University at Buffalo
School of Pharmacy and Pharmaceutical Sciences

Residency Program Handbook
2016-2017

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Page 1 of 46
Table of Contents

Mission Statement 4
Residency Program Listing 5
UB SPPS Residency Advisory Committee 6-7
Residency Training Site Residency Advisory Committees 7
Chief Pharmacy Resident 8
Clinical Activities / Responsibilities for Residents 9-10
Teaching Activities / Responsibilities for Residents 11
Research & Writing Activities / Responsibilities for Residents 12
Professional Presentation Activities / Responsibilities for Residents 13
Licensure requirement 14-15
Liability requirement for Residents / Special Training Requirements for Residents 16
Pharmacy Resident Professionalism 16
Summary of Requirements for Successful Completion of Residency Program 17
Resident Recruitment 18-19
Early Commitment Process 19
Stipend and Benefits for Residency Programs 20-21
Resident Travel 21-22
Supplies Available to Residents 23
Resident Leave Policy 24
Resident Dismissal Policy 25-26
Residency Program Contact Information 27-28
Appendix A: Department of Pharmacy Practice Residency Preceptor Policy 29-30
Appendix B: Residency Advisory Committee Structure 31-32
Appendix C: Chief Pharmacy Resident 33-34
Appendix D: Duty Hours for ASHP Accredited Pharmacy Residencies 35-37

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Disclaimer:
The policies and procedures in this handbook are designed to serve as guidelines for UB SPPS pharmacy residents. They are not intended to create any contract or binding agreement between the employer and any employee. All policies and procedures outlined in this handbook are subject to change or modification at the employer’s discretion at any time. This handbook is provided for informational purposes only. No provision or portion of the handbook constitutes an implied or expressed contract, guarantee, or assurance of employment or any right to an employment-related benefit or procedure. The UB SPPS Residency Advisory Committee reserves the right to change, modify, eliminate or deviate from any policy or procedure in this handbook at any time. If you have questions concerning these guidelines, please consult your Residency Program Director or Erin Slazak, Residency Program Administrative Director.
Mission Statement

The mission of the University at Buffalo School of Pharmacy and Pharmaceutical Sciences’ residency program is to educate pharmacy residents in pharmacy practice, clinical precepting, didactic teaching, clinical research and manuscript writing; to provide patient care; and to provide services to the community at large based upon this knowledge. Our goal is to develop leaders who will practice autonomously as an integral member of the health-care team in the clinical pharmacy setting and/or as a clinical faculty member in the academic setting in a professional, ethical, and competent manner.
Residency Program Listing

- **PGY1 Pharmacy Residency Programs**
  - Buffalo Psychiatric Center †
    - Program #: 22006
    - Program director: Tammie Lee Demler
  - Erie County Medical Center (ECMC) †
    - Program #: 22008
    - Program director: Michael Ott
  - Lifetime Health Medical Group †
    - Program #: 22007
    - Program director: Erin Slazak

- **PGY1 Community Pharmacy Practice Residency Programs**
  - Middleport Family Health Center †
    - Program #: 22023
    - Program director: Stephen Giroux, RPh
  - Mobile Pharmacy Solutions †
    - Program #: 22024
    - Program director: Peter M. Brody Jr.

- **PGY1 Managed Care Pharmacy Residency Programs**
  - BlueCross BlueShield of Western New York*
    - Program #: 22076
    - Program director: Lisanne Holley

- **PGY2 Specialty Residency Programs**
  - HIV/AIDS Pharmacotherapy (ECMC) †
    - Program #: 22004
    - Program director: Gene Morse
  - Psychiatry (Buffalo Psychiatric Center) †
    - Program #: 22021
    - Program director: Tammie Lee Demler
  - Buffalo Medical Group *
    - Program #: 22073
    - Program director: Nicole Albanese

† Denotes ASHP Accredited
‡ Denotes ASHP Candidate Status
*Denotes ASHP Pre-candidate Status

Additional information available at: [http://pharmacy.buffalo.edu/academic-programs/residencies.html](http://pharmacy.buffalo.edu/academic-programs/residencies.html)
UB SPPS Residency Advisory Committee (RAC)

- The committee overseeing all University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UB SPPS) residency programs and residency preparation for current UB SPPS students.

- Composed of:
  - Residency program administrative director (RAC chair)
  - Residency program directors (RPD) for UB SPPS residency programs
  - Pharmacy Practice Department Chair
  - Residency program administrative staff member(s)
  - Chief Pharmacy Resident
  - Student Society of Health-System Pharmacy (SSHP) representative

- Purpose:
  - Provide guidance to residents, RPDs, residency preceptors and students on issues relating to residency training.
  - Facilitate the planning and accreditation of new residency program(s).
  - Oversee existing residency programs to ensure:
    - Adherence to university and/or site policies and procedures.
    - Adherence to ASHP accreditation guidelines.
    - Maintenance to ASHP accreditation status.
  - Assist residency training site RACs in the oversight of current pharmacy residents so as to:
    - Monitor resident progress as it relates to clinical, teaching, and research activities, and resident professionalism (Summative discussion of Residency Training Site RAC meetings led by chairs of Residency Training Site RACs).
    - Ensure residents successfully complete their residency program.
  - Assist RPDs with preceptor selection and development (appendix A).
  - Plan residency events and activities, including but not limited to:
    - Resident CE program.
    - Residency project presentation day
    - Didactic research course
    - Teaching certificate program
    - Preceptor development program

- Meetings:
  - UB SPPS RAC meetings will be scheduled at least once quarterly.
    - Purpose:
      - To review resident progress with respect to clinical, teaching, and research activities, and resident professionalism.
      - To plan and implement residency related professional activities / events (see above).
      - Minutes from UB SPPS RAC meetings will be documented and circulated to all RAC members.
UB SPPS RAC retreats will be scheduled once to twice per year in mid-December and/or early-June.

- **Purpose:**
  - To review resident progress with respect to clinical, teaching, and research activities, and resident professionalism
  - Residency program quality improvement

**Residency Training Site Residency Advisory Committees (RAC)**

- Residency Training Site RACs (appendix B) oversee residency programs and residents at a specific training site.

- **Composed of:**
  - RPD(s) for UB SPPS residency programs at that training site.
  - Residency program preceptors (appointed by the RPD) for residency programs at that training site.
  - Other health care practitioners (appointed by the RPD) directly involved in the training of the resident

- **Purpose:**
  - Provide guidance to residents and residency preceptors on issues relating to residency training.
  - Provide direct oversight of current pharmacy residents so as to:
    - Monitor resident progress as it relates to clinical, teaching, and research activities, and resident professionalism.
    - Ensure residents successfully complete their residency program.
  - Oversee existing residency programs to ensure:
    - Adherence to university and/or site policies and procedures.
    - Adherence to ASHP accreditation guidelines.
    - Maintenance to ASHP accreditation status.
  - Oversee preceptor selection and development (appendix A).
  - Facilitate the planning and accreditation of new residency program(s) at that training site.

- **Meetings:**
  - Residency Training Site RAC meetings will be scheduled at least quarterly.
    - **Primary purpose:**
      - To critically review resident progress with respect to clinical, teaching, and research activities, and resident professionalism.
      - Minutes from Residency Training Site RAC meetings will be documented and circulated to all committee members.
Chief Pharmacy Resident

- The Chief Pharmacy Resident is a resident who participates in the coordination of activities common to all residency programs offered by the University at Buffalo School of Pharmacy and Pharmaceutical Sciences Department of Pharmacy Practice (appendix C). Information regarding the responsibilities and benefits of the chief resident will be dispersed to the residency class at the beginning of their residency year.
Clinical Activities / Responsibilities of Residents

- Residency-specific: It is the responsibility of the individual RPD to work with their resident to design and implement a customized residency experience meeting ASHP accreditation goals and objectives. The customized training plan should be based both on the resident’s interest and the resident’s strengths and weaknesses as determined by RPD assessment and resident self-assessment.

- Residents will be afforded the opportunity to participate in the delivery of pharmaceutical care services to underserved populations within free clinics in the Western New York area.

- Resident Duty Hours: Please see Appendix D, “Duty-Hour Requirements for Pharmacy Residencies,” for more details.
  - Maximum Hours of Work per Week
    - Per ASHP, duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
    - Moonlighting (i.e., working outside the residency program) is permitted. However…
      - Successful completion of residency training requires a significant time commitment. The UB SPPS RAC therefore discourages residents from moonlighting. Each resident who wishes moonlight must first discuss this with their RPD.
      - Moonlighting must not affect the resident’s judgment while on scheduled duty periods (as assessed by the preceptor or other supervising entity), interfere with their ability to provide safe patient care (as assessed by the preceptor or other supervising entity), or impair their ability to achieve the educational goals and objectives of their residency program (as assessed by the preceptor and/or RPD).
        - Residents not meeting the requirements of their residency program as a result of moonlighting will be required to comply with a remediation plan outlined by the RPD and, if no improvement is seen, will be subject to dismissal from the residency program.
  - All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
    - If residents moonlight, they must submit their hours to their RPD on a monthly basis. If the number of hours exceed the above limit when averaged over a four week period, the resident will be expected to reduce the number of hours they are committing to moonlighting so as to meet this requirement.
  - Mandatory Time Free of Duty
    - Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
  - Maximum Duty Period Length
    - Continuous duty periods of residents should not exceed 16 hours in duration (see Appendix D for additional details).

Updated 3/10/2016
o Minimum Time Off between Scheduled Duty Periods
   ▪ Residents should have 10 hours (but must have at least eight hours) free of
duty between scheduled duty periods.

• Evaluations
  o All evaluations (both those completed by preceptor and resident) should be completed
    using PharmAcademic™ in a timely manner. Evaluations must be completed in
    entirety (by the resident and preceptor) within 7 days of their scheduled due date.
  o It is the responsibility of the resident to complete rotation-specific evaluations and
    self-evaluations on schedule.
  o It is the responsibility of the rotation preceptor to complete an evaluation of the
    resident and review this evaluation with the resident at the conclusion of the rotation
    in order to provide constructive feedback.
  o The resident and preceptor should complete and review evaluations together.
  o It is the responsibility of the RPD to oversee the evaluation process.
Teaching Activities / Responsibilities of Residents

- Academic appointment: Residents will receive an appointment as a clinical instructor with the UB SPPS.

- Resident Teaching Certificate Program: Residents acquire the basic skills needed to practice in the area of pharmacy academia. Upon completion of the course, residents will be awarded a UB SPPS teaching certificate. The certificate program consists of 2 full-day seminars and multiple teaching requirements as detailed in the course syllabus. Residents are required to attend both courses and it is highly recommended that all UB SPPS residents complete requirements to achieve the Advanced Academic Teaching Certificate as opposed to the Basics of Teaching Certificate. Any PGY-2 resident who has already completed a Teaching Certificate as part of their PGY-1 program may be waived from this requirement as deemed appropriate by their RPD. Please see the syllabus for the Teaching Certificate Program for additional information.

- Didactic teaching: Each resident, with the guidance of their residency director, is required to prepare and teach at least one large and one small class in the area of their residency experience. In addition, each resident is expected to participate in teaching activities within the Patient Assessment (PHM 505/506) courses; including the practical lab and final practical examination.
  - Additional teaching experiences will be offered as indicated for customization of the residency program.

- Experiential teaching: Each resident, with the guidance of their rotation preceptor, is expected to precept/co-precept students during their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experiences.

- In-services: Each resident is expected to participate in the teaching of other health care professionals.

- Continuing Education Program: Each resident is required to prepare and present at least 1 continuing education program in coordination with the UB SPPS RAC.

- Other academic / teaching activities: Each resident may be given the opportunity to proctor pharmacy examinations and participate on department or academic committees during the course of their residency year.
Research & Writing Activities / Responsibilities of Residents

- Each resident is required to participate in a project relating to the area in which they are practicing.
  - The focus of the project should be residency director driven, but if deemed appropriate by the residency director, may be chosen by the resident based on a mutual interest so as to allow for customization of the learning experience.
  - Acceptable types of research include: clinical research, drug use evaluation, administrative research, quality improvement research, survey-based research, laboratory research, etc., as long as it contains all the usual components of research (hypothesis, methods, statistics, etc.).
  - All projects that are expected to be either published or presented at a conference are required to receive Investigational Review Board (IRB) approval in advance of beginning the project.
  - Projects should be able to be completed in the span of the residency year.
  - Sufficient funding must be available for project execution.
  - A proposed project time-line will be provided to residents at the start of the residency year.
  - Preliminary and/or final results of the project are to be presented at the UB SPPS Resident Project Presentation Day and, if adequate funding is available for residents, at the Eastern States Residency Conference (as a platform presentation for both PGY-1 and PGY-2 residents) or another national conference.
  - A final manuscript of the residency project in publishable form must be submitted to the program director prior to the end of the residency year. This manuscript will be placed in the individual’s residency binder.
    - Publication of the manuscript is strongly encouraged.
    - Failure to submit the research manuscript for publication in a timely fashion may default the project authorship to the RPD.

- Preparing Residents for Scholarship (Didactic Resident Research Course): All PGY-1 residents are expected to attend this half-day course offered in July or August. Attendance is mandatory. PGY 2 residents are encouraged to attend, but attendance is ultimately at the discretion of the RPD.

- Writing Projects
  - The resident is encouraged to prepare a publishable manuscript on a topic relating to the area in which they are practicing during the course of their residency.
    - The manuscript may be in the form of a review paper, case report, or original research.
    - The manuscript will be placed in the individual’s residency binder and submitted to the program director at the conclusion of the residency year.
Professional Presentation Activities / Responsibilities of Residents

- **Residency Journal Club**
  - Each resident is expected to allocate 1 evening per month for attendance at residency journal club (Attendance is mandatory for all residents).
  - Resident participation in journal club involves reading and critiquing all journal articles to be presented.
  - Goals:
    - Enhance literature analysis skills.
    - Keep updated on diverse topics and issues.
    - Practice presentation skills.
  - Residents will be scheduled by the Chief Resident in cooperation with the UB SPPS RAC.
    - Each resident is required to prepare and present a critical literature review on a primary literature research article or topic on assigned dates.
      - The residency directors of the presenting residents are expected to attend to facilitate discussion on the topic.

- **Continuing Education Seminar**
  - Each resident is expected to design and present at least 1 continuing education seminar (or equivalent).

- **ASHP Midyear Clinical Meeting**
  - If adequate funding is available for residents, preliminary and/or final results of the residency project are to be presented as a poster at the ASHP Midyear Clinical Meeting.

- **UB SPPS Resident Project Presentation Day**
  - Preliminary and/or final results of the residency project are to be presented as a platform presentation at the UB SPPS Resident Project Presentation Day.

- **Eastern States Residency Conference**
  - Research projects for all PGY1 residents (preliminary and/or final results) are to be presented at the Eastern States Residency Conference as a platform presentation. If deemed appropriate by the RPD, PGY-2 residents may present the results of their research project at the Eastern States Residency Conference as a platform presentation, or alternatively may choose to present their research at a national conference within their area of practice using the format requested by that conference.

- **Poster Printing**
  - Poster printing is out-sourced to UB Print Services. See UB Learns for details.
Licensure Requirement for Residents

- It is the expectation of ASHP and UB SPPS RAC that all residents obtain a New York State Pharmacy License prior to the start of their residency training program, or if not possible, within 90 days of the start of their residency program. Therefore, residents must be licensed as soon as possible, but no later than October 1st.

- To assist pharmacy residents in obtaining licensure, the UB SPPS residents are highly encouraged to take the Professional Practice Review Series (PPRS) offered by the UB SPPS during the month of May preceding the start of their residency year.
  - During the PPRS, residents work directly under the supervision and guidance of pharmacists to prove competence in required areas as specified on form 4B. Residents will receive mentoring and feedback through practice exercises, and will be formally tested during a mock-part III board examination that is designed to simulate the actual NYS part-III board examination.
  - PPRS also includes a 2-day NYS pharmacy law review.
  - To assist with licensure, the fee associated with this program is waived.

- The UB SPPS has outlined several methods by which residents may obtain licensure:
  - Option 1: Certification of Completion of Clinical Residency Competencies by way of the UB SPPS Professional Practice Review Series (PPRS) and Resident Orientation (i.e. Part III Exam waiver)
    - Residents are required to register for the UB SPPS PPRS
      - The PPRS is designed to educate the pharmacy resident and assess the competency of the resident in the areas deemed important by the NYS Board of Pharmacy on Form 4B.
      - To qualify for licensure through this option, the resident must:
        - Successfully complete all aspects of the PPRS and pass the PPRS mock part-III board examination, and demonstrate competency in the areas deemed important by the NYS Board of Pharmacy as specified on Form 4B during a one month orientation period during July, or
        - Does not successfully complete certain aspects of the PPRS and/or the PPRS mock part-III board examination but subsequently demonstrates competence in the areas deemed important by the NYS Board of Pharmacy as specified on Form 4B via remediation during a one month orientation period during July.
    - Residents seeking licensure via certification of clinical competency must provide a signed copy of Certification of Completion of Clinical Residency Competencies (appendix E) to their RPD upon completion of this option. This form must be sent to NYS with Pharmacist Form 4B the week of August 1st.
    - Note: Any resident who has taken and failed to pass the NYS Part III exam is ineligible for the waiver process and must sit for and pass the actual exam.
  - Option 2: New York State part-III board examination
    - Residents register and sit for and pass the NYS part-III board examination

Updated 3/10/2016
• While participation in the PPRS is not required for this option, it is highly recommended.
• Please note that the part III exam is offered twice annually in June and January.

• The resident must send proof of licensure to their RPD as soon as possible, but no later than October 1st.

• If a resident is unable to obtain licensure prior to October 1st,
  o The resident may be dismissed from the residency program.
  o The resident must contact their RPD and UB SPPS RAC Chair prior to this date to set a meeting to obtain guidance for attaining licensure and meet training program requirements so as to successfully complete the program and obtain a completion certificate. If dismissal is deferred, a plan will be set for the resident to obtain licensure. If necessary, training may need to be extended past June 30th to ensure that the resident completes at least 2/3 of their residency training as a licensed pharmacist. Any extension of the residency may be completed without compensation or benefits. Failure of the resident to meet goals set forth in the aforementioned plan will result in resident dismissal.

• Costs associated with licensure must be borne by the resident.
Liability Requirement for Residents

- Malpractice Insurance
  - All residents are required to carry their own malpractice insurance policy; limits of the insurance must be a minimum of $1,000,000 occurrence/$3,000,000 aggregate effective on the start date of the residency program. Your practice site and UPRS, Inc. (if you are employed via UPRS, Inc.) must be listed as additional insureds. The cost of the policy is the responsibility of the resident. Proof of coverage must be submitted prior to the start of the residency year to Mary Enstice Kruszynski.

Special Training Requirements for Residents

- All residents are required to complete training in the following areas prior to the start of the residency:
  - Collaborative IRB Initiative’s (CITI) courses in the Protection of Human Research Subjects: https://www.citiprogram.org/default.asp
    - When logging in be sure to indicate SUNY – the University at Buffalo as your affiliated institution (not Buffalo State).
    - This program requires several hours to complete.
    - Please complete the following courses:
      - Human Subjects Research for Biomedical Researchers (depending on project, the Social/Behavioral/Humanistic Course may also be required)
      - Conflict of Interest
      - Health Information Privacy and Security (HIPS/HIPAA) (Under "Additional Courses")
      - Good Clinical Practice Course (GCP) (Under “Additional Courses”)
    - Submit your certificate(s) of completion to Mary Enstice Kruszynski.

For more information about research and the Institutional Review Board (IRB) at the University at Buffalo, please see: http://www.buffalo.edu/research/research-services/compliance/irb.html.

Pharmacy Resident Professionalism

- Resident professionalism
  - It is the expectation of the UB SPPS RAC that all UB SPPS residents will adhere to generally accepted standards of professionalism throughout the residency.
  - It is the expectation of the UB SPPS RAC that all UB SPPS residents will adhere to policies and procedures of their training program, their practice site and their employer of record (if the employer is not the University or the practice site).
  - Residents deemed to be unprofessional will be subject to disciplinary action and possible dismissal from the residency program (appendix F).
Summary of Requirements for Successful Completion of the Residency Program

- Residents are responsible for upholding standards and policies of their practice site as well as residency program requirements. Residents who are unable to meet or adhere to site standards and/or policies will be unable to successfully complete residency training requirements.

- Successful completion of the residency program entails:
  - Licensure (see pertinent section)
  - Active participation in and completion of:
    - Clinical rotations
    - Teaching activities
    - Research project
    - Professional presentations
  - Residents must be present for 80% or more of all scheduled learning experiences
  - Residency program’s educational goals and outcomes
    - Attain “achieved for residency (ACHR)” in 100% of the required patient care goals and objectives.
    - Attain “achieved for residency (ACHR)” in ≥ 85% of the remainder of the program goals and objectives.
    - Attain “needs improvement (NI)” in 0% of the residency program specific evaluated goals and objectives
  - Definitions of ACHR/ACH/SP/NI for Preceptors and Residents
    - ACHR (Achieved for residency) – Resident demonstrates the ability to independently perform and facilitate tasks in this area such that no further evaluation is required.
    - ACH (Achieved) - Resident has demonstrated independence and has refined judgment related to tasks in this area.
    - SP (Satisfactory progress) - Resident is able to independently complete some tasks related to this area and is able to acknowledge limitations.
    - NI (Needs improvement) - Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.
  - Residents who fail to meet these expectations will be considered to have not graduated from the residency program and will not receive a residency certificate
    - The UB SPPS is responsible for administering the school’s PGY1 and PGY2 residency programs, and provides each graduating resident with a certificate of completion (residency certificate). The RPD is expected to complete the ‘certification of completion of residency program requirements’ form (Appendix G) and return it to the UB SPPS RAC chair no later than June 15th. Residency certificates will not be awarded until this document has been completed.
**Resident Recruitment**

- Promotion of UB SPPS residency program at national meetings
  - ASHP Midyear Clinical Meeting.
    - Residency Showcase (PGY1 and PGY2 programs).
    - Personnel placement service (PGY2 programs).
  - ACCP annual meeting.
  - APhA annual meeting.
  - NCPA annual meeting.

- Pre-screening of residency applicants
  - Applicants will be pre-screened by program directors and/or program preceptors based on (appendix H):
    - Academics: GPA, rotation performance, letters, etc.
    - Clinical experience: Internship, clinical rotations, etc.
    - Teaching experience: Didactic teaching, TA, etc.
    - Scholarship experience: Research, Publications, etc.
    - Leadership / Professional organization involvement
    - Letters of recommendation
  - Only “qualified” candidates will be invited to an on-site interview (see resident pre-screening evaluation for details).
  - Programs reserve the right to make or deny offers for on-site interviews based on factors other than objective numeric rating of the items listed above.
    - Programs may opt for a preliminary telephone/video conference interview to determine whether a candidate should be offered an on-site interview.
  - All residency candidates will be provided access to this Handbook and the appropriate policies when they are extended an offer for an onsite interview (i.e. leave policy, dismissal policy, requirements for completion of residency program) and will be asked to sign and return and acknowledgement of receipt of these policies upon accepting an interview offer.
  - Any program entering into Phase II of the Match will use the same process as described above to screen applicants. Depending on geographic location of the candidates, interviews with qualified candidates may take place on-site or via telephone or video conference.

- Interview
  - On-site interviews will be one day in duration, consisting of:
    - One-on-one or group interviews with RPD and/or residency preceptors.
    - Presentation or patient case discussion with UB SPPS faculty and pharmacy residents or site preceptors/personnel.
    - Lunch meeting with current UB SPPS pharmacy residents.
    - Tour of Kapoor Hall
    - Introduction to residency program administrative director and/or department chair or vice-chair
  - Involved parties: residency program administrative director, RPDs, residency program preceptors, pharmacy practice department chair or vice-chair, pharmacy residents.
  - Applicants will be formally evaluated (appendix I) by RPD and program preceptors.

*Updated 3/10/2016*
• Residency Matching Program
  o All candidate status and accredited residency programs (PGY1 and PGY2) will participate in the residency matching program. PGY2 residency programs may elect to early commit with a current PGY1 resident (see early commitment process for details).
  o Residents accepted into a PGY-2 program must provide a copy of their PGY1 pharmacy residency certificate prior to beginning the program.

• Resident involvement
  ▪ Residents are required to actively participate in the recruitment for residency positions directly affiliated with the UB SPPS.
    • In the event a resident is allocated funding for attendance at the ASHP Midyear Clinical Meeting, PGY1 residents will be expected to participate in recruiting through the residency showcase and PGY2 residents will be expected to participate in recruiting through the residency showcase and personnel placement service.
    • Residents are required to assist during the on-site interview process.

Early Commitment Process

• The ASHP Pharmacy Match Program includes an Early Commitment Process whereby a PGY1 resident may commit to a PGY2 residency offered at the same institution. The UB SPPS participates in this process (appendix J). Eligible programs include the PGY2/Psychiatry program (Early Commitment of the PGY1 Pharmacy Residency at the Buffalo Psychiatric Center) and the PGY2/HIV/AIDS Pharmacotherapy program (Early Commitment from the PGY1 Pharmacy Residency at ECMC).
Stipend and Benefits for Residency Programs

- Annual salary: Residency dependent

- Health / Dental insurance: Residency dependent

- Vacation / Sick-leave / Holidays: Residency Specific
  - For University Pharmacy Resident Services, Inc. (UPRS)-paid residents – please see UPRS, Inc. Employee Benefits and Leave Policy for holiday and PTO information.
  - For UB-paid residents ONLY (UB Foundation/State/Research Foundation)
    - Vacation accrual
      - For State or UBF funded residents:
        - Residents will be allocated 1.25 days of vacation per month for a total of 15 days for the 12 month residency.
        - If a resident continues on to a second year with the University at Buffalo, they will be allocated 1.33 days of vacation per month for a total of 16 days for the second 12 month residency period.
        - Vacation payout upon termination of resignation is a maximum of 30 days at current rate of pay.
      - For RF funded residents:
        - Residents will be allocated 1.33 days of vacation per month for a total of 15.96 days for the 12 month residency.
        - If a resident continues on to a second year with the University at Buffalo, they will be allocated 1.5 days of vacation per month for a total of 18 days for the second 12 month residency period.
        - Vacation payout upon termination of resignation is a maximum of 30 days at current rate of pay.
    - Sick-leave accrual (the same for all UB funded residents):
      - Residents will be allocated 1.25 days of sick-leave per month for a total of 15 days for the 12 month residency.
      - If a resident continues on to a second year with the University at Buffalo, they will be allocated 1.33 days of sick-leave per month for a total of 16 days for the second 12 month residency period.
      - In the event a resident must use more than three consecutive sick days, a physician note must be forwarded to the appropriate office of record, i.e. the UB Foundation for UB funded residents.
    - Eligible holidays
      - University holidays are earned at a rate of 1.0 and charged at the same rate.
      - Eligible university holidays (~ 12 days per year) may be found at http://www.business.buffalo.edu/ubbContent/Hrs/calendarfinal00New.pdf

Updated 3/10/2016
• FOR ALL UB SPPS RESIDENTS:
  o All requests for time-off, including vacation and holidays, must be pre-approved by the rotation preceptor and RPD, with as much advance notice as possible (minimum of 2 weeks). A greater amount of notice may be required per individual residency program.
  o Given the nature of the resident’s responsibilities during the months of July and June (first and last months of the residency program year), the use of PTO during these months is discouraged.
  o ALL REQUESTS for PTO through the end of the residency year must be submitted to the program director and appropriate preceptors (if applicable) no later than March 31st to assure adequate time to plan for the final quarter of the residency program.
  o To ensure an adequate residency experience and achievement of residency outcomes as outlined by ASHP and other accrediting agencies, residents are encouraged to limit their PTO use during the residency year, to evenly disperse their PTO throughout the year (i.e. avoid requesting large blocks of vacation time), and to strategically schedule their PTO during their PGY2 residency and/or job interviews. In the event PTO use by a resident impacts the achievement of outcomes, the progress of the resident will be assessed by the RPD and a plan will be outlined to ensure achievement of required and elective learning outcomes of the residency.
    ▪ PLEASE NOTE:
      • Total vacation and holiday PTO for UB-paid PGY-1 residents is approximately 27-28 days per year, equating to ~ 10% of the residency year. Total vacation, holiday PTO, and other time off for UB–paid PGY-1 residents is approximately 42 days per year, equating to ~ 16% of the residency year.
      • Total vacation and holiday PTO for UB-paid PGY-2 residents (who completed their PGY-1 at UB) is approximately 28 days per year, equating to ~ 11% of the residency year. Total vacation, holiday PTO, and other time off for UB-paid PGY-2 residents (who completed their PGY-1 at UB) is approximately 42 days per year, equating to ~ 17% of the residency year.
  o Timesheets
    ▪ All residents are required to complete a monthly timesheet. The specific timesheet differs by pay source and may or may not also require completion of a semi-annual attendance and leave report.
    ▪ These timesheets should be signed and dated by the resident and residency director, and returned to Mary Enstice Kruszynski. FAX copies are acceptable.
    ▪ Deadline for submission of monthly timesheets is the 5th of the following month.
    ▪ For UB-paid residents only: Deadline for submission of semi-annual attendance and leave reports is January 5th for the time period of July through December and July 5th for the time period of January through June.

Resident Travel Policy

• Travel and Conference Attendance

Updated 3/10/2016
While attending a conference, residents are expected to portray the image of a professional and are required to actively participate in conference activities / events.

Funding

- Each residency program may differ in the amount of professional conferences and meetings available to attend.
- The stipend amount for attendance at professional meetings, i.e. the ASHP Mid-Year Clinical Meeting, will vary from year to year, based on the availability of funding and the location of the meeting.

Travel Reimbursement

- All travel must be pre-approved by the individual RPD.
- Prior to making any travel reservations (air or lodging), please contact either
  - Mary Kruszynski, Residency Program Administrative Assistant
  - Marsha Nelson, Department Program Director, Office of Continuing Pharmacy Education

Please let them know your reason for travel, your anticipated dates of travel, and the preferred flight/hotel that you would like to book and the associated costs. **Please do not pay for any travel on your own until you have been approved to do so.**

- Once airfare is booked, please forward your paid receipt to Mary Kruszynski and you will be issued a travel advance.
- Payment for lodging may not be advanced and reimbursement must be requested upon completion of travel.

- Meeting registrations can usually be paid directly for you. Please complete a meeting registration form and forward to Mary Kruszynski, who will complete and pay for meeting registration on your behalf. Once complete, a meeting confirmation will be forwarded to you.

- Reimbursement: When returning from professional travel, a copy of your name badge, boarding passes, hotel bill and all miscellaneous receipts for which you are seeking reimbursement must be submitted with your travel expense voucher. Travel expense vouchers should be submitted to Mary Kruszynski within 2 weeks after returning from professional travel.
  - You MUST retain all receipts of your travel, including boarding passes. While electronic boarding passes are available, please print a copy to submit with your travel expense voucher for clearance of your advance payment.
  - When sharing lodging, be sure to have the hotel split the final bill so that your receipt reflects the amount that you actually paid. Also be sure that the hotel bill balance is at zero reflecting the hotel received full payment for your stay. Hotel stays are not able to be paid in advance unless they are part of a registration package.

- Residents are allotted an annual stipend for travel. The annual stipend is adjusted annually based on the location of meetings and anticipated
costs (i.e. residents may be granted a larger stipend during a year when west-coast travel is anticipated). Any costs above and beyond the allotted travel stipend will not be eligible for reimbursement.

Supplies Available to Residents

- **Computer**
  - All residents will receive a laptop computer for use during the residency year, supplied by either UB SPPS or the training site. One computer will be supplied to each resident. If lost or stolen, the replacement cost will be incurred by the resident.
  - If the computer is purchased through UB, the laptop is property of the University.
    - Residents are not given administrative privileges.
    - Residents will have access to all University-licensed software.
    - Resident must sign a Property Removal Form and retain the form in their computer bag for the entire year.
  - If the computer is supplied by the training site, UB will not be responsible for upkeep and maintenance of the laptop, nor will the resident have access to the University-licensed software.
  - Distribution of the computer will occur during resident orientation or may be obtained from Mary Ennice Kruszynski, administrative assistant for the residency program.
  - The computer must be returned prior to the end of the residency.

- **Lab Coat**
  - Each resident will be supplied one lab coat. Replacement lab coats will be at the expense of the resident.

- **Business Cards**
  - Each resident will be supplied business cards. Please contact Mary Ennice Kruszynski for ordering details.
Resident Leave Policy

- Residency dependent

- UB-paid residents (State, RF, UBF) (UPRS-paid residents, please see UPRS, Inc. “Employee Benefit and Leave Policy”)
  - Family and Medical Leave Act (FMLA)
    - In order to be eligible for FMLA, an employee must have been employed for at least 12 cumulative months or 52 cumulative weeks of services on the date the FMLA leave will begin. Although the 12 months of employment do not have to be consecutive, employers are not required to count employment prior to a continuous break in service of seven years or more under certain circumstances. An employee must have worked a minimum of 1250 hours during the 52 consecutive weeks immediately preceding the date FMLA leave is to begin in order to be eligible for FMLA leave.
    - [http://hr.buffalo.edu/files/phatfile/FMLABrochure.pdf](http://hr.buffalo.edu/files/phatfile/FMLABrochure.pdf)
    - Accrued sick time (UBF/RF/State) can be used during an emergency medical leave.
    - If a situation arises necessitating a leave, the resident should notify their RPD as soon as possible so that the RPD may work with the Department Chair to discuss options for the leave. See next section for discussion of some of these options.

- Completion of residency program requirements
  - If an emergency medical situation requiring long-term leave arises during a residents contracted term, the resident must notify their RPD and the UB SPPS RAC chair as soon as possible.
  - If a resident requires long-term leave during their residency program, and has:
    - Successfully completed the required activities and goals and objectives (see UB SPPS Residency Program Requirements for Residency Completion), the resident will be determined to have met the criteria for graduation of the residency and will receive their residency certificate
    - Not successfully completed the required activities and goals and objectives (see UB SPPS Residency Program Requirements for Residency Completion), the resident must formulate a plan for residency completion with their RPD and the UB SPPS RAC chair. The plan may include but not be limited to extending the resident’s training beyond the end contract date of the residency term without pay.
**Resident Dismissal Policy**

- All UB SPPS and UPRS residencies are considered to be “at will” employment.
  - At will employment refers to those employed on a temporary basis, usually for a period of one year or less and corrective action is departmentally based.

- Licensure
  - It is the expectation of the UB SPPS RAC that all UB SPPS residents will obtain pharmacy licensure as outlined in the UB SPPS Residency Programs requirements for successful completion of the residency program.

- Professionalism
  - Residents are expected to conduct themselves in a professional manner at all times, both at their training site, at the University at Buffalo, and during local, state, and national professional events (i.e. ASHP Midyear Clinical Meeting, Eastern States Residency Conference, etc).
  - Residents are responsible for upholding standards and policies of their practice site as well as residency program requirements. Residents who are unable to meet or adhere to site standards and/or policies will be unable to successfully complete residency training requirements.

- Resident activities
  - Residents are expected to complete all required residency activities (i.e. clinical rotations, research project, teaching activities, poster presentations, etc.) as outlined in the UB SPPS Residency Programs and Core Components.

- Residents who are not performing satisfactorily based on the standards of the UB SPPS and/or their respective residency program will be immediately notified and a written plan of correction developed.
  - The RPD, UB SPPS RAC chair, and/or the Department of Pharmacy Practice Chair have the authority to initiate corrective actions.
  - residents are given the opportunity to remediate their deficiencies. The corrective written plan must identify:
    - A description of the specific actions of the resident that are in need of correction / improvement
    - The RPD’s plan for the resident to correct / improve in the outlined areas of need
    - The resident’s written response to their RPD’s plan.
  - The resident must meet at least monthly with their RPD to discuss their progress
    - The RPD must provide monthly written feedback about the resident’s performance status to the UB SPPS RAC regarding resident progress.

*Updated 3/10/2016*
• Dismissal
  o In the event a resident does not obtain licensure as outlined previously or if the resident fails to meet the objectives outlined in their correction plan as outlined above:
    ▪ The resident will be dismissed from the residency program
    ▪ The resident will not receive a residency completion certificate
  o In either of the above scenarios, the RPD, UB SPPS RAC Chair, and Department of Pharmacy Practice Chair shall provide to the resident written notice of a resident’s unsuccessfully corrected performance and notice of dismissal.
    ▪ This decision will be considered final, and shall not be open to appeal.
UB SPPS/UPRS Residency Program Faculty Committee and Contact Information

**Residency Program Administrative Director**

Erin M. Slazak, PharmD, BCPS  
Clinical Assistant Professor  
Administrative Director, UB SPPS Residency Program  
Chair, Residency Advisory Committee  
Residency Program Director, PGY-1 Pharmacy, Lifetime Medical Group  
UB SPPS, 210 Kapoor Hall, Buffalo, NY 14214  
Phone: (716) 645-3931  
Email: emsabia@buffalo.edu

**Past Residency Program Administrative Director**

William A. Prescott, Jr., PharmD  
Department Vice-Chair, Clinical Associate Professor  
Past Administrative Director, UB SPPS Residency Program  
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**Residency Advisory Committee - Residency Program Directors**

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*Updated 3/10/2016*
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Residency Advisory Committee - Residency Program Preceptors

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Marsha Nelson  
Updated 3/10/2016
Appendix A. Department of Pharmacy Practice Residency Preceptor Policy

University at Buffalo School of Pharmacy Residency Program

Department of Pharmacy Practice Residency Preceptor Policy

Preceptor Qualifications

(Please see the Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs – Updated August 2015 for further details regarding preceptor qualifications.)

The RPD (Residency Program Director) for a specific program is responsible for determining the appropriateness of a preceptor for their residency program. The RPD is expected to evaluate potential preceptors based on the below, their desire to teach and their aptitude for teaching.

1. Licensed pharmacist*
   a. Having completed an ASHP-accredited PGY1 residency with a minimum of one year of pharmacy practice experience, or
   b. Having completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience, or
   c. Not having completed an ASHP-accredited PGY1 residency, but able to demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY1 residency, and who has a minimum of three years of pharmacy practice experience

2. Possess the ability to serve as a role model for learning experiences by:
   a. Contributing to the success of residents and the program
   b. Providing learning experiences in accordance with ASHP PGY1 Residency Accreditation Standard 3
   c. Participating actively in the residency program’s continuous quality improvement processes
   d. Demonstrating practice expertise, preceptor skills, and striving to continuously improve
   e. Adhering to residency program and department policies pertaining to residents and services
   f. Demonstrating commitment to advancing the residency program and pharmacy services

3. Preceptors must demonstrate the ability and desire and to precept residents’ learning experiences and demonstrate all of the following (within the last five years, unless otherwise noted):
   a. The ability to precept residents’ learning experiences by use of clinical teaching roles (instructing, modeling, coaching, and facilitating) at the level required by residents
   b. The ability to assess residents’ performance, providing specific, constructive, criteria-based feedback during learning experiences and at the end of learning experiences to assist residents in improving their performance.
   c. Recognition in the area of pharmacy practice for which they serve as preceptors (i.e. active BPS certification, formal recognition by peers as a model practitioner, sustained exemplary job performance, ongoing service and subject matter knowledge in the pharmacy practice-related area).

Updated 3/10/2016
d. An established, active practice in the area for which they serve as preceptor (may be part-time, but must be actively engaged).

e. Maintenance of continuity of practice during the time of residents’ learning experiences.

f. Ongoing professionalism, including a personal commitment to advancing the profession, such as:
   - serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
   - presentation/poster/publication in professional forums
   - poster/presentation/project co-author for pharmacy students or residents at professional meeting (local, state, or national)
   - active service beyond membership in professional organizations at the local, state, and/or national level (e.g. leadership role, committee membership, volunteer work)
   - moderator or evaluator at regional residency conferences or other professional meetings
   - routine in-service presentations to pharmacy staff and other health care professionals
   - faculty appointment or student preceptor
   - pharmacy technician educator
   - completion of, enrollment in, or teaching in a teaching certificate program
   - providing preceptor development topics at the site
   - professional consultation to other health care facilities or professional organizations
   - contribute to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
   - participates in research
   - publication of original research or review articles in peer-reviewed journals or chapters in textbooks
   - publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences

Precpetors-in-Training

1. Pharmacists new to precepting who do not meet the qualifications for residency preceptors above may be assigned the role of Preceptor-in-Training and must:
   a. Be assigned an advisor or coach who is a qualified preceptor; and,
   b. Have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Preceptor Development

1. The RPD is expected to:
   a. Provide new preceptors with orientation as to expectations of a residency preceptor as per ASHP guidelines and as outlined above. The use of the ASHP “Preceptor Academic and Professional Record” form to outline these expectations is recommended when conducting a needs assessment with all preceptors.
   b. Provide preceptors with opportunities to enhance their teaching skills through:
      i. On-site preceptor development
      ii. Off-site preceptor development (Western New York Residency Preceptor Development Program)
      iii. Note: The RPD should document which preceptors participate in developmental activities
   c. Evaluate the effectiveness of training and utilize a plan for improving the quality of preceptor instruction based on an assessment of residents’ written evaluations of preceptor performance and other sources
   d. At least annually and when applicable, request preceptors complete the academic and professional record for their review, help preceptors to self-evaluate, and consider overall program changes based on evaluations, observations, and other information (i.e. continued qualifications of the preceptor as per ASHP guidelines and as outlined above)

*Non-pharmacist preceptors are acceptable, assuming the learning experiences in which they are utilized occur in later stages of the residency when evaluations conducted at the end of previous learning experiences reflect readiness to practice independently, the RPD and preceptors agree

Updated 3/10/2016
that the resident is ready for independent practice, and the main role of the preceptor is to facilitate resident learning experiences, and a pharmacist works closely with the non-pharmacist preceptor to select the educational goals and objectives and participates actively in the criteria-based evaluation of the resident’s performance.

Appendix B: Residency Advisory Committee Structure

UB SOPPS RAC (Administrative)  
Chair: Erin Slazak

ECMC RAC (PGY 1 Pharmacy)  
Chair: M. Ott

Middleport RAC  
(PGY1 Community)  
Chair: S. Giroux

Mobile Pharmacy Solutions RAC  
(PGY1 Community)  
Chair: P. Brody

ECMC RAC (PGY 2 HIV/AIDS)  
Chair: E. Morse

Lifetime Health RAC  
(PGY1 Pharmacy)  
Chair: E. Slazak

BMG RAC (PGY2 Am Care)  
Chair: N. Albanese

BCBS RAC (PGY1 Managed Care)  
Chair: L. Holley

BPC RAC (PGY1 Pharmacy / PGY2 Psychiatric Pharmacy)  
Chair: T. Demler

Updated 3/10/2016
**UB SPPS RACs**

**UB SPPS Administrative RAC**  
Chair: Erin Slazak  
Past Chair: William Allan Prescott, Jr.  
Faculty / Staff members: Nicole Albanese, Edward M. Bednarczyk, Peter M. Brody, Jr., Tammie Lee Demler, Stephen Giroux, Mary Kruszynski, Scott Monte, Marsha Nelson, Michael Ott, Gene Morse, Joshua Sawyer, Ryan Lindenau, Lisanne Holley

**BMG RAC**  
Chair: Nicole Albanese  
Faculty / Staff members: Scott Monte, Mark Wrobel

**BPC RAC**  
Chair: Tammie Lee Demler  
Faculty / Staff members: Susan Rozek, Heather Bailey, Claudia Lee, Tom Suchy, Rebecca Waite, Judy Hyatt, Michele Rainka, Richard Gergelis (MD), Eileen Trigoboff (DNS), Gina Prescott

**ECMC RAC**  
Chair: Michael Ott  
Faculty / Staff members: Randy Gerwitz, Natalie DelGuidice, Stewart Siskin, Graziella Furnari, Christine Ruh, Angela Borton, Eugene Przespolowski

**Lifetime Health RAC**  
Chair: Erin M. Slazak  
Faculty / Staff members: Stephen Urbanski, Joan Bub, Scott Monte, Klara Manning

**Middleport RAC**  
Chair: Steve Giroux  
Faculty / Staff members: Ryan Lindenau

**Mobile Pharmacy Solutions RAC**  
Chair: Peter M. Brody, Jr.  
Faculty / Staff members: Scott Monte, Pat Comerford, Dean Trzewieczynski, and Ken Andrus

**Blue Cross Blue Shield RAC**  
Chair: Lisanne Holley

*Updated 3/10/2016*
Appendix C. Chief Pharmacy Resident

Chief Pharmacy Resident

Description:
The Chief Pharmacy Resident is a resident who participates in the coordination of activities common to all residency programs offered by the University at Buffalo School of Pharmacy and Pharmaceutical Sciences Department of Pharmacy Practice.

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

- Must be a pharmacy resident (pharmacy practice or specialty) for the full fiscal year for which he/she is 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:
  - Professional experience
  - Demonstrated leadership skills
  - Good communication skills
  - Ability to work with others and coordinate activities
  - Ability to manage time efficiently
  - Expressed interest in position

Selection Process:
Information regarding the responsibilities and benefits of the chief resident will be dispersed to the residency class at the beginning of their residency year.

- The chief resident may be appointed by the RAC
  - Interested residents should e-mail the Director of the Residency Advisory Committee (RAC) with a letter of interest and CV by the end of the first week in July.
  - Applicant materials will be sent out the RAC for review.
    - RAC members should rank the applicants prior to the meeting based on the following criteria…
      - Professional experience
      - Leadership skills / experience
      - Communication skills
      - Ability to work with others and coordinate activities
      - Time management skills
      - Interest in the position
  - The RAC will meet during July to select the chief resident based on the above criteria.

Updated 3/10/2016
All members of the RAC present at the July RAC meeting may vote on the applicants for chief resident.

After the pre-meeting applicant ranking is totaled, the top two applicants will be discussed and the chief resident selected.

**Responsibilities:**

The activities of the chief resident that are in addition to those of other residents include:

- Coordinating and/or delegating responsibility to individual residents to facilitate completion of important residency program related activities (i.e., journal club, seminar, recruitment, social, scheduling, etc.).

- Assisting in the planning of new resident orientation.

- Serving as a liaison between the residents and fellows.

- Serving on and acting as a liaison to the Residency Advisory Committee: communicates to the RAC and provides feedback to the residents when appropriate.
  
  - The chief resident is a non-voting member of the RAC.
  
  - The chief resident may be excused when resident-specific issues, e.g. resident progress, etc. are discussed.

- Participating in the interview process for resident candidates. Coordinates involvement of other residents in the interview process when necessary.

- Acting as a role model and resource for other residents.

- Working closely with the Residency Program Coordinator and the Office of Post-Graduate Education.

- Preparing a post-residency evaluation document for the RAC as based on resident feedback.

**Benefits**

- Opportunity to develop/refine leadership skills.

- More direct involvement in residency programs and a larger opportunity to help shape the program.

- An additional educational travel stipend in the amount of $500 will be provided to the chief resident.

- A certificate will be presented to the resident recognizing their role as Chief Resident.
Appendix D. Duty-Hour Requirements for Pharmacy Residencies

Definitions:

**Duty Hours**: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods**: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting**: 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.

**Continuous Duty**: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic napping**: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**DUTY-HOUR REQUIREMENTS**

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients’ safety and residents’ well-being. Therefore, programs must comply with the following duty-hour requirements:

**I. Personal and Professional Responsibility for Patient Safety**

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

*Updated 3/10/2016*
D. If the program implements any type of on-call program, there must be a written description that includes:
   - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
   - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
   1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
   2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
      a. The type and number of moonlighting hours allowed by the program.
      b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
      c. A mechanism for evaluating residents’ overall performance or residents’ judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
      d. A plan for what to do if residents’ participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. In-House Call Programs
   1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
   2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients’ safety and residents’ well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
      a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
      b. A plan for monitoring and resolving issues that may arise with residents’ performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

Updated 3/10/2016
C. At-Home or other Call Programs
   1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
   2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
   3. Program directors must define the level of supervision provided to residents during at-home or other call.
   4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
   5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
   6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.


BACK TO TABLE OF CONTENTS
Appendix E. Certification of Completion of Clinical Residency Competencies

University at Buffalo School of Pharmacy and Pharmaceutical Sciences Residency Program

Per the New York State Education Department, Office of the Professions, Division of Professional Licensing Services, pharmacy residents within an accredited residency program may have their residency program director complete Pharmacist Form 4B, section II, certifying the resident’s competency within the areas of;

1. sterile product preparation and technique;
2. non-sterile compounding preparation and technique;
3. performing dosing calculations, including but not limited to aliquot, proportions, and infusion drip rates;
4. medication safety procedures, including but not limited to identifying potential look-alike and sound-alike drugs and other medication error prevention techniques;
5. drug distribution, including but not limited to preparing, dispensing, and verifying the accuracy of filled prescriptions or medication orders; and
6. such other competencies in pharmacy practice as may be required by the department.

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences’ (UB SPPS) pharmacy residents are required to take the Professional Practice Review Series (PPRS) offered by the school during the month of May preceding the start of their residency year if they intend to seek licensure through the above mechanism. During the PPRS, residents work directly under the supervision and guidance of pharmacists in order to prove competence in each of the above areas. Residents receive mentoring and feedback through practice exercises, and are formally tested during a mock-part III board examination (designed to directly mirror the actual part-III examination). Resident competency in the above areas is further assessed during the resident’s orientation month.

Resident: please complete;

a) I, ____________________________, am a pharmacy resident affiliated with the UB SPPS. I have taken the PPRS offered by the school, have passed the mock-part III board exam, and have undergone adequate training during my orientation month to ensure competence in the above areas of pharmacy practice.

Signature ____________ Date ____________

PPRS faculty: please complete sections a AND b OR sections a AND c;

a) I, ____________________________, am a professor with the UB SPPS assisting with coordination of the PPRS offered by the school. I verify that the above signed resident has completed all aspects of the PPRS.

b) The above signed resident scored a _____ / _____ on the mock-part III board exam. I certify that this score is a passing grade and therefore suggests competence has been achieved in the above cited areas.

c) The above signed resident scored a _____ / _____ on the mock-part III board exam. I certify that this score is NOT a passing grade and therefore suggests this resident must undergo further remediation in the areas of:

__________________________________________

Signature ____________ Date ____________

Residency Program Director: please complete section a or b;

a) I, ____________________________, certify that the above signed resident has further demonstrated competence in the areas specified on form 4B during his/her activities during the orientation month of the residency.

b) I, ____________________________, certify that the above signed resident has been successfully remediated in the areas specified on form 4B during his/her activities during the orientation month of the residency.

Signature ____________ Date ____________
Appendix F. Resident Dismissal Policy

The Department of Pharmacy Practice
Resident Dismissal Policy

All School of Pharmacy & Pharmaceutical Residencies are considered by the University at Buffalo to be “at will” employment. At will employment refers to those employed on a temporary basis, usually for a period of one year or less and policy for corrective action is departmentally based.

Conduct

Residents are responsible or upholding standards and policies of their practice site as well as residency program requirements. Residents who are unable to meet or adhere to site standards and/or policies will be unable to successfully complete residency training requirements.

Residents are expected to comply with all training site policies, as well as University policies. Residents are expected to complete all required training site and University training programs, as outlined in this handbook.

Residency Training Enhancement

Residents who are not performing satisfactorily based on the standards of their program or through their evaluation processes must be immediately notified and a written plan of correction developed. The Residency Program Director or the Department of Pharmacy Practice Chair has the authority to initiate corrective actions. The corrective written plan must identify the resident’s additionally required activities and provide monthly written feedback about the resident’s performance status. Residents are given the opportunity to remediate their deficiencies and must provide written response to their Residency Program Director throughout this correction plan process.

Dismissal

Dismissal may be considered for residents who fail to meet objectives outlined in their correction plan. Residency Program Directors shall provide to the resident written notice of a resident’s unsuccessfully corrected performance problems prior to dismissal.

Updated 3/10/2016
Appendix G. Certification of Completion of Residency Program Requirements

Certification of Completion of Residency Program Requirements
University at Buffalo School of Pharmacy and Pharmaceutical Sciences Residency Program

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UB SPPS) is responsible for administering several PGY1 and PGY2 residency programs. The UB SPPS residency advisory committee (RAC), which governs all UB SPPS residency programs, is responsible for assisting residency training site RACs in the oversight of their pharmacy resident(s) so as to monitor resident progress as it relates to clinical, teaching, and research activities, resident professionalism, and to ensure that residents successfully complete their residency program. Direct oversight of resident progress is the responsibility of the residency program director (RPD) and the residency training site RAC.

To successfully complete their residency training and receive a certificate of completion, the resident must:

1. Obtain New York state licensure prior to the beginning of their residency, or if not possible, no later than September 1st (or January 1st if approved by the UB SPPS RAC)
2. Successfully complete their:
   a. Clinical rotations
      i. Resident must be present for 80% or more of their scheduled learning experiences
      ii. Resident must attain “achieved (Ach)” in ≥ 85% of the residency program specific evaluated goals and objectives AND must not attain “needs improvement (NI)” in any of the residency program specific evaluated goals and objectives (see the school’s residency program handbook for definitions of ACH/SP/NI)
   b. Teaching activities
      i. Prepare and instruct > 1 large and 1 small class in the area of their residency experience
      ii. Engage in teaching activities within the school’s patient assessment course(s)
      iii. Precept/co-precept students during their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experiences
      iv. Participate in the teaching of other health care professionals
   c. Pharmacy (research) project
      i. Participate in a pharmacy (research) project relating to the area in which they are practicing AND submit a final manuscript of this project in publishable form to the RPD prior to the end of their residency
   d. Professional presentations
      i. Participate in journal club
      ii. Prepared and present ≥ 1 continuing education program
      iii. Present his/her research at the Western New York Residency Research Presentation Day
      iv. Present his/her research at the Eastern States Residency Conference (or a comparable meeting if approved by the UB SPPS RAC)

I, _________________________, RPD for the PGY1/PGY2 (circle one) residency program sited at _________________________, hereby certify on behalf of the residency program site RAC, that _________________________ (insert pharmacy resident name) has successfully completed all of the above requirements of their residency training.

___________________________________________
Name (print)

___________________________________________ __________
Signature   Date

Updated 3/10/2016
Appendix H. Pre-interview Evaluation Forms

University of Buffalo School of Pharmacy
Department of Pharmacy Practice
PRE-INTERVIEW EVALUATION FORM

Residency Candidate Name:

Date:

Evaluator’s name:  ______________________________________

Position:    Pharmacy/Lifetime (PGY-1)   HIV/AIDS (PGY-2)
Community/Middleport (PGY-1)      Psychiatry (PGY-2)
Community/MPS (PGY-1)    Ambulatory Care (PGY-2)
Pharmacy/ECMC (PGY-1)
Pharmacy/Psychiatry (PGY-1)
Managed Care/BCBS (PGY-1)

Use this scale for evaluating the following:
0=Poor
1=Below Average
2=Average
3=Above Average
4=Excellent

The Resident Candidate:

Academics: GPA, rotation performance, letters, etc.  0 1 2 3 4
Clinical Experience: Internship, clinical rotations, etc.  0 1 2 3 4
Teaching experience: Didactic teaching, TA, etc.  0 1 2 3 4
Scholarship experience: Research, Publications, etc.  0 1 2 3 4
Leadership / Professional organization involvement  0 1 2 3 4
Letters of recommendation  0 1 2 3 4

TOTAL……………………………………………………………………………………………………___ / 24

I would recommend…

1. Definitely interview  Score = 20-24
2. Consider interviewing  Score = 15-19

Updated 3/10/2016
Residency Candidate Name:

Date:

Evaluator’s name:  ______________________________________

Position:  HIV/AIDS PHARMACOTHERAPY (PGY-2)
            Psychiatry (PGY-2)
            Ambulatory Care (PGY-2)

Use this scale for evaluating the following:
0=Poor
1=Below Average
2=Average
3=Above Average
4=Excellent

The Resident Candidate:

Clinical Experience: Internship, clinical rotations, etc.  0 1 2 3 4
Teaching experience: Didactic teaching, TA, etc. 0 1 2 3 4
Scholarship experience: Research, Publications, etc. 0 1 2 3 4
Leadership / Professional organization involvement 0 1 2 3 4
Communication skills / Ability to work with faculty/staff 0 1 2 3 4
Goals he/she wishes to accomplish through a residency 0 1 2 3 4
Commitment to successfully completing the residency 0 1 2 3 4
Interview: Overall predicted fit with our program 0 1 2 3 4

TOTAL………………………………………………………………………………………………_____/ 32

I would recommend…

1. Definitely interview  Score = 25-32
2. Consider interviewing Score = 17-24
3. Hold list  Score = 9-16

Updated 3/10/2016
4. Deny  
Score ≤ 8

Comments:

Appendix I. On-site interview Evaluation Forms
University of Buffalo School of Pharmacy Department of Pharmacy Practice
ON-SITE INTERVIEW EVALUATION FORM

Residency Candidate Name:

Date:

Evaluator’s name:

Position: Pharmacy/Lifetime (PGY-1)  HIV/AIDS (PGY-2)
          Community/Middleport (PGY-1)  Psychiatry (PGY-2)
          Community/MPS (PGY-1)  Ambulatory Care (PGY-2)
          Pharmacy/ECMC (PGY-1)
          Pharmacy/Psychiatry (PGY-1)
          Managed Care/BCBS (PGY-1)

Use this scale for evaluating the following:
0=Poor / 1=Below Average / 2=Average / 3=Above Average / 4=Excellent

RPD / Preceptor Evaluation Criteria:
Clinical Experience: Internship, clinical rotations, etc. 0 1 2 3 4
Teaching experience: Didactic teaching, TA, etc. 0 1 2 3 4
Scholarship experience: Research, Publications, etc. 0 1 2 3 4
Leadership / Professional organization involvement 0 1 2 3 4
Communication skills / Ability to work with faculty/staff 0 1 2 3 4
Goals he/she wishes to accomplish through a residency 0 1 2 3 4
Commitment to successfully completing the residency 0 1 2 3 4
Letters of recommendation 0 1 2 3 4

TOTAL………………………………………………………………………………………………… / 32

RPD Evaluation Criteria:
Academics: GPA, rotation performance, letters, etc. 0 1 2 3 4
Presentation (Score based on attached assessment criteria) 0 1 2 3 4

My overall impression of this candidate is that (circle one):
1. Excellent candidate – rank high in selection process.
2. Strong candidate – rank highly in light of other applicants.
3. Adequate candidate – rank, but not highly.
4. Poor candidate – do not rank; candidate is not suitable for our residency program.

Updated 3/10/2016
University of Buffalo School of Pharmacy Department of Pharmacy Practice
ON-SITE INTERVIEW EVALUATION FORM
PRESENTATION EVALUATION (Optional)

Presenter’s Name: _________________________________ Program(s): ________________

Date: ___________________

- Presentation 10-20 minutes
- Short Presentation (<10 min)
- Long Presentation (> 20 min)

Please provide feedback for every item/area by circling the number that corresponds with your choice. This feedback will be shared with the presenter so that she/he may improve subsequent presentations.

<table>
<thead>
<tr>
<th>Use this scale for evaluating the following…</th>
<th>0 – Not applicable</th>
<th>1 – Unsatisfactory</th>
<th>2 – Needs improvement</th>
<th>3 – Satisfactory/Average</th>
<th>4 – Above Average</th>
<th>5 – Excellent/Outstanding</th>
</tr>
</thead>
</table>

## PRESENTATION AS A WHOLE:
- Overall presentation 0 1 2 3 4 5

## CONTENT:
- Accuracy of information/material presented 0 1 2 3 4 5
- Conciseness (focused, excluding irrelevant information) 0 1 2 3 4 5
- Comprehensiveness (including intervention(s)) 0 1 2 3 4 5
- Organization 0 1 2 3 4 5
- Analysis of relevant information 0 1 2 3 4 5
- Conclusion 0 1 2 3 4 5

## COMPONENTS:
- Introduction 0 1 2 3 4 5
- Nonverbal (eye contact, gestures, avoid distracting habits) 0 1 2 3 4 5
- Public speaking skills (intonation, rate, diction, etc.) 0 1 2 3 4 5
- Preparedness 0 1 2 3 4 5
- Interest/enthusiasm for topic 0 1 2 3 4 5
- Fielding/answering questions 0 1 2 3 4 5
- Active teaching usage/effectiveness (involving audience) 0 1 2 3 4 5

## AUDIO-VISUAL:
- Appropriate/usage 0 1 2 3 4 5
- Quality 0 1 2 3 4 5

## HANDOUT
- Content 0 1 2 3 4 5
- References 0 1 2 3 4 5
- Professionalism 0 1 2 3 4 5

Updated 3/10/2016
Appendix J. Early Commitment Policy

PGY2 Early Commitment Policy

Background:

The ASHP Pharmacy Match Program includes an Early Commitment Process whereby a PGY1 resident may commit to a PGY2 residency. This process occurs prior to the matching process, and removes both the PGY2 residency and the resident from formal participation. The PGY2 program in question must be registered for the Match; however, the PGY1 resident need not be registered. The PGY1 applicant must be a resident in a residency program offered by the same sponsor as the PGY2 residency (e.g., the same or affiliated organization). In addition, the PGY1 and PGY2 residencies must be consecutive years of employment for the resident.

Details can be found at: http://www.natmatch.com/ashprmp/asprules.htm.

Procedure:

1. PGY1 residents interested in completing a PGY2 residency (HIV/AIDS Pharmacotherapy, Psychiatry, Pharmacoinformatics, etc.) at the University at Buffalo must submit a curriculum vitae and letter of interest to the PGY2 Residency Program Director by October 1st.

2. The PGY1 resident will then be formally interviewed by the PGY2 Residency Program Director, PGY2 Residency Directors, the Department of Pharmacy Practice Chair, and the Residency Program Coordinator. If more than one PGY1 candidate is interviewing for the same PGY2 residency, then each resident will provide a presentation/seminar.

3. Pending the results of the interview process, the PGY2 residency position will be offered to the PGY1 candidate by October 15th. Note: the PGY2 Residency Program Director must inform the candidate of the decision prior to the ASHP-PPS and match deadline. This will be followed up with an offer letter to the resident.

4. Pending acceptance (resident has 1 week to accept offer), both the resident and the PGY2 Residency Program Director must sign the ASHP Letter of Agreement and submit it to the National Matching Service (NMS) by mid-December (see annual deadline). This will remove the PGY2 residency position and the resident (if applicable) from the matching process.

5. The PGY2 residency program must pay a fee to the National Matching Service (NMS) for each position committed to a resident via the Early Commitment Process. This fee must be received by the annual deadline.

6. PGY1 program requirements must be completed prior to the start of PGY2 training.

Updated 3/10/2016
UB SPPS Residency Program Resident Commitment Form

I have read and understand the policies and procedures pertinent to my resident training as outlined within the UB SPPS residency handbook.

_____________________________________
Resident Name (print)

_____________________________________
Resident Signature

_____________________________________
Residency Program

_____________________________________
Residency Program Director Signature

_____________________________________
UB SPPS RAC Chair Signature

_____________________________________
Date

* Please complete this form and submit to Ms. Mary Kruszynski by July 1st.