor.

### Scope

This document applies to all full and part time staff who will precept a pharmacy resident.

### Exceptions

No Exceptions

### Procedure:

1. Pharmacists new to residency precepting who do not meet the qualifications for residency preceptors according to Section 4.6 of the Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs must:
  - a. Establish a mentor who is a qualified preceptor
  - b. Have a documented preceptor development plan to meet the qualification for becoming a residency preceptor within two years (Refer to attachment)
    - i. The preceptor development plan will be saved on the Residency Share drive for review
  - c. Complete an electronic Preceptor Academic and Professional Record (PAPR) form within PharmAcademic and update as required

- d. Assign learning experiences for the Preceptor-in-Training within Pharmacademic. It is expected that learning experience evaluations are reviewed with the mentor
- 2. The Preceptor-in-Training and their mentor will contact the chair of the Resident & Student Advisory Committee (RAC) once the Preceptor-in-Training meets criteria for a residency preceptor.
  - a. The RAC will review the Preceptor-in-Training's preceptor development plan and PAPR form
    - i. If incomplete the RAC will provide the Preceptor-in-Training and their mentor with feedback
    - ii. If complete the RAC will vote to instate the Preceptor-in-Training as a full preceptor
- 3. Preceptors are required to maintain a complete and up-to-date PAPR form and provide it as requested by the RAC

## Resources:

[ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs](#)

COPY

### Attachments

[📎 2022 Preceptor-in-Training Development Plan Template.docx](#)

### Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	01/2025

### Applicability

University of Rochester - Highland Hospital