Welcome!

Congratulations on starting your residency at Michigan Medicine and the University of Michigan College of Pharmacy!

We are very pleased to welcome you as a new member of Michigan’s highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills. We are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be customized to your specific interests, strengths, and enhancing relative weaknesses. Please do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At Michigan, it is our goal to partner with you to guide you on your journey to become a highly trained and independent pharmacist.

Again, congratulations and welcome to the team!

Best regards,

John S. Clark, Pharm.D., M.S., BCPS, FASHP
Associate Chief Pharmacy Officer-Michigan Medicine
Clinical Associate Professor- University of Michigan College of Pharmacy
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This manual has been developed for the Pharmacy Residency Programs at Michigan Medicine to provide information on the policies, procedures, benefits, and other elements that may directly relate to the completion of our program.

Questions regarding the manual may be addressed with the Residency Program Director or the Residency Advisory Committee (RAC). There may be changes to the policies and procedures at any time when deemed necessary. You will be informed of those changes accordingly.

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A. Cardiology
1. Overview of the Program

A. University of Michigan Health System

University of Michigan Health System is part of the 82-acre University of Michigan Medical Center with a total of 1,000 licensed beds. University Hospital is a 577-bed tertiary care teaching complex. Opened in February 1986, the University Hospital contains adult inpatient care programs and most of the administrative and support units. The C.S. Mott Children's Hospital houses pediatric and neonatal patient care programs while the Von Voigtlander Women's Hospital provides maternity and gynecological services. The Children and Women's (CW) Hospitals opened in December 2011.

Across the Huron River, the Kellogg Center houses the ophthalmology programs. The Cardiovascular Center (CVC) staff provide care for forty-eight inpatients and inpatient clinics. Adjacent to the University Main Hospital is the Taubman Ambulatory Care Center with more than 100 specialty clinics. The Cancer Center is near Main Hospital and includes an infusion pharmacy and outpatient pharmacy. The East Ann Arbor Health Center houses one outpatient pharmacy and an infusion pharmacy. In addition, the University staffs several outpatient community medical facilities including Saline, Canton, Dexter, Chelsea, Brighton, and Northville.

B. Residency Program Mission, Vision Statements and ASHP Residency purpose statements

Mission
The mission of the PGY-1 and PGY-2 postgraduate programs at Michigan Medicine is to develop practice, teaching and research skills of the pharmacy residents, and to nurture the pursuit of professionalism, personal excellence, and leadership in the field of pharmacy. All available resources will be mobilized to achieve the following objectives:

- Leadership skills: The residency shall build upon individual and professional leadership skills of the residents.
- Clinical competency: The residency shall improve verbal and written communication skills, research capabilities, knowledge base, and clinical skills of the residents.
- Professionalism: The residency shall promote responsible and ethical conduct of the residents in accordance with the practice standards of the profession of pharmacy.

Vision
The pharmacy residencies at Michigan Medicine will be the most respected postgraduate educational and training pharmacy residency programs that graduate high quality pharmacy professionals as measured by their pharmaceutical care skills, scholarly activities, and leadership.
ASHP Pharmacy Residency Purpose

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.

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

C. Program Administration

Residency Program Director (RPD)

The RPD has ultimate responsibility for the residency program they oversee. This responsibility is accomplished with the assistance of the residency program coordinator(s) (RPC) along with the resident advisory committee (RAC). The RPD is to ensure program goals and objectives are met, preceptors are appropriately provided for learning experiences, evaluate the progression of residents to graduation, ensure evaluations are completed, and help implement any necessary HR-related actions (ie: disciplinary action, approval of leave of absence, etc).

Residency Program Coordinator (RPC)

The RPC works with other RPDs of programs to assure overall program goals and learning objectives are met, training schedules are maintained, are involved in preceptor development, help coordinate on-boarding and interview events, and in general provide a support system to the structure and function of the entire residency program. The RPC also serves as the permanent chair to the RAC. Each PGY2 program may have their individual RPC.

Residency Advisory Committee (RAC)

RAC is involved in recruiting and selecting pharmacy residents, including the initial screening of applicants, designing of interview itineraries, and the final ranking of candidates. Orientation of new residents to the Health System and coordination of all residency functions are also responsibilities of RAC. Other responsibilities of RAC include mentorship roles for residents, ensuring ASHP requirements, residency goals/objectives, and project deadlines are met throughout the year, approval of the rotation schedule and subsequent modifications, vacation requests, travel to professional meetings and conferences, and resident involvement in College of Pharmacy functions.

Other programs have RAC specific for their program and with their preceptors with the purpose of tracking resident’s progress throughout the year.
RAC Appointed Mentor

All PGY1 residents will be assigned a RAC Mentor. For residents this will be one of the following: the PGY1 RPD, the RPC, a rotating RAC clinician Member, the rotating College Faculty member or the rotating pharmacy operations member. For PGY2 residents the RAC appointed mentor will be their PGY2 RPD.

Responsibilities of the RAC appointment mentor include:

- Oversight of resident progress through the residency year
- Reviewing evaluations of the resident at least quarterly as part of the quarterly evaluation
- Reviewing Research and Writing evaluations with resident
- Coordinating of information at the resident quarterly evaluation meetings,
- Documenting resident progress and any changes to the residents’ development plan,
- Planning any necessary remediation in conjunction with the program RPD and RPC

Chosen Mentor

All residents will choose a mentor. Residents may choose a mentor from an approved list of mentors.

Responsibilities of the Chosen Mentor include:

- Serve as an advisor and advocate for the assigned resident for the course of the year
- Help the resident to achieve individual and residency goals and to address any perceived deficiencies
- Function as a confidant for the resident, to whom the resident can voice concerns, problems or praises
- Attend resident’s quarterly evaluation meetings (see description below)
- Meet with the resident individually at least quarterly (in addition to quarterly evaluation meetings).

D. Scope of Activities

Please refer to the University of Michigan Health System Annual Report (located on the pharmacy website and the internal website) for updates to our department.
2. Resident Responsibilities

A. Licensure

Pharmacy licensure in the state of Michigan is a requirement for all residents and should be obtained before the residency begins or as soon as possible thereafter. Michigan licensure includes a pharmacist license and a controlled substance license.

Disciplinary action will begin on September 1st if licensure is not obtained by that time. If not obtained by December 1st of that year, the resident will be dismissed. Residents not licensed at time of clinical weekends or staffing weekends must work to find a replacement so they can switch out of those clinical/staffing weekends until they obtain licensure.

See policy 115.10: Pharmacy Staff License and Certification Requirements and Verification

B. Graduation Requirements

Criteria as described below must be met in order for the resident to receive their completion certificate. These graduation requirements refer primarily to the PGY1 Pharmacy Practice residency. For any deviations from the requirements, please reference each program-specific appendix in appendix F.

Direct Patient Care Experiences

- Completion of 80% or more of ASHP Required Outcomes (educational goals and associated objectives). A minimum average score of “5 or proficient” is required for the remaining objectives
- All evaluations for rotations will occur and be completed in PharmAcademic® software program

Scientific Advancement and Research

- Research project suitable for publication
  - At a minimum, the resident research project will be presented at the Vizient Poster Presentation (during ASHP Midyear Meeting) and Great Lakes Residency Conference (oral presentation)
- Writing project suitable for publication
- Seminar presentation that qualifies for ACPE continuing education credit
- Participating in resident research series (optional)

Leadership/Professional Involvement

- All residents will participate in a committee (either local, state, or national) to develop essential leadership skills. They have the responsibility of determining committee involvement with the assistance of preceptors.
- PGY1 residents are required to participate in at least 2 resident-run committees
- Participation in leadership series
Teaching and Academia

- All residents receive faculty appointments at the College of Pharmacy. They are instructors for a one-semester course and may serve as a preceptor for clerkship students.
- There is an optional teaching certificate opportunity.

Longitudinal experiences

- Weekend staffing
- Code Blue response with Advanced Cardiac Life Support (ACLS) certification
- Clinical on-call

Community service

- At a minimum, residents will participate in a community service activity. The community service committee will organize this event on the behalf of the residents.

Attendance and presentation at clinical meetings

- ASHP Midyear Clinical Meeting
- Great Lakes Residency Conference (unless exempt per RAC approval)

Tracking Graduation Requirements

The graduation requirement checklist (see Appendix A) will be filled out by the RAC assigned mentor for each resident.

The checklist is to be uploaded once all elements have been completed into PharmAcademic as a file by the Resident. Compliance audit at the end of each residency year will be perform by the RPC and will follow up with RPDs when their residents have not been uploaded.
C. Rotations

The resident will receive 10 one-month clinical rotations, divided between required and elective experiences. PGY1 residents (PGY1 pharmacy practice, PGY1 investigational drug, and PGY1 HSPAL) will receive a 6-week orientation starting in the middle of June and a one-month research rotation that always occurs in December.

Required Rotations

The required rotations must be taken at a University Health System site. The required rotations for PGY-1 are:

- Critical care
- Practice management
- Medication use policy combined with operations
- Ambulatory Care: Residents may choose to take a longitudinal rotation or a one-month rotation
  - Longitudinal option: the resident would be in a primary care clinic for one half day every week for a 5-month block (beginning August 1st during the fall semester or January/ February 1st for the winter semester)
- Pediatrics
- Adult internal Medicine

Required rotations for PGY-2 and other PGY1 programs are listed in program-specific materials in Appendix F.

Elective Rotations

The elective rotations can be filled by an additional required rotation, by choosing any of the precepted elective rotations, or by soliciting RAC approval for a rotation that does not currently have a defined preceptor. PGY1 residents cannot exceed 3 rotations in the same specialty area (ie: max 3 critical care rotations, max 3 oncology rotations, etc).

Offsite rotations (including the VA) require prior approval from RAC and are generally limited to one per resident per year.

Rotation options are listed in Appendix B.

Rotation Schedule

The residents will be provided with information on when each preceptor/rotation is available. Residents are to confirm with each preceptor that the preceptor/rotation is still available for that month prior to adding it to their schedule. The residents will work with the rotation availability and each other to put together a rotation schedule that is then reviewed for appropriateness by RAC.
An example rotation schedule is listed below:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Month of Residency Year</th>
</tr>
</thead>
</table>
| Orientation | PGY1: Last 10 business day in June and all of July  
PGY2: July |
| Rotation 1 | August                  |
| Rotation 2 | September               |
| Rotation 3 | October                 |
| Rotation 4 | November                |
| Research  | December                |
| Rotation 5 | January                 |
| Rotation 6 | February                |
| Rotation 7 | March                   |
| Rotation 8 | April                   |
| Rotation 9 | May                     |
| Rotation 10 | June                   |

Rotation Changes

Due to changes in interest, a resident may switch their rotations. Changes to the rotation schedule must be completed at least 2 weeks prior to a rotation starting. The resident must do the following:

- Confirm rotation and preceptor availability
- Seek approval for the rotation switch from the new preceptor, RAC assigned mentor, and their RPD and RPC
- Update the master schedule to reflect all changes

The RPD or RPC will ensure PharmAcademic changes occur to reflect the rotation changes.
D. Writing Project

The writing project is a mandatory component of the residency experience designed to expose residents to all aspects of preparing an article suitable for publication. Topics may include a review of a specific drug, class of drugs, or therapy for a specific disease state. In addition to review articles, case reports or case series with a review of pertinent literature, or a survey study with a literature review may also be acceptable writing projects, as long as the project requires the resident to learn the same skills as writing a review paper.

By the end of July, each resident is required to select a topic of interest from a RAC-compiled list of subjects and preceptors, or to work with a preceptor to develop an idea outside of the RAC-compiled list. Acceptable preceptors for the writing project are those with at least the title of (Adjunct) Clinical Assistant Professor or higher. Throughout the course of the year, the resident and writing preceptor will meet periodically to discuss the paper and make necessary revisions in order to complete the project before the end of March. In order to assure substantial progress is made towards completion of the project, the residents must discuss the writing project at the quarterly resident/mentor meetings.

The final paper must be in a format suitable for publication and it must be deemed satisfactory by the preceptor in order to successfully complete the residency requirement. The writing project’s content will be utilized ultimately for a one-hour ACPE Continuing Education (CE) seminar.

Resident Responsibilities

Residents are responsible for the following aspects of the writing project:

- The majority of the work on the article including:
  - Outline composition
  - Literature search
  - Providing the preceptor with a copy of all articles cited
  - Reading all articles cited
  - Writing a draft of the article AND
  - Making all necessary revisions
- Scheduling all meetings with the writing preceptor
  - The preceptor’s work schedule must be taken into consideration (ie: staffing and vacation)
- Meet all deadlines established by the preceptor and RAC
- Any problems that arise that cannot be easily resolved between the resident and the writing preceptor should be brought to the attention of the resident's RAC-assigned mentor and RAC
Preceptor Responsibilities

The writing preceptors are responsible for the following aspects of the writing project:

- Directing the work of the resident throughout the year, providing ongoing critical reviews of the article as it is being written, and ensuring that deadlines are met
- Willing to devote time to the project (ie: assist in literature interpretation and/or writing of the article) in order to assure that the project is completed within the year
- Return any submitted draft with feedback and instructions by mutually agreed upon deadlines that help the resident meet the final March deadline
- Give final approval to RAC that the paper has been satisfactorily completed and is in a publishable format by filling out the appropriate evaluation form in PharmAcademic®
- Responsible for submission of the article to the journal of their choice
  - Order of authors for publication of the article is to be decided between the writing mentor and the resident
- Provide feedback to the resident’s RAC-assigned mentor regarding progress on the project throughout the year and be present to discuss the progress at quarterly assessment meetings.
  - RAC should be notified if significant problems arise
- Copies of all drafts should be retained by the writing mentor to document the progress of the resident throughout the course of the year

Completion of the Writing Project

The writing project is considered complete when the following have been met:

- The writing project is completed within nine (9) months of the start of the residency year.
- The writing mentor deems that all of the revisions requested have been satisfactorily incorporated and that the paper is in publishable form
- The RAC-E deems that the final report, evaluation form in PharmAcademic, and preceptor feedback to resident have been satisfactorily completed
For a suggested writing project schedule timeline, see below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late June</td>
<td>Approved topic and preceptor list is distributed to residents</td>
</tr>
<tr>
<td>End of July</td>
<td>- Resident notifies RPD and writing mentor of selected topic via email&lt;br&gt;- Resident completes computerized literature search and collects and reads selected major articles on the topic</td>
</tr>
<tr>
<td>Early August</td>
<td>- Resident and preceptor meet to schedule meetings and to discuss scope of paper and individual responsibilities&lt;br&gt;- Rough outline is drafted</td>
</tr>
<tr>
<td>End of August</td>
<td>Resident submits completed outline to preceptor for approval</td>
</tr>
<tr>
<td>Early September</td>
<td>- Resident collects and reads all articles&lt;br&gt;- Preceptor is given selected/all articles to read&lt;br&gt;- Schedule standing meetings to discuss progress of writing and allow for ongoing revisions</td>
</tr>
<tr>
<td>Early November</td>
<td>Writing project seminar outline and learning objectives must be turned in for continuing education accreditation of seminar in January/February</td>
</tr>
<tr>
<td>Late December</td>
<td>Handouts and other final continuing education accreditation materials must be turned in for seminar in January/February</td>
</tr>
<tr>
<td>January</td>
<td>- Resident submits completed first draft (including text, table, figures, and references) to preceptor for review&lt;br&gt;- Writing project seminars are scheduled</td>
</tr>
<tr>
<td>January through March</td>
<td>Resident and preceptor meet to discuss necessary revisions and editing</td>
</tr>
<tr>
<td>Middle of March</td>
<td>- Final writing submission to preceptor.&lt;br&gt;- Writing mentor gives their approval and notifies RAC assigned mentor that they are signed off as completed.&lt;br&gt;- If writing mentor does not give approval, then opportunity for remediation via editing must be done no later than June 1st to ensure graduation</td>
</tr>
</tbody>
</table>
**E. Research Project**

Each pharmacy resident will complete a longitudinal research project. Three general criteria should be considered in selecting a research project:

- It must deal with a topic of importance to the practice of pharmacy
- The project must be such that it can be completed during the residency year
- The subject matter should be of interest and value to both the resident and the Pharmacy Department

**Approval of Research Proposals**

All research project proposals must be reviewed and approved by RAC

- Preceptors submit research project ideas via a web-based form by mid-March each year
- Each proposal is reviewed by a review committee selected from RAC members (the RAC research review committee which includes the RPC, PGY1 RPD, and all non-RPD/resident members of RAC). The reviewers assess feasibility of the project to be completed within the residency time frame, appropriate sample size to meet study end points and feasible for the time frame, appropriate research question and methodology
- The reviewer questions/comments are collected and returned to the primary investigator (PI) within 4-6 weeks of the submission deadline
- Several options for responding to comments will be available. Electronic, written responses are encouraged. Additionally, the primary investigator will be invited to attend a RAC meeting to discuss feedback with the group in person. Any verbal discussion of feedback should be summarized in writing by one of the people involved in the discussion to be shared with the panel of reviewers.
- Once the reviewers’ questions have been answered, the PI is informed of the acceptance or rejection of the proposal
- Once accepted, a project that is not yet chosen and completed by a resident may remain on the list of available projects after brief review for continued applicability and need for the project in future years

**Suitability of Research Projects**

- Research study design:
  - The scope of the project may vary widely. Acceptable study designs include database, development of service, DUE/MUE, laboratory, and prospective and retrospective chart reviews. Other study ideas are encouraged and will be considered by the RAC Research Review Committee on a case by case basis. The project must provide sufficient and meaningful data to allow reaching a conclusion suitable for preparation of a final report. Projects do not need to be publishable but it is preferred that projects have a unique perspective or contribute to the pharmacy departmental goals. For projects that are not expected to be publishable, this should be clear to the residents during project selection.
• Feasibility
  o The project, including an appropriate typed final report, must be completed in the
time frame of the Residency Program
  o The project must be monetarily feasible. For projects requiring outside support, it
is advisable that funding be reasonably certain before a resident becomes
involved.
• The project must allow sufficient involvement on the part of the resident. This includes a
literature search to avoid duplication of work, project design, protocol writing, data
collecting and analysis, and preparation of the final report.
• The resident must have a sufficient number of collaborators to ensure appropriate
education and guidance (see preceptor responsibilities).

Resident Requirements
• Residents must complete a RAC approved research project
  o Residents will be provided a list of available research preceptors and projects in
  June.
  o If a resident has specific research they would like to pursue, then a preceptor must
  be identified and a proposal can be submitted to RAC by Mid-July to consider the
  research project at that time.
• IRB approval or exemption is required PRIOR TO data collection.
• The resident is responsible for the majority of the work on the research project. They
  should be involved in all aspects of the study:
    o Proposal writing/editing
    o Study design
    o Data collection
    o Data analysis
    o Final report writing
• The resident is responsible for writing both the research proposal and final report
  including composition of an outline, literature search, writing the proposal/final report
  and making any necessary revisions
• The resident is responsible for preparing the IRB application and submitting the
  application as soon as possible
• The resident is responsible for scheduling all meetings with the preceptor
  o The preceptor's work schedule must be taken into account when scheduling
  meetings (ie: staffing, vacation)
• The resident must meet all established deadlines.
  o It is the resident's responsibility to notify RAC if these deadlines cannot be met or
  if a revision is necessary in the schedule
  o Any problems that arise that cannot be easily resolved between the resident and
  preceptor should be brought to the attention of RAC
• The resident must complete the research project in order to receive a residency certificate
• Resident attendance at the Research Series (optional)
  o This is a longitudinal lecture series scheduled to coincide with research deadlines
  and activity at the beginning of the residency year
It is intended to do the following:

- Provide tools needed to conduct residency research projects and future research
- Provide a consistent research experience through reading and discussion on core topics
- Keep residents “on track” to meet requirements and deadlines for their research projects

Preceptor Responsibilities

- The preceptor is responsible for directing the work of the resident throughout the year including:
  - Critiquing the written proposal
  - Assisting with IRB application process
  - Training the resident regarding the experimental procedures
  - Teaching the resident how to perform data analysis and interpretation and
  - Critiquing the final report
- The preceptor must be willing to devote time to the project and facilitate the resident's completion of the research project within the residency year
- The preceptor is responsible for discussing authorship on any potential manuscripts that may result from the resident's research.
  - This discussion should occur prior to initiation of the research project and should make clear the resident's responsibilities and the order of authorship.
- The preceptor is responsible for editing the final report prior to submission to RAC

Format

The format of the research protocol and final report will vary for each project; clinical studies may have substantially different formats than administrative or drug use evaluation studies. However, accepted scientific methods and formats which are appropriate to the subject matter should be adhered to and the final written report must be of publishable quality.
The following outlines are suggested as a guide:

<table>
<thead>
<tr>
<th>Research Protocol</th>
<th>Final Manuscript</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction/Background</td>
<td>I. Introduction</td>
</tr>
<tr>
<td>II. Objectives</td>
<td>II. Methodology</td>
</tr>
<tr>
<td>III. Significance of Proposed Project</td>
<td>III. Results</td>
</tr>
<tr>
<td>IV. Methodology</td>
<td>IV. Discussion and Conclusion</td>
</tr>
<tr>
<td>a. Patient Population</td>
<td>V. References</td>
</tr>
<tr>
<td>b. Inclusion Criteria</td>
<td>VI. Tables/Figures</td>
</tr>
<tr>
<td>c. Exclusion Criteria</td>
<td></td>
</tr>
<tr>
<td>d. Procedures (ie: details of experiment)</td>
<td></td>
</tr>
<tr>
<td>e. Data Analysis (ie: statistics)</td>
<td></td>
</tr>
<tr>
<td>V. Funding (if applicable)</td>
<td></td>
</tr>
<tr>
<td>VI. References</td>
<td></td>
</tr>
<tr>
<td>VII. Tables/Figures</td>
<td></td>
</tr>
<tr>
<td>VIII. Appendices (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

Modifications and Progress
- If the research project is to be significantly modified after the initial presentation, RAC must be notified.
- If significant progress is not being made, the resident and/or preceptor must notify RAC

Completion of the Research Project
- The research project is considered complete after the preceptor and RPD deem that the final report has been satisfactorily completed
- The final manuscript must be sent to the program RPD
For a suggested research project schedule timeline, see below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 31</td>
<td>Notify RPD of topic and preceptor</td>
</tr>
<tr>
<td>Middle of July</td>
<td>Start of Resident Research Series</td>
</tr>
<tr>
<td>Early September</td>
<td>Submit rough draft of research project protocol to preceptor and RPD</td>
</tr>
<tr>
<td>October</td>
<td>Protocol Presentations to Department</td>
</tr>
<tr>
<td>By October 31</td>
<td>Submit final written protocol to preceptor and RPD</td>
</tr>
<tr>
<td>November through March 1</td>
<td>Data collection</td>
</tr>
<tr>
<td>March 1 through April</td>
<td>Complete data collection. Presentation of Results to Department (with practice presentation by 3 days prior to this presentation)</td>
</tr>
<tr>
<td>Late April</td>
<td>Presentation of results at Great Lakes Residents Conference</td>
</tr>
<tr>
<td>May through June</td>
<td>Prepare final manuscript, including results and discussion sections/completion of research project</td>
</tr>
<tr>
<td>Middle of June</td>
<td>Preceptor approval of manuscript; notification of approval to RPD/RAC mentor</td>
</tr>
</tbody>
</table>
F. Seminars

The pharmacy resident seminar series is designed to provide the opportunity to develop and improve the resident's presentation skills. During the course of the year, each resident will formally present the following:

- Research project proposal seminar
  - Typically presented in October
  - These should be approximately 20 minutes in length with 10 minutes at the end reserved for questions or comments

- Writing project seminar (CE presentation)
  - Typically presented from January to end of March
  - CE presentations should be 45 to 50 minutes in length with 10 to 15 minutes at the end reserved for questions or comments
  - Since this is intended for pharmacists to obtain CE credit, all deadlines and rules imposed by the American Council on Pharmaceutical Education (ACPE) must be followed including the evaluation of the residents’ presentations by faculty, fellow residents and students. Important deadlines must be met for ACPE approval of CE.
    - At least 90 days in advance of the presentation to the CE administrator:
      - Assessment
      - Updated curriculum vitae
      - Seminar outline
      - Learning objectives
    - At least 30 days in advance of the presentation to the CE administrator:
      - Final seminar slides
      - Handouts
      - Post-test questions

- Research project results seminar

Purpose

The objectives of the Residents' Seminar series are to communicate clearly verbally and in writing. Below is a listing of objectives:

- Organize all written or verbal communication in a logical manner
- Address all communication at the level appropriate for the audience
- Use correct grammar, punctuation, spelling, style, and formatting conventions in the preparation of all written communications
- Speak clearly and distinctly
- Use public speaking skills to speak effectively in large and small group situations
- Use knowledge of the applicability of specific visual aids to enhance the effectiveness of communications
- When appropriate, use persuasive communication techniques effectively
- Prepare all communications so that they reflect a positive image of pharmacy
Preceptors

The resident will require precepting for each seminar they present. Any other selections must be approved by the resident's RAC mentor. Below is a listing of the types of preceptors for each seminar:

- All seminars (proposal, writing, and results)
  - A member of the faculty from the Department of Pharmacy Services or University of Michigan College of Pharmacy must serve as the resident's preceptor for each seminar and physically attend the respective event they precept or send an expert designee if they cannot attend.
- Research seminars (proposal and results)
  - The resident's primary research advisor will serve as their preceptor of the research seminars.
- Writing project seminar
  - The co-author of the resident's writing project will serve as the preceptor of the writing project presentation.

Seminar Announcement and Evaluations

The topics of the presentations will be publicized so that College of Pharmacy faculty, hospital staff, and other interested persons may attend. Each resident presentation will be evaluated on a standard form by all persons in attendance. These evaluations will be discussed with the resident's preceptor and mentor(s).

For the Seminar Evaluation Form, see Appendix C
G. Teaching Responsibilities

Appointment Process

All residents will obtain adjunct clinical faculty appointments at the University of Michigan College of Pharmacy. Applications will be completed during orientation.

Assignments of Required Teaching

Dissemination of teaching courses is completed prior to the residency year and assignments are rotated annually. This is coordinated by the residency teaching coordinator and associate chair of the College of Pharmacy.

Residents may not request specific courses to teach. Residents may switch their teaching responsibilities but it must be approved by their RPD and submitted to RAC.

Below is a listing of example courses residents may teach in:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>P501</td>
<td>Introduction to Pharmacy</td>
</tr>
<tr>
<td></td>
<td>P504</td>
<td>Pharmacy Practice Skills I</td>
</tr>
<tr>
<td></td>
<td>P506</td>
<td>Patient Care and Communication</td>
</tr>
<tr>
<td></td>
<td>P602; P702</td>
<td>Therapeutic Problem Solving</td>
</tr>
<tr>
<td></td>
<td>P703</td>
<td>Health Care Outcomes</td>
</tr>
<tr>
<td></td>
<td>P723</td>
<td>Pharmacy Practice Skills III</td>
</tr>
<tr>
<td>Winter</td>
<td>P512</td>
<td>Self-Care</td>
</tr>
<tr>
<td></td>
<td>P514</td>
<td>Pharmaceutical Care</td>
</tr>
<tr>
<td></td>
<td>P516</td>
<td>Healthcare Systems</td>
</tr>
<tr>
<td></td>
<td>P612; P712</td>
<td>Therapeutic Problem Solving</td>
</tr>
<tr>
<td></td>
<td>P616</td>
<td>Health Systems</td>
</tr>
<tr>
<td></td>
<td>P733</td>
<td>Pharmacy Practice Skills IV</td>
</tr>
<tr>
<td></td>
<td>P727</td>
<td>Career and Professional Development</td>
</tr>
<tr>
<td></td>
<td>P557</td>
<td>Drug Abuse in Sports</td>
</tr>
<tr>
<td></td>
<td>P767</td>
<td>Critical Care Elective</td>
</tr>
</tbody>
</table>

Note: These courses are subject to change and resident expectations depend on each course. The resident will receive all information during orientation.

Direct Patient Care Responsibilities While Teaching

During resident teaching experiences, pagers should be covered by primary preceptor or other pharmacist designated during teaching hours and the respective medical team should be notified of the temporary coverage changes. Fellow residents will cover the code pager when the resident is assigned code coverage- this cross-coverage will be coordinated by the resident.
Resident Expectations

Residents are expected to complete the following:

- Reach out to course coordinator prior to semester starting to begin dialogue regarding expectations
- Each course has primary responsibilities, which will be distributed by the teaching coordinator during orientation. There are likely additional opportunities available. If you are interested in exploring ADDITIONAL teaching opportunities, please inform the course coordinator. There will be additional opportunities presented by the teaching coordinator as well during orientation.
- Notify course coordinators of any expected absences
- Residents are not expected to participate in class responsibilities outside of scheduled class time (this does not include grading or prep work)
- The expected time commitment is 2-3 hours/week in class and 1-2 hours of grading per week. If you are taking longer than this, please speak to the course coordinator.

Course Coordinators Expectations

In order to help ensure a mutually beneficial resident teaching experience, course coordinators should abide by the following:

- Once prepared, share the course syllabus/schedule with the resident’s RPD and the resident
  - Clarify the resident teaching expectations with regard to day and time of weekly teaching (about 5 hours/week to include in class and prep/grading time)
  - Describe the anticipated role of the resident in your course
  - Encourage the RPD and resident to communicate early about any additional teaching opportunities they would like to explore within the course based on the topic schedule. Note: These additional opportunities could help support attainment of the teaching certificate
- Ensure you are clearly communicating/reinforcing expectations as well as understanding additional teaching opportunities the resident would like to participate in
- Clearly communicate with course faculty in advance to understand what support they need from the resident on their assigned day in the classroom
- Work with your faculty to make suggestions on how to engage the residents in the sessions in which they are assigned. For example:
  - Common tasks
    - Facilitating a case discussion with the students
    - Define who is responsible for creating assignments in Canvas and entering grades
    - Describe what lab set up is required
    - Grading assignments
  - Additional tasks to further engagement
    - Updating cases
    - Writing exam or assessment questions
  - Tasks will vary depending on the needs of the course
• As course coordinator, you should know the expectations and needs of individual faculty with regard to their use of the pharmacy residents and ensure the load of five hours every week is not exceeded
• Provide feedback to your resident halfway through and at the end of the semester

Clerkship Preceptorship
Residents may have the opportunity to be the primary preceptor for pharmacy students on at least one inpatient acute patient care service. Precepting goals and objectives will be set by the rotation preceptor upon discussion with the resident.

Optional: Teaching Certificate
Residents have an optional experience to receive a teaching certificate with the University of Michigan College of Pharmacy.

In order for a resident to receive a teaching certificate, the resident must complete the following criteria:
• Participation in 75-80% of the Teaching Discussion Series, hosted by the University of Michigan College of Pharmacy
  o Attendance at continuing education courses/seminars/lectures outside of the Teaching Discussion Series (e.g., CRLT, ASHP, ACCP, AACP) may also count towards (or in place of) topics presented during the discussion series, at the discretion of the coordinator of the discussion series
  o Resident must lead at least 1 of the Teaching Discussions
• Completion of a RAC-approved teaching rotation, or equivalent teaching experience
  o Equivalent teaching experience is defined as completion of all of the following criteria
    ▪ A minimum of two 60 minute lectures/recitations/labs
      • This may include the resident’s CE presentation
      • The resident should be responsible for all (or at least 75%) of the content for the session
    ▪ A minimum of 25 contact hours of additional teaching activities, which may include:
      • Co-precepting of IPPE or APPE students
      • Small group facilitation
      • Serving as a teaching assistant (TA)
• Submission of a teaching portfolio, which must include the following items:
  o Self-reflection narrative of teaching strengths and areas of needed improvement
  o Teaching philosophy
  o 3 examples of the resident’s teaching accomplishments (e.g., syllabus, CE presentation slides, active learning exercises, quizzes, exams)
- A list of Teaching Discussion Series sessions attended (or equivalent experiences, as defined above)
- A description of teaching activities completed which are deemed equivalent to a teaching rotation (if the resident did not complete a teaching rotation)
  - Participation in a minimum of 2 admissions interview sessions, ideally one per semester
  - Residents must complete the requirements for a teaching certificate within one academic year (July to June)
  - Residents must submit teaching portfolios to the RAC co-chairs in order to be considered for receipt of a teaching certificate
**H. Code Blue Response**

**ACLS Certification**

All PGY1 pharmacy practice residents are required to be ACLS certified. ACLS certification is required before residents are allowed to respond to codes by themselves.

**PALS Certification**

PGY2 residents in Pediatrics and Emergency Medicine are required to be PALS certified.

There may be opportunity for additional PALS certification for interested PGY1 residents. If a PGY1 resident is interested in PALS certification, they must be ACLS certified prior to orientation and inform the Residency Coordinator of their interest in PALS certification. If a PGY1 interested in PALS certification does not have ACLS certification prior to July orientation, their request will be brought to RAC for a formal approval.

**Resident Code Pager Expectations**

Residents will be assigned in weekly blocks code blue pager coverage. The schedule is maintained by the Emergency Preparedness/Code Pager Committee (EPCP) Chair. Any major changes to the schedule must be communicated and coordinated by the EPCP chair.

Below are the expectations for coverage:

- The resident must remain in University Hospital from 0700 to 1600 on Monday through Friday to respond
  - You may still attend/schedule meetings, presentations, etc in UH, CVC, Taubman, Cancer Center, or UH South as long as you can respond to a code within a reasonable time
  - You cannot be holding the pager if:
    - You are on your Pharmacy Operations rotation
    - You are offsite for the entirety of the time you are on code coverage (ie: out of town, on medication use policy rotation, off-site ambulatory rotation, etc)
- The resident code pager is also assigned during weekend/holiday resident coverage
  - During day shift (0700-1530)
    - Any one (1) clinical dayshift pharmacist (resident or specialist) shall respond to the code with a supplemental box; a backup pharmacist from the dispensing satellite should also attend
  - During afternoon shift (1530-2100)
    - The clinical evening (CE) pharmacist (or LACE if still there) shall respond to the code with a supplemental box; a backup pharmacist from the dispensing satellite should also attend if able
- The resident must carry the red pager with volume on at all times
- The resident must respond immediately to all codes called in UH, CVC, Taubman, Cancer Center, or UH South
Residents are not responsible for codes in Mott/C&W

- Residents will be provided back-up by pharmacists but are expected to be primary
  - If no pharmacist back-up arrives, the resident must call pharmacy for back-up
  - Identify and communicate with the pharmacist back-up if you have any questions or need any assistance
- Residents must stay for the entire duration of the code or until dismissed from the lead physician
- Respond to any follow-up from the code evaluation services as appropriate (may or may not contact you)
- Reach out to Emergency Preparedness/Code Pager Committee (EPCP) Chair, RPD, or RPC if code pager duties are impacting your ability to be successful in residency for any reason

Documentation After a Code Blue

PGY1 residents must document learning points in the on-call report.

The resident must also send a CANOPy form to the pharmacist preceptor back-up for feedback and send the completed form to their RAC assigned mentor

Orientation to Code Blue Response

An orientation to the contents of the cardiac arrest drug box, as well as pharmacist responsibilities at an arrest will be provided during orientation through a Code Response Training Class.
I. Staffing

Commitment

- PGY1 Practice (including PGY1 of IDS and PGY1 of HSPAL)
  - 2 weekends per month divided between clinical day, clinical evening, and staffing operations starting in August. Staffing could include both adult and pediatric patients.
  - For the month of July, PGY1 residents will be assigned 2 training weekends consisting of 1 clinical weekend and 1 operations weekend
- PGY2 Specialty residencies
  - 15 weekends per year of pharmacokinetic/anticoagulation/parenteral nutrition coverage starting in August for the majority of specialty programs
    - Oncology PGY2: weekend coverage will include infusion center staffing one weekend per month
    - Emergency PGY: weekend coverage includes adult or pediatric emergency rooms
  - For the month of July, PGY2 residents will be assigned to train with a clinical pharmacist on one weekend

Holidays

- Residents will work equal weekends and holidays each within their respective category (PGY1 or PGY2)
- Each resident will work 1 major holiday block and 1 minor holiday
  - Major holidays: Thanksgiving Day, Christmas, New Year’s Day
    - Each holiday block consists of 2 weekend days and 3 weekdays that occur around and on the holiday. These exact dates will shift slightly each year depending on the day the holiday falls.
    - “Gap days” between Christmas Block and New Year’s block
      - These are 2 days that are identified between the two blocks in December
      - It is required for residents to be physically present during gap days on campus. Residents will staff 1 day and the other day will be on research rotation
        - Residents may take PTO ONLY on their research day and must follow time off request process.
    - The residents will all work one major holiday block and have the other 2 holiday blocks off
  - Minor holidays: Independence Day (returning residents only), Labor Day, Memorial Day
    - Each holiday block consists of 3 days that occur around and on the holiday. These exact dates will shift slightly each year depending on the day the holiday falls. The residents will all work one minor holiday block and have the other 2 minor holiday blocks off
Types of Shifts for Staffing

- Operational staffing shift for residents is an eight-hour shift plus lunch/dinner break. Current hours are:
  - Day shift: 7:00 to 15:30
  - Evening shift:
    - On Operations rotation: 15:30 to 00:00
    - On weekends: 12:30 to 21:00
- Clinical staffing shift times:
  - Day shift: 7:00 to 15:30
  - Evening (also known as CE): 12:30 to 21:00

Operations Schedule Coordination
The RPC will create the schedule for July and August for both operations and pharmacokinetic/anticoagulation/parenteral nutrition coverage. The returning PGY2 HSPAL residents will be responsible for the remainder of the schedule (September through June). They will coordinate scheduling with the RPC, a pharmacy manager, and the scheduler as needed. The final schedule will be given to the Team Leads/Assistant Directors who will post it in the electronic scheduling system.

Trading Shifts
Residents will be allowed to trade weekends (clinical for clinical, CE for CE, and operations for operations when possible) but must communicate the changes to the appropriate preceptors and changed by the requester on shared drive resident weekend schedule. Trades should be communicated to the scheduler to ensure it is added to the electronic scheduling system.

Feedback on Staffing
Residents will be evaluated in PharmAcademic® for clinical and distributive components via the CANOPy longitudinal rotation.
J. Clinical On-Call Experience

Overview

- Pager: #5467
- Scheduling
  - After resident weekend schedule available, on-call coordinator will attempt to assign PGY1 residents on-call shifts to coincide with resident’s CE or clinical day weekend shift
  - On-call shift may coincide with code pager week
- Shift: Monday 08:00 – Monday the following week 07:59

Structure and Resident Responsibilities

- The PGY1 on-call will sign into the on-call pager and be responsible for all clinical questions that are received during weekday off-hours (i.e. after 3:30 PM) and during the weekend (24/7)
  - Clinical pharmacists who encounter non-urgent questions deemed useful for clinical on-call may page the resident on-call during the weekday daytime hours to explore the question after 3:30 PM that day.
- Appropriate clinical questions may be defined as those that require a review of primary literature or in-depth review of clinical resources, clinical status of the patient, and/or would result in a significant delay in workflow if handled by the clinical staff in-house during off-hours.
  - Normal workflow, basic PK, or anticoagulation questions are not appropriate
  - Use of residents to double-check enrollment in REMS programs is not appropriate

PGY2 Backup Responsibilities

- One PGY2 will be scheduled as backup per week
  - PGY2 residents excluded from this responsibility are: Administration, Ambulatory Care, Informatics, Pain/Palliative Care, and Research (IDS)
- The PGY1 may contact the assigned PGY2 back-up to review responses prior to providing an answer to the medical team if assistance is required with complex questions
  - Use of the PGY2 backup is expected during the first two on-call segments covered by a resident
  - PGY1 residents should touch base with the PGY2 backup prior to beginning their on-call week (i.e. to determine best method of contact, if the PGY2 would like to review answers prior to submission of the on-call report, etc.)

Documentation

- Questions and answers need to be documented in the Excel spreadsheet located in the On-Call folder on the resident shared drive (Resi:Year-Year)
- A summary of all clinical interventions and codes attended during the shift should be documented in the on-call report
• A minimum of 3-4 interventions will be required for each resident (enough to fill an hour of discussion)
  o If the resident on-call has difficulty attaining this number of cases, he/she will discuss with the backup PGY2 resident and include cases from rotation or cases assigned by the PGY2 backup. Contact the on-call clinical coordinator if there is still difficulty obtaining the required number of cases.
• Documentation should be de-identified when emailed, but include the unit/service such that primary pharmacists in-charge of that service may follow-up as appropriate
• Follow-up with the clinical pharmacist covering the patient during the clinical day after answering a question is expected and should occur either verbally or via email so that the resident can receive adequate feedback on interventions
• Documentation in the on-call report should be very brief and does not require any references to primary literature for purposes of documentation in the excel spreadsheet.

Emailing On-Call Report
Email the completed on-call report to “PHARM-ON-CALL” (includes Pharm-Clinical, Pharm-Resi, and clinical generalists) and CC the assigned preceptor moderator for that week. The assigned preceptor moderator is found on the on-call schedule in the shared drive.

Overall, the email invitation to attend on-call should include:
• Completed excel spreadsheet with intervention documentation
• Location and time of the meeting
• Preceptor moderator
• Who will be the next PGY1 resident on-call and the on-call pager number (5467)

On-Call Discussion
• The Tuesday following an on-call shift, the residents will meet from 12:00-13:00 and discuss clinical questions from the previous week.
• A minimum of one clinical preceptor will act as moderator as well as the PGY2 backup.
  o The resident on-call coordinator will be responsible for contacting preceptors to obtain availability and creating a schedule for the year.
  o All preceptors are invited to attend all sessions and will be distributed the schedule at the beginning of the year.
• Attendance for PGY1: REQUIRED
  o In the event of ANY anticipated absence (pre-approved or otherwise) or to request an absence, contact the resident on-call coordinator AND on-call clinical coordinator
  o Pre-approved absences include: Pre-P&T and P&T while on Pharmacy Operations/Med Use Policy rotation, days where the resident is off-site for Med Use Policy (MUP)
    ▪ If the resident is on-site for MUP, they should attend on-call report
• Attendance for PGY2: Highly encouraged and REQUIRED if they were the back-up
  o Ultimately attendance is at the discretion of the PGY2 RPD
  o If the PGY2 backup cannot attend, the program RPD must be alerted
• The PGY2 backup will run the case discussion and prompt all residents for input on cases
  (round table format for discussion). If the PGY2 backup cannot attend, the preceptor moderator will run the case discussion.
• The use of computers by PGY1s during on-call report is highly discouraged with the exception of the PGY1 presenter

Preceptor Moderator Responsibilities

The moderator needs to facilitate a meaningful discussion where the goal is NOT for the resident to become the expert in the area or literature for which the question is asked, but rather to discuss their clinical approach, have other residents engage in that discussion, and for the preceptor to share their critical thinking process when presented with a unique patient case that may be out of their realm of specialty.

Evaluation

• The preceptor moderator and PGY2 backup will provide feedback to the on-call resident regarding his/her performance privately during the last ten minutes of the on-call discussion
• The PGY2 backup will complete a CANOPy evaluation form for PGY1s for the week. The CANOPy form will also incorporate a brief typed summery (by the PGY2) of the moderating preceptor’s verbal feedback from on-call report

Preceptor Coordinator Responsibilities

Concerns about the clinical on-call program as a whole should be directed to the resident on-call coordinator and the on-call clinical coordinator. The clinical coordinator responsibilities include:

• Maintain quality of on-call program and spearhead changes along with the resident on-call coordinator
• Maintain consistency and quality of resident on-call reports each week
  o Appropriate format followed
  o Report submitted on time
  o Ensure PGY2 evaluations of PGY1s via CANOPy forms are completed
• Ensure resident participation and attendance at on-call discussions
• Ensure appropriate assigned preceptor participation each week
• Assist with the guidance of on-call discussion and ensure all attending PGY1 residents participate
• Provide feedback to PGY1 residents regarding on-call reports and quality of discussion each week
• Take resident and preceptor feedback to RAC regarding on-call program, as required
• Provide logistical support for residents in scheduling and other issues, as needed
  o Work in conjunction with and mentor the resident on-call coordinator
• Ensure on-call discussion rooms are booked for the upcoming calendar year
Resident Coordinator Responsibilities

Concerns about the clinical on-call program as a whole should be directed to the resident on-call coordinator and the on-call clinical coordinator. The resident on-call coordinator responsibilities include:

- Work in conjunction with the on-call clinical coordinator
- Create on-call schedule for PGY1 residents, PGY2 backups, and clinical preceptor moderators
- Reach out to preceptor moderators for availability and schedule
- Send out Outlook calendar invitations for on-call report

K. RAC Meeting Attendance and Minutes

Residents will be scheduled to be the RAC secretary for 1 meeting throughout the residency year starting in August. The purpose of being RAC secretary is to provide the resident’s exposure to how programs are designed and conducted.

The residents have two responsibilities when they are secretary and will work with the RPC to prepare:

- Agenda preparation
  - The resident will elicit agenda items from RAC members and chief residents about 2 weeks prior to the RAC meeting
    - The email is to be sent to PHARM-RAC, Pharm-RESI, and Alexandra Lin
  - The resident must confirm the room number and call-in information is available through the calendar invite
  - Once all agenda items have been collected, send proposed agenda to the RPC by noon on the Monday prior to the next RAC meeting for approval
  - Once approved, the resident is to send the final agenda and all submitted documents via email to the above addresses
    - Send no later than the end of the day on Tuesday before the RAC meeting so everyone has about 4-5 business days to read up on proposals
- Minutes preparation
  - Once minutes are written, send a draft to the RPC for approval/editing
  - Once approved by the RPC, send an email to the above addresses
    - Approved minutes will be posted to the pharmacy clinical webpage
**L. Meeting Attendance**

**Recruitment Showcases**

There are four residency recruitment showcases which require resident participation. Attendance at the Southeastern Michigan Society of Hospital Pharmacists (SEMSHP) Residency Showcase in October/November, the Western Michigan Society of Hospital Pharmacists (WMSHP) in October and the College of Pharmacy Career Gateway in October/November at the University of Michigan is required of residents that are assigned to attend. All residents attend ASHP Midyear Clinical meeting during the first week of December.

Recruitment showcase assignments are completed during orientation by the Chief Residents.

Revisions of recruitment materials must be completed before these showcases; pamphlets and brochures are available, but may need updating. All residents are responsible for organizing, preparing, and transporting showcase materials.

**Clinical Meetings**

All residents must attend and present at clinical meetings. These clinical meetings include:

- **ASHP Clinical Midyear Meeting: First week of December**
  - All residents present their research protocol at the Vizient poster session (except PGY2 HSPA residents)
- **Great Lakes Pharmacy Residency Conference: Late April**
  - All residents (except PGY2 Pain and Palliative Care) present an oral platform presentation
- **PGY2 specialty conference (ie: HOPA, SCCM, ICAAC, etc)**

Any deviations from the meeting attendance must be brought to RAC for approval by the RPD.
**M. Resident-Run Committees**

PGY-1 residents are expected to be involved in two committees, while PGY-2 residents are expected to be involved in at least one committee. Residents will be assigned to the committees based on areas of interest by the Chief Residents. Most committees have a preceptor chair to facilitate and act as a support system. Restructuring of committees and responsibilities is done by the chief residents in conjunction with the RPC.

Below is a brief description of the available committees:

**College of Pharmacy / Teaching Series Committee**
- **Purpose**
  - To organize and communicate the requirements and responsibilities for all interested residents to achieve the teaching certificate offered by Michigan Medicine, potentially including VA and St Joe’s residents
- **Responsibilities**
  - Organize teaching series lectures, including topics, lecture schedule, location, etc
  - Ensure all requirements are met for all interested residents to earn certificate
  - Communicating with the committee preceptor and other college of pharmacy faculty to resolve issues and plan lectures and other teaching certificate responsibilities

**Community Service Committee**
- **Purpose**
  - To organize community service events for the residency class to participate in. All residents are required to participate in at least one event per year.
- **Responsibilities**
  - Organize at least 2-3 community service events spread throughout the year

**Emergency Preparedness/Code Pager (EPCP) Committee**
- **Purpose**
  - Plan and manage the resident code pager responsibilities throughout the year as well as provide emergency preparedness training and communication as needed
- **Responsibilities**
  - Organize the resident code pager schedule
  - Coordinate ACLS +/- PALS training for incoming residents
  - Coordinate Michigan Medicine specific code response training with MM Committee
  - Update residents on emergency preparedness measures specific to Michigan and Michigan Medicine
  - Facilitate any emergency preparedness training or communication that occurs during the year

**Great Lakes Pharmacy Resident Conference Committee (GLPRC)**
- **Purpose**
Plan the GLPRC trip to Purdue University

- Responsibilities
  - Arrange hotel accommodations for two nights in West Lafayette, IN
  - Inform residents of the deadlines for abstracts and presentation slide submission
  - Reserve University-owned cars for transportation to and from Indiana
  - Make a dinner reservation for the whole group

Historian Committee

- Purpose
  - To maintain documentation of resident activities throughout the year through the use of multi-media in a history committee book and to keep resident alumni informed of annual residency events (e.g. Annual Report)

- Responsibilities
  - Every May/June, update history committee book with residents’ post-residency plans and personal email addresses
  - Works with social committee to compile pictures from various social and residency events/activities
  - Send out email to alumni for updates

Midyear Committee

- Purpose
  - This committee handles everything that deals with Midyear. From the booking of hotels, to the event planning during Midyear, to giving instructions on reimbursement, this is your one stop shop for making sure Midyear goes smoothly for residents

- Responsibilities
  - Reserve a block of rooms when ASHP makes it available
  - Send out reminders preparing for midyear
    - Re-imbursement instructions
    - Registration instructions
    - Poster/abstract deadlines
  - Send out instructions for how to print posters
  - Plan the resident dinner while at midyear
  - Set up PPS booth assignments
  - Get booth materials organized and shipped to Midyear

Newsletter Committee

- Purpose
  - The Newsletter Committee submits one article for publication in the December issue of the MSHP Monitor (MSHP = Michigan Society of Health-System Pharmacists, a publication of the Michigan Pharmacists Association)
  - The Committee also puts together the year-end newsletter that is distributed to resident alumni

- Responsibilities
  - MSHP Monitor submission by November 1st
· Year-end alumni newsletter by May 1st

On-Call Coordinator

· Purpose
  · The coordinator will facilitate on-call report scheduling for the PGY1 residents and PGY2 backups
  · The coordinator helps ensure appropriate preceptor attendance and mentorship at each on-call report

· Responsibilities
  · Contact preceptors to obtain availability for on-call report
  · Create on-call report schedule and assign residents to each on-call shift
  · Send out Outlook invitations with room locations for each on-call report
  · Track attendance of PGY1 residents at on-call report as needed
  · Troubleshoot any logistic issues with on-call scheduling

Orientation and Training Committee

· Purpose
  · The committee works with the residency coordinator to ensure feedback from previous year(s) is constructively incorporated into next year’s orientation and to streamline training for new residents
  · The purpose is to serve as a guide for PGY1s and incoming PGY2s through direct mentorship and by providing resources

· Responsibilities
  · Create/update residency survival [pocket] guide
  · Participate in orientation debrief
  · Provide consultation to residency coordinator on the orientation schedule
  · Communicating with new residency class regarding NAPLEX and MPJE materials and deadlines
  · Provide information on housing in Ann Arbor
  · Organizing office seating chart(s)
  · Offering tours during orientation
  · Organizing resi-buddies

Residency Trip Committee

· Purpose
  · To coordinate the annual residency exchange program

· Responsibilities
  · Coordinate the annual residency exchange (year-long activity) which includes planning/organizing the following:
    • Site
    • Budget
    • Transportation
    • Food
    • Social
    • Lodging
Social Committee

- **Purpose**
  - The purpose of the social committee is to organize events to ensure the residency class spends time together outside of work
  - It is a way for the group to bond and get to know one another better in a more relaxed setting

- **Responsibilities**
  - Create a monthly plan of activities residents can attend as a group
  - At the end of the year, this committee organizes an event to welcome the incoming class

Treasurer

- **Purpose**
  - To organize and monitor the Resi-Bank account, which funds gifts for individuals throughout the year and t-shirts for Great Lakes Residency Conference

- **Responsibilities**
  - Collect dues from each resident ($50) at the beginning of the year
  - Manage and budget funds throughout the year for various activities

Webmaster

- **Purpose**
  - Maintain the pharmacy residency website, and occasionally handle other tech issues as they arise

- **Responsibilities**
  - Collect information from all the residents for their resi website profiles
  - Arrange for individual headshots to include with the profiles
  - Ensure preceptor lists are current and accurate on the resident website
  - Upload resident CE presentations to the appropriate MBox folder

End-of-Year Banquet (EOYB) Committee

- **Purpose**
  - Plan and host the end of the year banquet in mid-late June to honor all residents completing the residency program and thank preceptors for their support of the program

- **Responsibilities**
  - Choose and reserve a venue for the banquet: order food (usually buffet style), cash bar, any room set up/equipment needed
  - Work with John Clark to set a budget for the banquet
  - Send out invites to residents and preceptors
  - Purchase gifts for individuals at the banquet
  - Choose a preceptor to give an address
  - Coordinate resident superlatives
  - Work with RAC to determine order of events and awards/certificates to be given
End-of-Year Video

- **Purpose**
  - To summarize the year’s residency experience from the resident perspective in video format to be shared at End of Year Banquet

- **Responsibilities**
  - Create a master video (from day 1 of residency) that’s 20-30 minutes documenting the year
3. Evaluations

All evaluation forms (except where noted) are located either in PharmAcademic®.

   A. Assessment of Baseline Skills and Interests

Prior to the scheduling of rotations, the resident will complete the Entering Objective-Self Evaluation form.

After reviewing the Residency Program specific goals and objectives, and after meeting with all preceptors, the resident will be assigned a mentor from RAC. The resident will complete the ASHP Entering Interests form and discuss with the RAC mentor.

   B. Quarterly Evaluations

Each quarter (1st, 2nd, 3rd, and 4th), a quarterly Development Plan will be completed by the RAC mentor for each resident. The Development Plan will incorporate feedback from the resident, writing and research project preceptors, and other preceptors that the resident trained/interacted with during but not limited to weekend CANOPy and staffing shifts, duty hours, rotation preceptors and Code experiences and discussed with RAC during the respective quarter.

The resident will set up a meeting with their RAC mentor, resident appointed mentor and writing and research preceptors quarterly, to discuss progress, goals and areas for improvement. This form will be dated and timed to the meeting time and all participants will be added as being at the meeting. The form once completed will be uploaded into the residents PharmAcademic file.

   C. Rotation Evaluations

At the end of each rotation, the preceptor and resident will evaluate each other's performance on the rotation. Once the RPD deems the resident can effectively self-evaluate, the resident will no longer be required to continue with the self-evaluation.

Each will complete the appropriate evaluation(s) in PharmAcademic®. A rotation-specific summative evaluation will be used by the preceptor to evaluate the resident’s progress on rotation-specific goals. In addition, each preceptor will evaluate the resident’s performance on the overall residency goals and objectives, as demonstrated on their specific rotation.
### D. Evaluation Scale and Key

<table>
<thead>
<tr>
<th>Scale</th>
<th>Terminology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unsatisfactory Progress</td>
<td>Resident requires significant modeling (direct preceptor involvement) in order to solicit appropriate patient care and/or results on residency requirements</td>
</tr>
<tr>
<td>2</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3</td>
<td>Beginner (Needs Improvement)</td>
<td>Resident requires and accepts coaching on patient care and other residency requirements. Often the level most residents will achieve immediately following their Doctor of Pharmacy.</td>
</tr>
<tr>
<td>4</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>5</td>
<td>Proficient (Satisfactory Progress)</td>
<td>Resident is making satisfactory progress for that point in the residency year. The resident requires less coaching and is able to complete residency expectations. The preceptors are able to facilitate learning often rather than direct modeling and coaching</td>
</tr>
<tr>
<td>6</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7</td>
<td>Achieved for Rotation (ACH)</td>
<td>---</td>
</tr>
<tr>
<td>8</td>
<td>Achieved for Residency (ACHR)</td>
<td>Resident appropriately completes patient care or other residency requirements at a level appropriate for someone completing either a PGY-1 or PGY-2 residency year. Preceptors are able to facilitate the learning of the resident completely rather than modeling or coaching.</td>
</tr>
<tr>
<td>9</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>10</td>
<td>Outstanding</td>
<td>This resident is performing at a level that is equal to a seasoned, established preceptor. This should probably never be achieved in PGY-1 and achieved rarely in PGY-2.</td>
</tr>
</tbody>
</table>

### E. Writing Project Evaluations

The resident’s writing project will be evaluated quarterly via PharmAcademic® evaluations and quarterly evaluations. At each quarterly assessment, the resident will also evaluate his/her project preceptor. This evaluation is shared with the preceptor and the resident’s mentor and/or residency program director.
F. Research Project Evaluations

The resident’s research project will be evaluated quarterly via PharmAcademic® evaluations and quarterly evaluations. At each quarterly assessment, the resident will also evaluate his/her project preceptor. This evaluation is shared with the preceptor and the resident’s mentor and/or residency program director.

G. Seminar Evaluations

There are three main seminars that are formally evaluated throughout the residency year.

- Research project proposal
- Writing project/CE presentation
- Research results presentation

All seminars use the seminar evaluation form (see Appendix C).

H. CANOPy Evaluations

There are four separate evaluations tied to the CANOPy learning experience:

- Two clinical weekend evaluation forms
- One clinical on-call evaluation form
- One code blue evaluation form

Skills are assessed by preceptors during each weekend worked, on-call experience and code experience. The process for obtaining timely feedback is as follows:

- Clinical weekend evaluation forms
  - To be completed each clinical weekend the resident works
  - One form for the clinician who worked with the resident that weekend
  - One form to be given to a clinician who will be following patients during the week where significant responsibility or intervention over the weekend. The resident is responsible for ensuring that they get feedback in all areas through the variety of preceptors asked to complete these evaluations
- Clinical On-Call evaluation form
  - To be completed each shift the resident is on call and receives a clinical question by the PGY-2 resident back-up
- Code evaluation form
  - To be completed each week by one pharmacist that attended a code with the resident during that week

Resident Responsibilities with CANOPy Evaluations

- Ask the pharmacists/preceptors to complete the evaluation forms and provide them with the appropriate form and the name of their RAC Mentor
• Notify their RAC Mentor which pharmacists/preceptors should be sending them evaluation forms for each experience at the beginning of the week the evaluation form should be completed

Pharmacist/Preceptor Responsibilities with CANOPy Evaluations

• Complete the form and return it to the resident and resident’s RAC Mentor by the Friday following the experience (weekend, or end of on-call or code week) via email

I. RAC Assigned Mentor Responsibilities with All Evaluations

• Monitor the resident’s progress through all evaluations and follow up with the resident and/or preceptors regarding any issues identified in the evaluations
• Ensure they receive the evaluations in a timely manner. If the evaluations are not received in a timely manner despite efforts of the RAC Mentor, bring to the attention of John Clark
• Incorporate these formative evaluations into quarterly summative Development Plans:
  o Quarterly PharmAcademic® evaluations on goals and objectives above
  o Summative Self-Evaluation by Resident
  o Summative Evaluation by RAC Mentor
  o Learning Experience Evaluation by Resident
  o Preceptor Evaluation by Resident
    ▪ To include feedback on RAC Mentor and feedback on other preceptors they have worked with throughout these experiences
  o Clinical on-call will be evaluated quarterly

J. Staffing Evaluations

This evaluation should be completed after each staffing experience in the 6th floor pharmacy. The process is as follows:

• The evaluation will be completed by a pharmacist staffing with the resident
• Residents should request that the pharmacist return completed evaluations to Kristen Schaeffler and the resident
• Evaluations should not be forwarded to the RAC mentor unless the resident is not improving at the desired rate as they are not responsible for PharmAcademic® evaluation for this experience

K. Teaching Evaluations (see appendix E)

• An optional teaching evaluation is available for course coordinators to provide feedback to residents during their teaching experiences
• This evaluation could be uploaded into PharmAcademic for reference
4. Early Commitment Process

The decision regarding participation of each PGY2 residency program in the early acceptance process will be left up to the individual programs. See Appendix D for early commitment process diagram.

**PGY1 Resident Eligibility Determination**

RAC will meet to discuss whether the current PGY1 residents are eligible candidates for early commitment on the last RAC meeting in October. RAC will determine the acceptability of each resident’s candidacy based upon his/her ability to meet deadlines, feedback from his/her project preceptors (writing and research), monthly rotational evaluations and feedback from preceptors of longitudinal experiences (e.g. kinetics, operations, ambulatory care).

**Resident Responsibility**

Once a PGY1 resident is deemed an eligible candidate for the early commitment, the resident should send a formal statement of intent to the program director(s) of the program(s) for which the resident would like to apply. A resident may apply to more than one PGY2 program.

Residents are encouraged to notify the program directors of the PGY2 residencies for which they are interested and/or intend to apply for early commitment as soon as possible in order to facilitate interview scheduling.

**Pre-Midyear and Post-Midyear Early Commitment Options**

There are two timeline options for the early commitment process and is up to each PGY2 RPD. If there are multiple interested candidates, it is also up to the discretion of the PGY2 RPD to offer early commitment to the resident(s) versus attending ASHP Midyear to recruit further.

An interview must be conducted to evaluate the PGY1 resident’s candidacy. PGY2 RPDs are encouraged to discuss each candidate’s performance with his/her project and rotational preceptors. An assessment of each applicant’s candidacy must be documented in writing. The interview process must be completed by Monday of the week following the Midyear meeting but may be completed in advance in light of time and schedule constraints.

- Pre-Midyear early commitment
  - If offered, residents may early commit as early as the date of the last RAC meeting in October and will not need to participate in PPS if they chose to early commit at this time
  - If the resident wishes to move forward in the early commitment process, they must accept the offer no later than the Monday after Midyear. The timeframe will be specific by the PGY2 RPD.

- Post-Midyear early commitment
  - PGY2 RPDs have the option of interviewing eligible Michigan Medicine PGY1 resident(s) but still attend Midyear to recruit. This allows the Michigan Medicine
PGY1 resident(s) to also participate in Midyear recruitment for the programs they are interested in pursuing [ie: personnel placement service (PPS)].

- PGY2 RPD must offer early commitment to the resident no later than Monday after ASHP Midyear
- If the resident wishes to move forward in the early commitment process, they must accept the offer no later than the Tuesday after Midyear meeting by the end of the business day

**Actions with Accepting or Declining Early Commitment**

- Both PGY2 RPD and resident accept early commitment
  - The signed early commitment agreement must be completed and sent by the date specified annual by the National Matching Service (NMS) and ASHP
- Resident declines or is not offered the early commitment offer
  - If a PGY1 resident declines an offer for a residency position, the PGY2 director of that program may make an offer to another PGY1 resident who was also deemed an appropriate candidate for the early acceptance program and who completed the interview process for that program
  - If a PGY1 resident is not offered or declines an early acceptance position, the resident will be permitted to apply to a Michigan Medicine PGY2 program through the formal application process without prejudice or bias.
    - Additionally, should a PGY1 resident who did not participate in the early acceptance program decide to apply to a Michigan Medicine PGY2 program, their candidacy will also be considered without prejudice or bias.
5. Chief Residents Responsibilities

Description

The Chief Pharmacy Residents are two pharmacy residents (a PGY1 and a PGY2) who coordinate the activities of all concurrent pharmacy residents (Pharmacy Practice and Specialty).

Qualifications

For the Chief Pharmacy Resident positions, the following are minimum criteria that should be considered to qualify:

- Must be a pharmacy resident for the full fiscal year for which he/she is a Chief Resident
- Has the following qualifications as evidenced through interview, previous accomplishments as documented on the curriculum vitae, letters of recommendations and/or previous evaluations:
  - Leadership skills
  - Good communication skills
  - Ability to work with others and coordinate activities
  - Ability to manage time efficiently
  - Expressed interest in the positions

Nomination

Nomination by current residents is due by mid-July to RAC. Each resident shall individually and confidentially submit to the RPC their choice for the Chief Resident position.

RAC will review the qualifications of the nominees and evaluate whether he/she is qualified for assuming the role of Chief Residents.

It is left to the RAC discretion to accept or reject the nominations. In case RAC finds the nominees to be inapt for the position, or in case there is a conflict amongst the residents on nominations or inability to decide on one nominee, then a Chief Resident will be selected and appointed by RAC considering the qualifications listed above.

Chief Resident Responsibilities

- Attend RAC meetings
  - PGY1 and PGY2 chiefs will attend all RAC meetings
  - They will have 1 vote each at RAC
  - They will not rotate in as secretary
  - Chiefs will disseminate information/decisions from RAC meeting to all residents
  - The PGY1 chief will sit on the Clinical Practice Committee (CPC)
- Make and post a schedule for the following activities in the resident’s year:
  - RAC secretary
  - Seminar presentations
• Schedule monthly meetings in conjunction with the department administration assistant for the following meetings:
  o Leadership meetings with CPO/Associate CPO/Directors/RPC monthly lunch meeting with all residents
  o Residents-only meeting (required for all residents to attend)
    ▪ Create an agenda for the meeting
    ▪ Discuss issues to go to RAC, upcoming trips, committee updates, etc
    ▪ Regularly gather feedback on kinetics, teaching, clinical on-call, etc
  o RPC meeting with both chiefs
• Make schedules and book rooms for seminar presentations
• Plan the day if another residency program comes to visit Michigan Medicine residency program
• Help schedule anything else that comes up that requires scheduling
• Residency Committees
  o At the beginning of the year organize the residents into committees based on their preferences
  o Throughout the year follow-up with committees to make sure they are on task

**Benefits of Being Chief Resident**

Due to the additional responsibilities of the Chief Pharmacy Resident, this individual will be entitled to the following benefits and/or relief from standard resident obligations:

• Not required to serve as RAC secretary
• Role on groups projects limited to oversight and supervision of activities
• Opportunity to develop/refine leadership skills
• More direct involvement in residency program and larger opportunity to help shape the program
• Opportunity to go to a State/National Leadership Conference
6. Corrective Action and Dismissal

Pharmacy residents are expected to perform and behave in a manner consistent with expectations of all other UMHS employees. If a resident breaches these expectations, then the situation and the resident will be managed in the same manner as any other UMHS employee, which can include dismissal. One specific area that may result in dismissal of a pharmacy resident is failure to make satisfactory progress in achieving the goals and objectives of the residency training program.

The following areas will be monitored and subject to escalating corrective action:

- Sick time usage
- Rotation evaluations
  - Following a preceptor evaluation in which a resident is categorized as “less than average” in overall performance, the resident will be required to meet with the RPD/RAC mentor no later than the second regularly scheduled meeting
  - The resident will have to outline and explain the reason(s) for their previous poor performance, concluding with an outline and action plan for correction of previous problem(s)
- Writing project
  - See responsibilities and deadlines in section D
- Research project
  - See responsibilities and deadlines in section E
  - Assuming that the research deadline extension process has occurred through RAC, satisfactory completion of the research project is still expected by June 30th of the residency year
  - Extension of this deadline may be allowed by RAC or RPD upon written request by the resident. Under no circumstance will project deadline be extended beyond June 30th. Compliance is required prior to issuing a residency certificate.
- Theft and moral turpitude
  - A resident who is convicted of theft of a controlled substance or a felony is subject to immediate residency termination and dismissal
- Licensure
  - Disciplinary action will begin on September 1st if pharmacist/controlled substance licensure is not obtained
  - The resident will be dismissed from the program if pharmacist/controlled substance licensure is not obtained by December 1st
7. Duty Hours and Moonlighting

Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside the organization (external) or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program. In general, moonlighting is discouraged for pharmacy residents. Below is the procedure for all residents to request clearance to moonlight during residency:

- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program
- All moonlighting hours must be counted towards duty hours (see link for definitions) and must not exceed duty hours limits
- Pharmacy residents are eligible for moonlighting up to 2 shifts per month only during times not usually scheduled for regular duty hours (i.e. evenings or weekends)
- Residents will complete a Temp Employment application for internal moonlighting hours at the beginning of the residency year with the Pharmacy Department Administrative Assistant. This may take up to 2 weeks to process. The temp status will end after 90 days of inactivity and will need to be renewed at this time to maintain active temporary status.
- Residents will be included on notices that go out to permanent staff informing them of open shifts and requesting volunteers for picking up additional shifts.
- Residents must receive approval from the following individuals prior to EACH moonlighting shift:
  - Their RPD
  - Their RAC-assigned mentor (if different than the RPD)
  - Their rotation preceptor (if in December, their project preceptor must approve)
- The resident will volunteer for the shift(s) by responding to the requestor expressing interest in the shift, and then must follow-up with the requestor once approval is obtained from RPD/RAC mentor and preceptor to confirm their ability to fill the shift
- The residents’ RPD/RAC-assigned mentor is responsible for maintaining record of moonlighting hours, and monitoring performance including any impact moonlighting hours have on scheduled duty hours and the ability of the resident to achieve the educational goals and objectives of the residency program and provide safe patient care.
- If the residents’ participation in moonlighting affects their judgment while on scheduled duty hours the RPD or RAC-assigned mentor may decline future requests to moonlight.
- Preceptors are responsible for reaching out to the RPD if they have any concerns about the residents’ judgment on scheduled duty hours due to moonlighting.
8. Benefits

Salary

Each resident receives a competitive stipend. Residents will be paid the last working day of each month. Direct deposit can be set up through Wolverine Access.

Vacation and Interview Days

- Number of paid time off (PTO) days
  - Residents are allotted ten (10) vacation days and five (5) interview days. At least five (5) vacation days must be set aside for use as interview days (if more than the five allotted interview days are needed) until the resident has secured a position for the following year. Unused interview days cannot be used as vacation days.
  - PGY-1 residents may take up to 3 days off from rotation at the end of June (if not taking any other days off and has PTO available) if needed to move to a new location for a PGY2 residency. All requests must be approved by the RPD. The resident must complete the check-out process prior to their last day

- Procedure for requesting vacation and interview days
  - Residents must provide 30-day notice for PTO requests. Approval of emergent requests or requests were a 30-day notice is not possible will be at the discretion of the RPD.
    - PGY1 residents
      - Request approval from rotation preceptor (PGY1 RPD, preceptor of note for the dates requested, research and writing preceptors for December). This permission should be documented in an email following the deadline dates as outlined in the electronic scheduling system
      - Forward email containing approval from both rotation preceptor and RPD to Rotating RAC Chair for record keeping
    - PGY2 residents
      - Request approval from rotation preceptor (PGY2 RPD, preceptor of note for the dates requested, research and writing preceptors for December). This permission should be documented in an email following the deadline dates as outlined in the electronic scheduling system
      - Forward email containing approval from both rotation preceptor and RPD to Rotating RAC Chair for record keeping

Holidays

Residents are entitled to the seven official University holidays: Independence Day, Labor Day, Thanksgiving Day and the day following, Christmas Day, New Year's Day, and Memorial Day. Each resident will work two holidays (one minor holiday and one major holiday block) and have the other 5 holidays off of work.

If a resident observes an unofficial University holiday, they need to follow vacation day procedure to request time off. When requesting a vacation day in December, PGY1 and PGY2
residents will need permission from their research and writing project preceptors and final approval from their RPD.

**Professional Leave and Business Days**

Professional leave may be granted to attend the ASHP Midyear Clinical Meeting, the Great Lakes Residents Conference, and other meetings approved by RAC. Additionally, up to 5 business days may be approved for the resident to use to attend other professional organization meetings; however, both approval by the resident’s preceptor and RAC must be obtained.

A Travel Authorization Form must be filed whenever the resident leaves the Hospital on University Business. Funding is provided for the ASHP Midyear Clinical Meeting and the Great Lakes Residents Conference.

**Sick Day Notification**

In the event a resident is sick, the resident utilizes their PTO bank of days.

If the sick-day is a **weekday**, the following procedure needs to occur:

- Contact rotation preceptor via email to notify them of illness a minimum of 2 hours prior to the start of rotation or 7am at the latest
- If your rotation preceptor is not at work that day, be sure to notify the person covering, and email the appropriate team email list for the service and **pharm-sched@med.umich.edu** to ensure coverage can be organized
  - Cardiology, CVICU, MP: **Pharm-Cardiothoracic-Team@med.umich.edu**
  - Internal medicine, MICU, Neuro ICU: **Pharm-Medicine-Team@med.umich.edu**
  - Oncology, BMT: **Pharm-Oncology-Team@med.umich.edu**
  - SICU, ACS, STX: **Pharm-Surgery-Team@med.umich.edu**
  - Any pediatric rotation: **PHARM-PEDS@med.umich.edu**
  - Pharmacy operations: Call the 6th floor pharmacy a minimum of 2 hours prior to shift at 734-936-8251 to let them know which shift you were scheduled, they will contact via email **Pharm-Sched@med.umich.edu** and work to find coverage
- Forward notifications for record keeping to the appropriate RPD and RPC

If the sick-day is a **weekend**, the following procedure need to occur:

- Minimum of 2 hours prior to the start of your scheduled shift (or earlier if possible)
  - Call the 6th floor satellite pharmacy (734-936-8251) to let them know which shift you were scheduled for and any other pertinent details
  - Email **pharm-sched@med.umich.edu**
- If able, the resident should try to find another resident to switch shifts with as a first option
- 6th floor satellite will then:
  - Contact the administrator-on-call (pager number 30164)
    - FYI page: the situation and resident is currently attempting to find coverage within the resident class
Assist in finding coverage within the residency class first
- Regardless if the resident or satellite find coverage, the administrator on call should be paged
  - If coverage found: page administrator to let them know which resident will be covering
  - If coverage could not be found within residency class: page administrator to request further help to find coverage
- The resident will report the illness/call-in and any resident coverage that was found to the appropriate person/people as outlined in weekday section on the Monday following the weekend.

This procedure is in accordance with the departmental policy on attendance.

**Leave of Absence**

Leave of Absence is defined as any time off longer than five (5) workdays. In the event that a leave of absence is needed, a resident is eligible for time off in accordance with the appropriate University of Michigan Human Resource Policy:

- UM Standard Practice Guideline 201.30: Unpaid Leaves of Absence
- UM Standard Practice Guidelines 201.29: Jury and Witness

All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD). The RPD shall notify the appropriate pharmacy leadership (e.g., Pharmacy Manager, Pharmacy Director, etc). Please refer to individual HR policies and procedures for specific processes and documentation requirements based on type of leave.

The RPD (or designee) will be responsible for approving the Leave of Absence request. Please refer to individual HR policies and procedures for specific processes and documentation requirements based on type of leave.

Extended leave of absence (beyond the allotted 10 days of PTO) will result in an unpaid leave. If eligible, the resident may receive short/long term disability payments per HR policies.

- The resident will be required to extend their residency training for the period equal to the days of unpaid leave up to 90 days
- Any resident taking a leave of absence that is greater than 90 days will be ineligible to complete the remainder of their Pharmacy Residency Program
  - The resident will be able to reapply to the Pharmacy Residency Program and will be evaluated against other prospective candidates applying for the same Pharmacy Residency Program should an absence extend past 90 days

Leave of absence(s) may extend the training period to reach an acceptable level of performance in order to graduate from the program.

- Any leave greater than or equal to 4 weeks will require the resident to make-up missed time.
• Leave of absence time must be made up within 6 months of the date the program was scheduled to be completed or the resident forfeits the privilege of receiving the Certificate of Completion of the program. This will extend the residency beyond the original one-year agreement.

• Upon returning from leave, hours must be: worked under the guidance of a preceptor, equal to the hours missed and worked to complete the requirements that were not yet completed due to leave of absence. These supplemental hours will be paid at the current resident rate of pay as was established by the offer letter from the University of Michigan and may equal but not exceed hours missed during leave.

The Residency Program Director is responsible for assuring that the resident is aware of this policy and has received a signed acceptance notification. The resident will be informed of this policy at the beginning of the residency and will sign a copy indicating that they understand and agree with the policy.

See policy 114.50: Attendance Policy for Allied Health and Office Staff

Travel

Arrangements

Travel arrangements for business purposes must be approved by RAC several weeks in advance of travel date. Additionally, approval is needed by the preceptor of the affected rotation. The travel request form can be found on the pharmacy website: Travel Funding and Hospital Business Time Off Request Form

Funding

Partial or full funding for business travel will be given for the ASHP Midyear Clinical Meeting and the Great Lakes Residency Conference only. PGY2 residents have the opportunity to attend a Specialty related conference with partial funding. Additional travel funding requests must be made several weeks in advance of business travel for approval; however, additional business trips are usually at the expense of the resident. The travel funding request form must be completed and given to the travel secretary several weeks prior to the trip.

Travel advances may be taken out of approved funding dollars in order to pay for flight and/or hotel deposits; the remainder of approved funding will be reimbursed upon completion of the travel expense report. The travel expense report must be completed within 7 days of return from the trip OR within 30 days of the cash advance. The expense report can be found on the pharmacy website.

Expense Report

The travel expense report can be obtained from travel secretary. It must be completed within 7 days after return from trip in order to ensure reimbursement. All original receipts (other than food receipts) must be kept and forwarded along with this report to the travel secretary. The per-diem worksheet must be completed for food reimbursement and is pro-rated based on travel
destination. Contact travel secretary prior to planning any travel or before applying for reimbursement.

**Guidelines for Travel**

Guidelines are located on the pharmacy website and updated regularly. See: Travel Authorization Policy

**Health Benefits**

The University of Michigan offers a menu of health benefit packages to pharmacy residents. Nominal fees may need to be paid to enroll in the residents’ choice of a health plan. Cost for two persons and/or family rates are nominal. Dental coverage is not provided for residents in their first year of training.

Further details and answers to questions may be obtained from the Office of Staff Benefits.

**Job-Incurred Injuries**

Residents must inform the RPC of job-incurred injuries as soon as possible after the incident and a report must be filed with Employee Health Services describing the incident.

Injuries sustained in Ann Arbor should be treated at the University Hospital Emergency Suite. Injuries sustained outside the city should be treated at the nearest medical facility. The University will not be responsible for incurred costs if treatment can be obtained at University Hospital but the injured staff member elects to receive treatment at another medical facility.

**Miscellaneous Benefits**

Additional benefits such as gymnasium passes, free city bus transportation, and discounts on books are available to residents as University of Michigan staff and Clinical Instructors at the College of Pharmacy.
9. Preceptor Responsibilities

ASHP Requirements of Preceptors

The RPD should document criteria for pharmacists to be preceptors. The following requirements may be supplemented with other criteria:

- Pharmacist preceptors must be licensed and have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area. Alternatively, licensed pharmacists who have not completed an ASHP-accredited PGY2 residency may be preceptors but must demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency in the advanced practice area and have a minimum of three years of practice in the advanced area.
- Preceptors must have training and experience in the area of pharmacy practice for which they serve as preceptors, must maintain continuity of practice in that area, and must be practicing in that area at the time residents are being trained.
- Preceptors must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following (Michigan Medicine requires this to be met within 5 years of becoming a preceptor):
  - Documented record of improvements in and contributions to the respective area of advanced pharmacy practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
  - Appointments to appropriate drug policy and other committees of the department/organization.
  - Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
  - A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
  - Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication
  - Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels
  - Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards)
- Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills.
Additional preceptor requirements

- Preceptor displays professionalism in his/her work environment
- Preceptor is collegial to pharmacists, physicians, nurses, etc. in his/her work environment
- Preceptor serves as a role model for practice style in his/her area of practice
- Preceptor provides an environment conducive to learning
- Preceptor displays expertise in his/her area of practice as determined by the RPD
- Preceptor meets with the resident at minimum 2-3 x week for month long rotations to discuss topics and/or patient cases and is available throughout the resident rotation as needed for any questions. For longitudinal rotation experiences, the preceptor routinely communicates and provides feedback to the resident.
- Preceptor is able to adapt his/her teaching style and/or learning experience to match the specific resident needs and/or address differences in learning style
- Preceptor is amenable to feedback from the resident and/or RPD
- Preceptor adequately assesses and evaluates the resident by providing verbal and written feedback

**Preceptor Appointment Process**

Below is the process required for preceptors to be approved:

- Preceptor submits academic and professional record (APR) and rotation experience to RAC
- RAC reviews materials and makes decision if the preceptor and rotation experience are acceptable for PGY1 program
- PGY2 RPD reviews and makes decision if the preceptor and rotation experience are acceptable for their PGY2 program and brings back to larger RAC meeting to be recorded in the minutes
10. Residency Advisory Committee (RAC)

Purpose

The purpose of the Residency Advisor Committee (RAC) is to establish and maintain ASHP-accredited pharmacy residency programs and to serve as the advisory and organizational structure of all Michigan Medicine pharmacy residency programs.

The committee shall assure:

- Residency programs adhere to the Pharmacy Department, Hospital and ASHP mission and guidelines
- Respective residents’ and Department's goals are met
- Residents' advocacy to other faculty, staff, and Departments
- Residents' adherence to residency program
- Mentorship and guidance to residents
- Develop new programs as needed to support: department needs, future pharmacist roles, and job market changes
- Decisions important to the function of the department are made in a timely manner

Membership and Description of Responsibilities

- Permanent Chair - Residency Program Coordinator (voting tie breaker)
  - Provide oversight of all RAC activities and continuity over time
  - Coordinate residency recruitment
  - Serve as research project proposal reviewer
  - Lead RAC meetings
  - Ensure adequate feedback and representation of affected parties for all RAC votes
  - Coordinate resident orientation
  - Coordinate research project proposal review
  - Review and appoint members to RAC

- Six (6) clinical pharmacist preceptors
  - Serve as research project proposal reviewers

- All residency program directors (PGY1 and PGY2)

- One (1) tenure-track faculty member
  - Serve as liaison with College
  - Serve as research project proposal reviewer

- One (1) clinical pharmacist in management/operations
  - Coordinate and evaluate PGY1 resident operations experience

- One (1) coordinator of resident clinical on-call

- All residency program coordinators (non-voting)

- One Assistant Director of Education and Research (non-voting member)

- Chief Residents (PGY1 and PGY2)
  - Represent residency class
• Rotating RAC secretary (non-voting member)
  o Fulfilled by a PGY1 or PGY2 resident on a rotating basis
  o Prepare meeting agenda and take meeting minutes

Special Requests

All issues and special requests (i.e. rotation requests, travel requests, deadline extensions) relating to the residency should be submitted by the resident to RAC for consideration.

Meetings

• RAC meets at least monthly
• Action taken by the RAC shall be decided by general consensus (4 or more members agree or disagree). If consensus cannot be reached the RPC will decide on the decision to be made.
• The secretary shall provide e-mail notice of the time and place of all meetings to each member of the committee. An agenda of the items for which action may be taken shall be distributed no later than three days prior to each meeting.
• Non-members who wish to attend RAC meetings (in person or monitor conference calls) require RPC approval
• Agendas will by prepared by the secretary, incorporating requests from members of this and other committees
• Members who cannot attend a meeting may identify a proxy to attend and vote in their place provided the individual is identified in advance and this is communicated to the RPC and rotation Secretary
  o The RAC member must identify the proxy in advance and submit the name of the individual to the rotating RAC Secretary when they send out the call for agenda items
  o The rotating RAC Secretary will record the member absence and the name of the individual proxy on the agenda and minutes for documentation
  o Only 1 vote can count for each program
11. Resident Candidacy Process

Michigan Medicine residencies utilize ASHP PhORCAS™ and resident candidates must be registered for the Match on their website. The application deadline for all residency programs is January 1st.

A. Prescreening of Applicants

A prescreening tool is utilized. Criteria evaluated includes the following:

- Previous work experience
- Writing experience/publications
- Presentations/public speaking
- Leadership and involvement in extracurricular activities
- Strengths of letters of recommendation
- Letter of intent
- Diversity and extent of clinical experiences
- Research experience
- Transcripts

A team of RAC members, minimum of 6 RAC members for the PGY1 pharmacy practice residency program, will have the listing divided out evenly amongst the reviewing team. The RPC for the PGY1 program will randomly evaluate high, low, and middle scorers for quality-assurance. Using an electronic database, each reviewer can answer the questions with the weighting be built into their response along with a type-in section for 2 separate questions:

- Any assets that should be noted
- Any weaknesses that would hinder the candidate’s ability to perform effectively in the residency program

A separate meeting for each residency program will take place with all the reviewers. The RPD or RPC will pull the data from the electronic database. This information will be ranked in order of highest score to lowest. The goal is to invite 4 candidates per residency position.

University of Michigan students with a GPA minimum of 3.2 are allowed an abbreviated interview day (half-day), which are typically offered in the beginning of January for 2 days only. These students may decide to go through the full-interview day process as well. Either route, they are screened and evaluated the same way as all other candidates.

B. On-site Interviews

All pharmacists that interview a candidate onsite will have an access to the onsite evaluation form. After the last interview the RPD or RPC will schedule a meeting time with the original interview reviewing team from the prescreen. The RPD or RPC will pull the data from the electronic database. This information will be ranked in order of highest score to lowest. Determinations based on weaknesses collected from the tool will be used to remove candidates with negative feedback such as not a team player, failing/low grades. This information will be
ranked in order of highest score to lowest. The final rank list will be uploaded to ASHP by the RPD or RPC.
12. Communications and Logistics

Pagers and Paging

Each resident will be provided with a pager. Paging can be accomplished by accessing the Michigan Medicine clinical home page. Professional behavior is expected when utilizing the paging system.

During longitudinal ambulatory care activities, pagers should be switched to preceptor coverage during clinic hours if prompt response will not be possible to pages. The respective medical team should be notified of the temporary coverage changes. Fellow residents will cover the code pager when the resident is assigned code coverage and is off-site. The resident has responsibility of finding this coverage.

Telephone System

For local calls: Dial "97" and then the phone number if within the pharmacy at the hospital. To call locally from the Victor Vaughan Building, dial “9” and then the phone number.

Long distance calls: May not be made on office phones unless directly related to work.

Fax Guidelines

Facsimiles may be sent and should be restricted to business use only

Personal Computers

The computers located in the residents' area are dedicated to use by the residents. Software should not be added to the hard disks of any of these terminals.

Photocopying

Residents may use the photocopying machine in the B2 pharmacy or in the copier rooms in the Victor Vaughan building for hospital-related business.

Professional Posters

The printing of professional posters is available for the residents at the Duderstadt Center in Pierpont Commons on University of Michigan North Campus or other alternatives. See poster template for guideline to poster format.

Guidelines for Pharmacist Documentation in the Medical Record

Pharmacists within the University of Michigan Hospitals and Health Centers are authorized to write in the Progress Notes section (under Medication Management and Pharmacy Note templates) of the patient medical record in the following circumstances:

- Documentation of patient-specific clinical activities, including patient counseling and education
• Provision of patient-specific pharmaceutical information and drug therapy monitoring and detection of potential adverse drug reactions and drug interactions as the result of solicited or unsolicited consultations
• Pharmacokinetic and Anticoagulation Pharmacy provided service
• Entries in the patient medical record shall be made only by pharmacists licensed in the State of Michigan. Pharmacy students and unlicensed pharmacy residents may write in the medical record providing that a licensed pharmacist reviews and co-signs each notation.
• Notations by pharmacists shall be entered in the Progress Notes section of the medical record in an approved template
## Appendix A: Graduation Requirement Checklist

<table>
<thead>
<tr>
<th>Residency Requirement</th>
<th>RPD or RAC mentor</th>
<th>Date Complete</th>
<th>Corresponding ASHP standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rotation/Patient Care Experiences</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer to PharmAcademic® evaluations;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluation of self and preceptor for each rotation</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>• Baseline and quarterly evaluations uploaded into PharmAcademic®</td>
<td></td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>Completion of ≥80% ASHP Required Outcomes</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Minimum average score of “5 = proficient” for all remaining outcomes</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>All clinical practice requirements have been completed as stated in the residency manual</td>
<td></td>
<td></td>
<td>3.3c</td>
</tr>
<tr>
<td><strong>Professional Obligations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Committee Involvement and Resident-Run Committees</td>
<td></td>
<td></td>
<td>4.1</td>
</tr>
<tr>
<td>(institutional, local, state or nationally) as stated in residency manual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Michigan Pharmacist and Controlled Substance licensure no later than September 1st</td>
<td></td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Scientific Advancement/Research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Project and supporting manuscript is suitable for publication</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(goal 2.2)</td>
</tr>
<tr>
<td>Writing Project and supporting manuscript is suitable for publication</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Continuing Education presentation</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(goal 4.1)</td>
</tr>
<tr>
<td><strong>Longitudinal Experiences</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching activities have been completed as stated in residency manual</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Clinical weekend activities (Pharmacokinetic Monitoring, Anticoagulation, Nutrition and Bacteremia as reviewed through CANOPy forms)</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Staffing (as reviewed through CANOPy forms)</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Clinical on call activities as stated in the residency manual</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Participate in management of medical emergencies (ACLS) (as reviewed through CANOPy forms)</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Leadership series participation</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Optional: Research series participation</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(goal 2.2)</td>
</tr>
<tr>
<td>Optional: Teaching Certificate has been completed as stated in residency manual</td>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in at least 1 group Community Service project as stated in the residency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Appendix B: Rotation Options

<table>
<thead>
<tr>
<th>Category</th>
<th>Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>Outpatient Anticoagulation</td>
</tr>
<tr>
<td></td>
<td>Brighton Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Hematology</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Oncology</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Oncology: Solid Tumor</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>Liver Transplant Clinic</td>
</tr>
<tr>
<td></td>
<td>Kidney Transplant Clinic</td>
</tr>
<tr>
<td>1 required for PGY1 residents</td>
<td>Various preceptors offer</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Adult Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>Adult Internal Medicine-Med GI/Liver</td>
</tr>
<tr>
<td></td>
<td>Adult Cardiology</td>
</tr>
<tr>
<td></td>
<td>Adult Medical Oncology</td>
</tr>
<tr>
<td></td>
<td>Adult Hematology</td>
</tr>
<tr>
<td></td>
<td>Adult Bone Marrow Transplant</td>
</tr>
<tr>
<td></td>
<td>Pediatrics/Labor and Delivery</td>
</tr>
<tr>
<td>1 required for PGY1 residents; Various preceptors offer</td>
<td>Pharmacy management/administration – Transitions of Care/Emergency Services</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Management and Leadership</td>
</tr>
<tr>
<td></td>
<td>Academic Administration</td>
</tr>
<tr>
<td>Management</td>
<td>Administration</td>
</tr>
<tr>
<td></td>
<td>Pediatrics Administration</td>
</tr>
<tr>
<td>1 required for PGY1 residents; various preceptors offer</td>
<td>Pharmacy management/administration – Transitions of Care/Emergency Services</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Surgical Critical Care</td>
</tr>
<tr>
<td></td>
<td>Adult Neuro ICU</td>
</tr>
<tr>
<td></td>
<td>Trauma/Burn ICU</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular ICU</td>
</tr>
<tr>
<td>1 required for PGY1 residents</td>
<td>Various preceptors offer</td>
</tr>
<tr>
<td>Medication Use Policy/Operations</td>
<td>Pharmacy Operations/Medication Use Policy</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatric ICU</td>
</tr>
<tr>
<td></td>
<td>Pediatric Cardiology</td>
</tr>
<tr>
<td></td>
<td>General Pediatrics</td>
</tr>
<tr>
<td></td>
<td>Pediatric Emergency Medicine</td>
</tr>
<tr>
<td></td>
<td>Pediatric Surgery</td>
</tr>
<tr>
<td>1 required for PGY1 residents; Various preceptors offer</td>
<td>Pediatrics/Management/administration</td>
</tr>
<tr>
<td>Elective Rotations</td>
<td>Adult Cardiology</td>
</tr>
<tr>
<td></td>
<td>Adult Medical Oncology</td>
</tr>
<tr>
<td></td>
<td>Adult Hematology</td>
</tr>
<tr>
<td></td>
<td>Adult Bone Marrow Transplant</td>
</tr>
<tr>
<td></td>
<td>Obstetrics/Labor and Delivery</td>
</tr>
<tr>
<td></td>
<td>Adult Emergency Medicine</td>
</tr>
<tr>
<td></td>
<td>Adult Palliative Care Consult Service</td>
</tr>
<tr>
<td></td>
<td>Infectious Disease/Antimicrobial Stewardship</td>
</tr>
<tr>
<td></td>
<td>Inpatient Psychiatry and General Neurology</td>
</tr>
<tr>
<td></td>
<td>Lung Transplant/Medicine Pulmonary</td>
</tr>
<tr>
<td></td>
<td>Pharmacogenomics</td>
</tr>
<tr>
<td></td>
<td>Solid Organ Transplant</td>
</tr>
<tr>
<td></td>
<td>Surgery - Nutrition</td>
</tr>
<tr>
<td></td>
<td>Teaching/Academia</td>
</tr>
</tbody>
</table>


Appendix C: Seminar Evaluation Form

<table>
<thead>
<tr>
<th>Presentation Title:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker:</td>
<td></td>
</tr>
<tr>
<td>Scale:</td>
<td></td>
</tr>
</tbody>
</table>

1 = Unacceptable | Needs extensive improvement, does not meet expectations
2 = Needs improvement | Meets some expectations but often falls short
3 = Meets expectations | Meets all expectations consistently
4 = Exceeds expectations | Meets and exceeds most expectations
5 = Exceptional | Exceeds all expectations

<table>
<thead>
<tr>
<th>Speaker Evaluation</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appropriate volume, pronunciation, articulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate pace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Presentation was spoken, not read</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate eye contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Utilized effective non-verbal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Engaged audience and maintained their interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Absence of distracting mannerisms and filler words</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation Organization</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Opened with a prepared, inviting introduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Presented in a logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Transitioned between concepts clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Summarized conclusions and actionable ideas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation Content</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Stated purpose clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stated methods clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discussed results in sufficient detail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stated conclusions appropriate, well supported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate to audience and time allotted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Speaker conveyed how the project would improve patient care and/or positively impact the organization or others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mastery of Subject</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Demonstrated substantial contribution to and ownership of project by resident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Material was relevant and contemporary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Presentation was authoritative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Answered questions completely and logically</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Project</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- New insights were gained by audience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- High likelihood project improves patient care and positively impacts the organization or others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audiovisual Aids</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Legible, uncluttered, visually appealing slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No spelling or grammar errors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tables and graphs were visually appealing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Graphics and/or animation used appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Slides complemented verbal presentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bias and Referencing</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Outside information appropriately referenced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Presentation was unbiased and provided fair balance of information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Content was delivered in allotted time: ___________ min
Reviewer Name: ___________________________ Reviewer Specialty: ___________________________

☐ Yes ☐ No Time: ___________________________
Appendix D: Early Commitment Workflow

RAC reviews all PGY1s for eligibility for Early Commitment — late October

Eligible PGY1 resident contacts PGY2 RPD to express interest in Early Commitment

RPD offers interview

RPD does not offer interview

No Early Commitment is made.

RPD offers interview

Resident interviews with program

RPD does NOT offer Early Commitment to resident

Upon return, RPD does NOT offer Early Commitment to resident

Program and resident recruit and interview at ASHP MCM PPS

Monday after ASHP MCM, RPD offers Early Commitment to resident

Resident accepts offer by end of business day Tuesday after ASHP MCM

Resident and program sign Early Commitment agreement and return to National Matching Service by date specified by ASHP and NMS (can be found at https://natmatch.com/adhams/ecu.html)

Resident offers offer within time frame specified by PGY2 RPD (may not be later than the Monday preceding the ASHP MCM)

Resident declines offer

Resident declines offer by end of business day Tuesday after ASHP MCM

No Early Commitment is made

Resident declines offer

No Early Commitment is made

* RPD – Residency Program Director
Appendix E: Teaching Evaluation (optional)

Feedback on GSI and Fellow/Resident Course Performance

Instructor’s Name: __________________ Course Name & Lecture Title: ______________________
Observer’s Name: ______________ Observation Date & Time: ____________________________

<table>
<thead>
<tr>
<th>The GSI/Fellow/Resident…</th>
<th>DONE</th>
<th>NEEDS IMPROVEMENT</th>
<th>NOT DONE</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates command of the classroom</td>
<td>- Effectively holds class attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Manages disruptive behavior constructively</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Manages classroom time efficiently</td>
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<td>- Gives clear and concise directions</td>
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<td>Uses attending behaviors effectively</td>
<td>- Good eye contact</td>
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<td>- Employs an appropriate rate of speech</td>
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<td>- Has a relaxed but attentive posture</td>
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<td>- Moves about the room</td>
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<td>Conducts self in a professional and confident manner</td>
<td>- Is enthusiastic and confident in explaining the subject matter</td>
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<td>- Appears knowledgeable</td>
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<td>- Tone is professional and academic</td>
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<td>Answers questions clearly and effectively</td>
<td>- Repeats student questions so all can hear</td>
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<td>- Checks for student understanding</td>
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<td>- Provides clear and comprehensive explanations when required</td>
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<td>- Tells the class that he/she will follow-up on questions if necessary</td>
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<td>Creates an engaging environment where students openly ask questions and give their own ideas and opinions</td>
<td>- Creates an inclusive space for students to speak</td>
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<td>- Ensures an effective balance between student discussion and faculty lecturing</td>
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<td>- Prevents or terminates discussion monopolies</td>
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<td>- Is sensitive to individual interests, abilities, and experiences</td>
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<td>Contributes to a positive climate with students in the classroom</td>
<td>- Demonstrates patience in helping students understand difficult concepts</td>
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<td></td>
<td>- Corrects student mistakes in a non-threatening manner and recommends additional information to benefit all learners</td>
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</table>
List the major strengths of this GSI or fellow/resident:

List at least 2 areas where you feel the GSI or fellow/resident can improve:

Additional comments:

Observer’s signature: ___________________________ Date: ________________
Appendix F: Program-Specific Information Section

**Cardiology Pharmacy**
Program Director: Kristen Pogue, PharmD, BCPS (AQ Cardiology), BCCP

**Description of Program**
The PGY2 Cardiology Residency is an organized, directed postgraduate training program that focuses on the development of the knowledge, attitudes, and skills needed to provide pharmaceutical care in cardiovascular pharmacy practice. The program is structured in accordance with the ASHP Accreditation Standard for Specialized Pharmacy Residency Training in Cardiology.

**Requirements for Graduation**
- Research project
- Writing project (or additional research project if previously published a review article)
- ACPE-Accredited 1-hour CE Presentation
- Teaching at College of Pharmacy (3 hours per week for 1 semester)
- Deliver lecture in Doctor of Nurse Practitioner Pharmacology Course
- Rotation based teaching (2 topic discussions per rotation; serve as primary preceptor for 1 or more P4 APPE rotations)
- Professional committee involvement
- Institutional committee involvement
- Core cardiology topic discussions and journal club (6 topics and 6 journal clubs/late breaking clinical review)
- Development of a guideline or protocol for cardiology or related areas
- Completion of cardiology-related quality improvement project
- Develop and deliver medication-related talk to LVAD/heart transplant patient support group (if scheduling allows)
- Develop nursing and/or physician in-service
- Participation in pharmacist code response training

**Required Rotations**
- Orientation (1 month)
- General Cardiology (2 months)
- Cardiology Critical Care Unit (2 months)
- Heart Failure/Transplant (2 months)
- Cardiovascular Surgery Intensive Care Unit (1 month)
- Ambulatory Cardiology (VA) (1 month)
- Longitudinal Outpatient Anticoagulation or Post-ICU Discharge Clinic (4 hours per week for 16 weeks)

**Elective Rotations**
- Pediatric Cardiology (Inpatient and Outpatient Adult Congenital Disease) (1 month)
- Emergency Medicine (1 month)
• Medical Ventricular Assist Device (1 month)

**Staffing Requirements**

• Approximately every 3rd weekend for no more than 15 clinical weekends, 1 minor holiday, and 5-day major holiday block throughout the year

**On-Call Requirements (optional)**

• On-call pager back-up (1-week commitment, approximately 6 times throughout the year)

**Meeting Attendance**

• Attendance at ASHP Midyear Clinical Meeting (MCM) with poster presentation at both Vizient poster session
• Attendance at Great Lakes Pharmacy Residency Conference with presentation of results of one research project
• Attendance at PGY2 cardiology specific conference (e.g. ACC, ACCP, AHA)