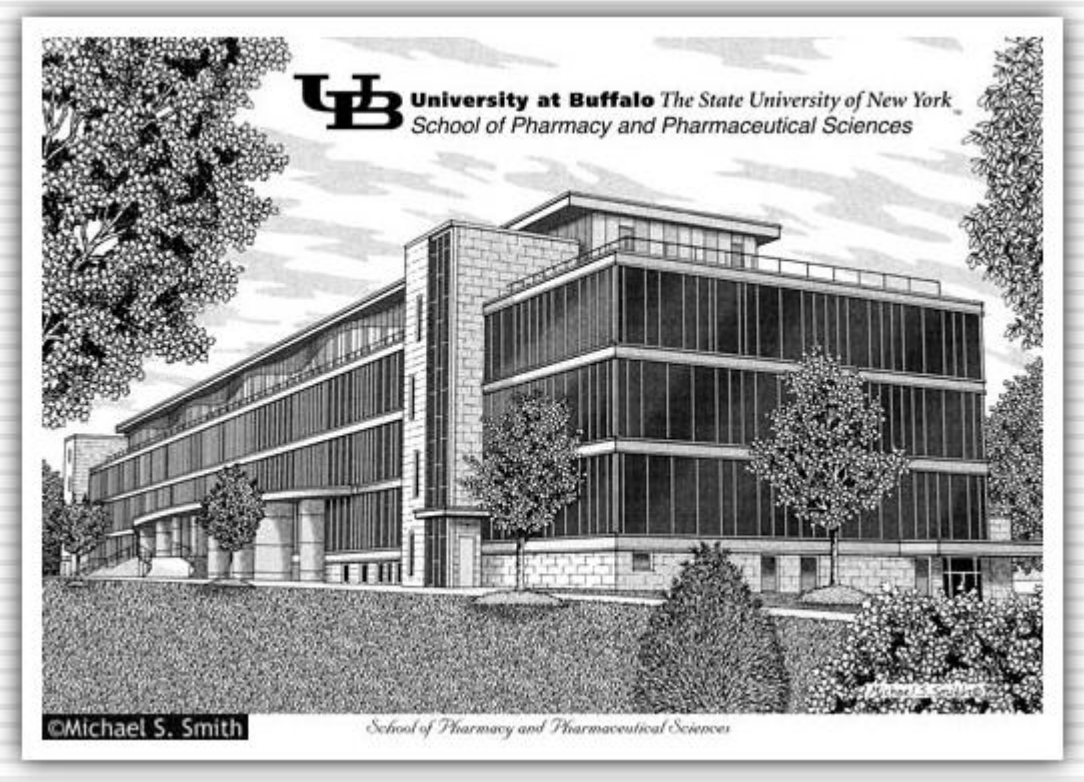
University at Buffalo
School of Pharmacy and Pharmaceutical Sciences

PGY1 Residency Program Handbook
2021-2022



Updated 4/30/2021

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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 discretion of the UB SPPS Residency Advisory Committee 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.

PGY1 Pharmacy Residency Program Purpose Statements

PGY1 Pharmacy:

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.

PGY1 Community-Based Pharmacy:

To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

PGY1 Managed Care Pharmacy:

PGY1 managed care pharmacy residency programs build on the Doctor of Pharmacy (Pharm.D.) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and postgraduate year two (PGY2) pharmacy residency training. A managed care pharmacy residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

PGY1 Residency Program Listing

- PGY1 Pharmacy Residency Programs
  - Buffalo Psychiatric Center †
    - Program #: 22006
    - Program director: Tammie Lee Demler, PharmD

- PGY1 Community Pharmacy Practice Residency Programs
  - Middleport Family Health Center †
    - Program #: 22023
    - Program director: Ryan Lindenau, PharmD

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

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

Additional information available at: http://pharmacy.buffalo.edu/academics/residency-training.html

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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

- 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 of 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):
        - Ensure that preceptors meet qualifications set forth by ASHP accreditations standards and/or that preceptors-in-training have a customized preceptor development plan in place.
    - 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 programming

- 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:
            - Residency program annual review and 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 progress towards achievement of program objectives.
        - 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 residency program(s) at that training site including a formal, annual review of the residency program.

- 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.

- Residency Training Site RAC meetings shall conduct a formal review of the program at least annually which shall include an evaluation of the degree to which the program is meeting their stated program purpose.

- Relationship to UB SPPS RAC:
  - Each RPD shall act as the liaison between the UB SPPS RAC and their respective Residency Training Site RAC to ensure a two-way exchange of information between the Site RAC and the UB SPPS RAC. This shall be accomplished in a variety of ways, including, but not limited to:
    - Disseminating the UB SPPS RAC meeting minutes to the Site RAC members and/or providing UB SPPS RAC meeting summaries at each Site RAC meeting
    - Providing updates regarding the activities of the Site RAC to the UB SPPS RAC at each meeting
    - Providing updates regarding resident progress at each UB SPPS RAC meeting
    - Providing updates regarding the appointment of new preceptors and reappointment of existing preceptors to the UB SPPS RAC (appendix A)

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.

RESIDENT RESPONSIBILITIES

The UB SPPS residencies are 12-month, full-time appointments and will take place from July 1st through June 30th unless otherwise arranged with an individual RPD. Outlined below are activities and responsibilities of all UB SPPS PGY1 residents.

Clinical Activities

- 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 standards and program goals and objectives. The resident development plan should be based both on the resident's interests and the resident's strengths and weaknesses as determined by RPD assessment and resident self-assessment.

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 record their hours in their duty hour log and submit 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 7 days (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).
  - 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.

- Recording of Duty Hours
    - **It is the responsibility of each resident to keep an electronic log all of their duty hours and submit to their RPD monthly** (by the 4th of the following month).
    - Hours recorded should include **ALL** time spent:
        - At the practice site
        - At the university engaged in teaching or administrative activities
        - Moonlighting either at the practice site or outside of the practice site
        - Other scheduled/assigned activities such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency
    - The following activities are not included in the duty hour requirement: reading, studying, academic preparation for presentations or journal clubs, travel time to and from conferences, or other hours that are not scheduled by a residency preceptor or RPD (see Appendix D for additional information).
    - RPDs are responsible for reviewing duty hour logs on a monthly basis to ensure compliance with ASHP's duty hour requirements and should have residents attest to compliance with mandatory time free of duty and minimum time between scheduled duty and duty periods (see Appendix D, sections II.C, II.D, and II.E).

Evaluations

- 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.
- It is the responsibility of the resident to complete rotation-specific evaluations and self-evaluations on schedule.
- 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.
- The resident and preceptor should complete and review evaluations together.
- It is the responsibility of the RPD to oversee the evaluation process.

Teaching Activities

- 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 6-8 weekly seminars and multiple teaching requirements as detailed in the course syllabus. Residents are required to attend all seminars and it is required that all UB SPPS residents complete requirements to achieve the Advanced Academic Teaching Certificate as opposed to the Basics of Teaching

Certificate. Please see the syllabus for the Teaching Certificate Program for additional information. (Note: these activities are included in the requirements for program completion.)

- Experiential teaching: Each resident, with the guidance of their rotation preceptor, is expected to participate in student precepting/co-precepting for students completing their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experiences.

- 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.

Residency Project

- 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.
    - 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 at least one national and one local/regional 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 portfolio.
        - Publication of the manuscript is strongly encouraged.
    - If publication is pursued and resident does not maintain active involvement in manuscript writing, the position of primary author will be transferred to the RPD or preceptor overseeing the project.

- Preparing Residents for Scholarship (Didactic Resident Research Course): All PGY-1 residents are expected to attend this half-day course offered in late August or early September. Attendance is mandatory.

Professional Presentations

- Residency Journal Club
    - Each resident is expected to allocate 1 evening per semester for attendance at Journal Club. Journal Club will be held in conjunction with the UB SPPS Scholars Program (a program with an enhanced curriculum for our residency-bound students) to facilitate tiered learning.
        - All residents are expected to attend and participate in one (1) journal club per semester.
            - Resident participation in journal club involves reading and critically evaluating all journal articles to be presented.

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

- Presentation at a national meeting
    - Preliminary and/or final results of the residency project are to be presented as a poster at the ASHP Midyear Clinical Meeting or other national/local/regional meeting (i.e. APhA, NCPA) as deemed appropriate by the RPD.

- 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.

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. PPRS consists of review of the Part III exam as well as a 2-day NYS pharmacy law review. 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.

- 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 **<u>required</u>** 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 outlined on the NYS Board of Pharmacy on Form 4B.
      - To qualify for licensure through this option, the resident must:
        - Successfully complete **<u>all</u>** aspects of the PPRS, pass the PPRS mock part-III board examination, and demonstrate competency in the areas outlined 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 outlined 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 September 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
      - 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.
      - Please note that the deadline for registration for the June exam is April 1st through Castle Worldwide Testing Services.

- 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;
  - The resident may be dismissed from the residency program.

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- 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

- Professional Liability Insurance
  - All residents are required to carry their own professional liability 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 may request that they are listed as an additional insured or that a certificate of insurance is issued with them listed as a certificate holder. Please discuss site requirements with your RPD. 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")
      - CITI 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).

Residency Program Evaluation Strategy

This section shall serve as a guide to RPDs and preceptors, outlining the **minimum** requirements for evaluation of residents.

- **Summative Evaluations** should be completed at the end of each learning experience and a minimum of quarterly for longitudinal learning experiences.

- **Formative Evaluations** (i.e. verbal feedback): are equally as important to resident growth as summative evaluations and should be provided frequently and consistently. Verbal feedback can and should be documented using PharmAcademic and may be linked to a specific objective or objectives, learning experience, and learning experience activity.

- **Preceptor and Learning Experience Evaluations** should be completed at the end of each learning experience.

- **Resident Self-Evaluation** is an important skill for residents to learn and with which to gain proficiency. At minimum, ASHP requires that the resident self-evaluation objective be evaluated at LEAST three times over the course of the year, ideally during three different learning experiences. More evaluations of this objective may be added per the resident development plan if the resident requires additional practice. One suggested strategy for teaching residents to self-evaluate is to review a preceptor-completed summative evaluation (or selected objectives from a summative evaluation) and a resident-completed summative evaluation in a side-by-side fashion.

- Please see **Appendix K: Effective Self-Assessment**

- **Monitoring the timeliness and quality of evaluations** is the responsibility of the RPD but may be designated to another preceptor. Evaluations are considered timely if they are completed and submitted within seven (7) days of the end of a learning experience. Evaluations should also be monitored for quality of the feedback contained therein. In general, feedback should be immediate, specific and actionable. (Please see Appendix L for Tips for Providing Meaningful Feedback.) RPDs are encouraged to send evaluations back for edits if they do not contain quality feedback.

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.
- Residents who are unable to show sufficient progress towards achievement of program objectives will be unable to successfully complete the program (see Resident Progression Policy, below).

Successful completion of the residency program entails:

- NYS Licensure by October 1st (see pertinent section)
- Completion of at least 12 full months of training
- Completion of:
    - Clinical rotations
        - Attendance: Residents must not be absent for >3 days of 1-month learning experiences and >5 days for 2-3 month learning experiences.
        - Achievement of residency program goals and objectives:
            - By the final summative evaluation, the residency must:
                - Attain "achieved for residency (ACHR)" in 100% of the required patient care goals and objectives.
                - Attain "achieved for residency (ACHR)" in $\geq$ 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
                    - Note: a rating of NI on an objective earlier in the residency program does not preclude successful completion of the program.

        - Definitions of ACH/SP/NI for Preceptors and Residents

- ACH (Achieved) – Resident consistently demonstrates 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.

▪ Attainment of ACHR (Achieved for residency)
- The UB SPPS RAC defines ACHR as – Resident consistently demonstrates the ability to independently perform and facilitate tasks relating to this objective such that no further evaluation of this objective is required.
- Each site RAC should determine whether ACHR for each program objective may be selected by an individual residency preceptor or discussed and agreed upon at a quarterly site RAC meeting.

o Teaching activities
▪ Completion of Advanced Academic Teaching Certificate
- Prepare and instruct at least one (1) large group class/teaching activity
- Participation in the patient care plan activities in PHM 715: Pharmaceutical Care IV
- Participation in the PHM 505/506 (Patient Assessment I & II) sequence
- Precept/co-precept students during their Introductory (IPPE) and/or Advanced (APPE) Pharmacy Practice Experiences
- Prepare and deliver at least one (1) ACPE-accredited continuing education (CE) program
- Preparation of a statement of teaching philosophy

o Residency project
▪ Complete a pharmacy (research) project relating to the resident's area of practice
▪ Prepare a final manuscript in publishable form

o Professional presentations
▪ Participate in resident journal club once per semester
▪ Present residency project as a platform presentation at UB SPPS Residency Project Presentation Day
▪ Present residency project as a platform presentation at the Eastern States Residency Conference (or a comparable regional meeting)
▪ Present residency project in abstract/poster format at a suitable national or regional/local meeting

- 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 Progression Policy:

While the above-listed achievement of ACHR for residency objectives does not impact the successful completion of the program until the FINAL evaluation, it is a reasonable expectation that residents should be making steady progress toward these criteria throughout the residency year. Therefore, it is the policy of the UB SPPS residency program that a resident should not receive any "needs improvement" ratings in the final quarter of the residency program. Inability to meet this interim requirement for progression may lead to development of a performance improvement plan (if not already in place) or resident dismissal at the discretion of the RPD, as this performance likely indicates that the resident will be unable to meet program completion criteria by the end of the program.

Resident Wellbeing:

A state of wellbeing requires balance in all areas of life. Residency training is demanding and keeping a focus on wellness and resilience is important in preventing burnout. The UB SPPS residency program encourages residents to participate in programming that will help avoid burnout and promote wellbeing and resilience during the residency program.

Orientation

During UB SPPS Resident Orientation, we will talk about burnout and strategies to avoid it. Residents will be asked to take the following assessments and participate in group discussion:

- *GRIT Scale* (https://angeladuckworth.com/grit-scale/). Residents who score less than three (3) may require additional support (i.e., more frequent RPD, primary preceptor and mentor meetings/check-ins).
- *Myers-Briggs* (https://www.16personalities.com/free-personality-test)
- *My Well-being Index for Pharmacists* (https://www.pharmacist.com/wellbeing)
- *Perceived Stress Scale* (hard copy to be supplied)

Paid Time Off

The resident has the option to use Paid Time Off (PTO) to encourage personal wellbeing. All time off should be discussed with the resident program director and preceptor(s).

Additional Activities

Additional activities that my help to promote wellbeing and avoid burnout may occur based on discussion with the RPD or preceptors. These may include:

- Events with program director or preceptors
  - Incoming/Outgoing resident gathering
  - Dinner at ASHP Midyear meeting and regional meeting
- Events with co-residents
- Regular check-ins with program director or primary preceptor
- Listening to podcasts on Mindfulness or Meditation
- Encouraging Meditation (several phone apps are available)

Resident Recruitment

- Residents are expected to participate in recruitment of future residency candidates as determined by the RPD.
- 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
  - AMCP annual meeting

- Pre-screening of residency applicants
  - Applicants will be evaluated by program directors and/or program preceptors using an objective evaluation tool (Appendix H):
    - Academics performance
    - Recommendations
    - Pharmacy work experience
    - APPE experience
    - Teaching/presentation experience
    - Professional involvement and leadership
    - Scholarship activity
    - Letter of intent
  - 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 and such information should be documented.
    - 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 online 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 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 Pharmacy Building
    - Involved parties: residency program administrative director, RPDs, residency program preceptors, pharmacy residents.
    - Applicants will be formally evaluated (appendix I) by RPD and program preceptors.

- Resident involvement
        - Residents are expected to actively participate in the recruitment for residency positions directly affiliated with the UB SPPS.
            - PGY1 residents are expected to participate in recruiting through the residency showcase.
            - Residents are expected to assist during the on-site interview process.

- Residency Matching Program
    - All pre-candidate status, candidate status, and accredited residency programs will participate in the residency matching program.

Early Commitment to PGY2 Programs

- PGY1 residents in UB SPPS-sponsored programs may elect to apply for early commitment to a UB SPPS-sponsored PGY2 program (PGY2 Ambulatory Care Pharmacy or PGY2 Psychiatric Pharmacy). Please see Appendix J for details.

Stipend and Benefits for Residency Programs

- Annual salary and health benefits are dependent on residency program and funding source:
    - PGY1 Pharmacy Residency/Buffalo Psychiatric Center – Funding source is Buffalo Psychiatric Center/NYS Office of Mental Health
    - PGY1 Community-Based Pharmacy Residency/Middleport Family Health Center – Funding source is Middleport Family Health Center

- PGY1 Managed Care Pharmacy Residency/BlueCross BlueShield of WNY – Funding Source is University Pharmacy Resident Services, Inc. (UPRS)

- Vacation / Sick-leave / Holidays: Residency Specific
  - **For residencies paid directly by their training site –** please see training site policies.
  - **For University Pharmacy Resident Services, Inc. (UPRS)-paid residents** – please see UPRS, Inc. Employee Benefits and Leave Policy for holiday and PTO information: http://pharmacy.buffalo.edu/academics/residency-training/how-to-apply-for-residency.important-documents.html

- **FOR ALL PGY1 RESIDENTS (regardless of funding source):**
  - 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.
  - 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.
  - 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.
  - To ensure an adequate residency experience and achievement of residency outcomes as outlined by ASHP and other accrediting agencies, residents are encouraged 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.
  - 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.

Resident Travel Policy

- Travel and Conference Attendance

Updated 4/30/2021

- 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 location of meetings.
  - Travel Reimbursement
    - All travel must be pre-approved by the individual RPD.
    - **Please see the document ***Resident Travel Procedures*** for step-by-step instructions on planning travel and obtaining reimbursement.**
    - 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.
    - 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 some, but not all University-licensed software, based on their clinical instructor appointment.
  - 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.
- Distribution of the computer will occur during resident orientation or may be obtained from ***Mary Enstice 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 Enstice Kruszynski*** for ordering details.

Resident Leave Policy

- Residency dependent:
  - UPRS-paid residents, please see UPRS, Inc. "Employee Benefit and Leave Policy": http://pharmacy.buffalo.edu/academics/residency-training/how-to-apply-for-residency.important-documents.html
  - Site-paid residents, please refer to site policies

- Completion of residency program requirements
  - If an emergency medical situation requiring long-term leave arises during a resident's 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:
    - The resident must formulate a plan for residency completion with their RPD and the UB SPPS RAC chair. The plan must include, but not be limited to, extending the resident's training beyond the end contract date to ensure a minimum of 12 months of training and successful completion of all residency requirements as outlined in Appendix G. Depending on the circumstances of the leave, extension of the residency program may need to take place without pay or benefits.
    - A residency requires intensive training that is cumulative in nature and each learning experience builds upon previous experiences. As such, extended or frequent, intermittent absence may render it difficult for a resident to achieve

program objectives and requirements. **Therefore, any leave in excess of three (3) months (cumulative) may require the resident to withdraw from the training program and reapply to the program the following year.** Reapplication to the program does not guarantee the resident will again be matched with the program, as they will be evaluated and ranked in light of other candidates.

Resident Dismissal Policy

- All UB SPPS and UPRS residencies are governed by New York State's employment at will doctrine.
    - Corrective action for residents may originate from UB SPPS or the training site.

- 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 (performance improvement 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

- Dismissal
    - 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
    - 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, BCACP
Clinical Assistant Professor
Administrative Director, UB SPPS Residency Program
Chair, Residency Advisory Committee
Residency Program Director, PGY2 Ambulatory Care Pharmacy, General Physician, PC
UB SPPS, 210 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-3931
Email: emsabia@buffalo.edu

Department of Pharmacy Practice Chair

William A. Prescott, Jr., PharmD
Clinical Professor
UB SPPS, 218 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-4780
Email: prescott@buffalo.edu

Residency Advisory Committee - Residency Program Directors

Nicole Albanese, PharmD, CDE, BCACP
Clinical Associate Professor
Residency Program Director, PGY2 Ambulatory Care Pharmacy, Buffalo Medical Group
UB SPPS, 209 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-3915
Email: npaolini@buffalo.edu

Tammie Lee Demler, B.S., PharmD, BCPP
Residency Program Director, PGY1 Pharmacy, Buffalo Psychiatric Center
Residency Program Director, PGY2 Psychiatric Pharmacy, Buffalo Psychiatric Center
Buffalo Psychiatric Center, 400 Forest Avenue, Buffalo, NY 14213
Phone: (716) 816-2436
Email: tammielee.demler@omh.state.ny.us

Ryan Lindenau, PharmD
Residency Program Director, PGY1 Community-Based Pharmacy, Middleport Family Health Center
Middleport Family Health Center, 81 Telegraph Rd., Middleport, NY 14105
Clinical Pharmacist, Primary Care of Western New York
30 North Union Road, Suite 102, Williamsville, NY 14221
Phone: (716) 735-3261
Email: lindenau@buffalo.edu

Lisanne D. Holley, PharmD, CGP, CCM
Residency Program Director, PGY1 Managed Care Pharmacy, Highmark Western and Northeastern New York
Highmark Western and Northeastern New York, 257 Genesee St., Buffalo, NY 14202
Phone: (716) 887-9984
Email: Holley.Lisanne@healthnow.org

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Residency Program Administrative Staff

Mary Enstice Kruszynski
Residency Program Coordinator
UB SPPS, 159 Pharmacy Building, Buffalo, NY 14214
Phone: 716-645-4803
Fax: 716-829-6093
Email: mek5@buffalo.edu

Marsha Nelson
Program Director - Office of Continuing Pharmacy Education
UB SPPS, 223 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-2902
Email: mmnelson@buffalo.edu

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Appendix A. Department of Pharmacy Practice Residency Preceptor Policy

Requirements of Residency Preceptors (PGY1)

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

Appointment or Selection of Residency Program Preceptors (4.5)

- Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
- RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.
- It is the policy of the UB SPPS RAC that preceptors are appointed for 2-year terms, at which point, they should be re-evaluated per the below reappointment criteria.

Pharmacist Preceptors' Eligibility (4.6)

- Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
    - have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
    - have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
    - without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

Preceptors' Responsibilities (4.7)

- Preceptors serve as role models for learning experiences. They must:
    - contribute to the success of residents and the program;
    - provide learning experiences in accordance with Standard 3;
    - participate actively in the residency program's continuous quality improvement processes;
    - demonstrate practice expertise, preceptor skills, and strive to continuously improve;
    - adhere to residency program and department policies pertaining to residents and services; and,
    - demonstrate commitment to advancing the residency program and pharmacy services.

Preceptors' Qualifications (4.8)

- Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following six areas:
    - demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
    - the ability to assess residents' performance;
    - recognition in the area of pharmacy practice for which they serve as preceptors;
        - Guidance: Preceptors must have one of the following:
            - BPS certification
            - Fellow at a state or national level organizations
            - Certificate of Completion from a state or nationally available program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site-based programs are excluded.
                - Validated certification that results from an exam by the organization providing certification

        - Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP) http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf
            - Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator(CDE)
        - Exceptions to the list that do not meet this domain are ACLS, PALS and BLS.
    - Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)
    - Formal recognition by peers as a model practitioner
        - Pharmacist of the year – recognized at state, city, or institutional level where only one individual is recognized
        - Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical, or educational in nature)
    - Credentialing and privileging granted by the organization/practice/health system with an ongoing process of evaluation and or peer review
    - Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept
- an established, active practice in the area for which they serve as preceptor;
    - Guidance: Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time but must be actively engaged). Other aspects of active practice may include:
        - Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site
        - Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site
        - Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
        - Demonstrated leadership within the practice area
- maintenance of continuity of practice during the time of residents' learning experiences; and,
- ongoing professionalism, including a personal commitment to advancing the profession
    - Guidance: Ongoing professionalism is demonstrated by completing at least 3 activities in the last 5 years. Examples include:
        - 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 a 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)
        - Evaluator at a regional residency conference or other professional meeting
        - Routine in-service presentations to pharmacy staff and other health care professionals
        - Primary preceptor for pharmacy students
        - Pharmacy technician educator
        - Completion of a teaching and learning program
        - Providing preceptor development topics at the site

- Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
- Contributing 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.
- 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
- Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, inservice)
- Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system)

Preceptors-in-Training (4.9)

- Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:
    - be assigned an advisor or coach who is a qualified preceptor; and,
    - have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Non-pharmacist preceptors (4.10)

- When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:
    - the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
    - a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

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. 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)

Preceptor Reappointment

- Preceptors are appointed for terms of 2 years in length. In order to be reappointed to subsequent terms by the RPD, preceptors must:
    - Submit a preceptor academic and professional record to the RPD. The record must demonstrate continued achievement of the above listed preceptor qualifications.
        - If preceptors do not meet qualifications, they must also submit a written plan to achieve preceptor qualifications within the next 6 months.
    - Attend at least two (2) preceptor development activities per year during their previous term.
    - Complete at least 80% of their learning experience evaluations in a timely manner (within 7 days of their due date).
    - Demonstrate continued ability to give meaningful feedback to residents by review of their completed evaluations.
    - Serve as a preceptor for at least 1 learning experience during their previous term.
    - Demonstrate active involvement in residency planning and administration by attending at least 2/3 of all RAC meetings held at their practice site during their previous term.

Appendix B. Residency Advisory Committee Structure

UB SPPS RACs

UB SPPS Administrative RAC
Chair: Erin Slazak
Department Chair: William Allan Prescott, Jr.
Faculty / Staff members: Nicole Albanese, Edward M. Bednarczyk, Tammie Lee Demler, Mary Kruszynski, Marsha Nelson, Ryan Lindenau, Lisanne Holley
Chief Resident (appointed annually)

Buffalo Psychiatric Center PGY1/PGY2 Psychiatry RAC
Chair: Tammie Lee Demler
Faculty / Staff members: Susan Rozek, Heather Bailey, Claudia Lee, Tom Suchy, Rebecca Waite, Michele Rainka, Richard Gergelis (MD), Eileen Trigoboff (DNS), Gina Prescott, Kimberly Burns

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

Highmark Western and Northeastern NY RAC
Chair: Lisanne Holley
Faculty/Staff members: Gina DeRue, Biljana Petreska, Ashley Kapanek, Alex Principino

Appendix C. 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.
    - 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.

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- 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. ASHP 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: Any voluntary, compensated, 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.

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.

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.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 8, 2020.

Appendix E. Certification of Completion of Clinical Residency Competencies

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

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Appendix F. Resident Dismissal Policy

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 performance improvement plan must be developed and discussed with the resident. The performance improvement plan must identify the resident's plan and timeline for expected improvement as well as outline a plan for interim evaluations to document progression. Residents are given the opportunity to remediate their deficiencies and must provide written responses to their Residency Program Director throughout this performance improvement plan process.

Dismissal

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

Appendix G. Certification of Completion of Residency Program Requirements

University at Buffalo School of Pharmacy and Pharmaceutical Sciences Residency Program

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 October 1st (this requirement may be adjusted based on individual circumstances, but 2/3 of the residency MUST be completed as a licensed pharmacist).
2. The resident has completed at least 12 full months of training.
3. The resident has successfully completed their:
    a. Clinical rotations
        i. Attendance: Residents must not be absent for >3 days of 1-month learning experiences and >5 days for 2-3 month learning experiences.
        ii. Resident must attain (by the end of the residency) "Achieved for Residency (ACHR)" in 100% of patient care objectives and $\geq$ 85% of the remainder of the program 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. Completion of Advanced Academic Teaching Certificate
            1. Prepare and instruct at least one (1) large group class/teaching activity
            2. Participation in the patient care plan activities in PHM 715: Pharmaceutical Care IV
            3. Participation in the PHM 505/506 (Patient Assessment I & II) sequence
            4. Precept/co-precept students during their Introductory (IPPE) and/or Advanced (APPE) Pharmacy Practice Experiences
            5. Prepare and deliver at least one (1) ACPE-accredited continuing education (CE) program
            6. Preparation of a statement of teaching philosophy
    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. Present project as a platform presentation at the UB SPPS Residency Project Presentation Day
        iii. Present project as a platform presentation at the Eastern States Residency Conference (or a comparable meeting if approved by the UB SPPS RAC)

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iv. Present project in abstract/poster format at a suitable national or regional/local meeting

(Over)

I, _____, RPD for the PGY1 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

NOTE: Please complete this form and return to the UB SPPS RAC chair **no later than June 15th** (or the end of the residency term as based on ASHP accreditation standards). Residency certificates will not be awarded until this document has been completed.

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Appendix H. Pre-interview Evaluation Form

Evaluation of PGY1 Residency Applicant

Residency Program: PharmD Program:
Evaluator:

1. Academic Performance (Pharmacy only)

For Schools on a 4 point scale	For Schools on a Pass/Fail scale	
GPA 3.75 – 4.0	Ranked in top 10% of class	4
GPA 3.50 – 3.74	Ranked in top 11-25% of class	3
GPA 3.0-3.49	Ranked in top 50% of class	2
GPA <3.0	Ranked in bottom 50% of class	1

2. Candidate Recommendations

	R1	R2	R3	R4
Recommends "without reservation" and cites evidence of clinical skills, knowledge base, and personal attributes with documentation of examples to support recommendation.	4	4	4	4
Recommends "without reservation" but lacks adequate information on clinical skills, knowledge base, or personal attributes, **or** does not provide evidence to support recommendation.	3	3	3	3
Recommends "without reservation" but narrative includes at least one red flag concerning the candidate's clinical skills, knowledge base, or personal attributes, **or**, writer has minimal basis on which to make a meaningful recommendation.	2	2	2	2
Recommends with clear reservations **or** narrative is limited to generic comments such as "would benefit from residency," "is willing to learn," or "is pleasant to work with."	1	1	1	1
Does not recommend	0	0	0	0

3. Pharmacy Work Experience

Prior pharmacy work experience in a relevant practice setting	2
Prior pharmacy work experience but not in a relevant practice setting	1
No prior pharmacy work experience	0

4. APPE Experiences

More than half of APPE rotations are in clinical patient care; most are relevant to this program/practice setting	3
More than half of APPE rotations are in clinical patient care, but few are relevant to this program/practice setting	2
Less than half of APPE rotations are in clinical patient care and few are relevant to this program/practice setting	1

5. Teaching/Presentation Experience

Significant amount of teaching experience (i.e. didactic lecture, multiple presentations to pharmacists or other providers, academic/teaching APPE)	2
Minor teaching experience (i.e. teaching assistant or tutor, multiple presentations to peers)	1
No teaching experience	0

6. Professional Involvement and Leadership

Involvement in organizations including evidence of active service in 1-2 leadership roles	2
Evidence of active membership in 1-2 organizations but no leadership roles	1
No evidence of active involvement in organizations (other than membership); no leadership roles	0

7. Scholarship Activity

Significant participation in research or writing project (i.e. prepared protocol, abstract, poster, or manuscript, participated in data analysis)	2
Minor participation in research (i.e. assisted with data collection)	1
No participation in research	0

8. Letter of Intent

Very well organized; free of grammatical/spelling errors; clear career goals that fit with this program	5
Well organized with minor grammatical/spelling errors; clear career goals that fit with this program	4
Well organized with minor grammatical/spelling errors; unclear career goals or goals that do not fit with this program	3
Poorly organized or contains major grammatical/spelling errors; clear goals that fit with this program	2
Poorly organized or contains major grammatical/spelling errors; unclear career goals or goals that do not fit with this program	1

Total score: **_____/36**

Please select one:

- ❒ Invite for onsite interview
- ❒ Consider for preliminary (i.e. telephone) interview
- ❒ Decline onsite interview

Comments:

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Appendix I. On-site interview Evaluation Form

Evaluation of PGY1 Residency Candidate Interview

Residency Program: PharmD Program:
Evaluator: Interview Date:

Rate the following attributes by assessing responses to interview questions or overall interview performance. If the attribute was not assessed, please rate as not applicable (N/A).

1	2	3	4	5
Poor	**Average**	**Average**	**Above Average**	**Excellent**
Examples of poor responses: -Unable to give any examples -Unable to understand the response provided by the candidate -Response was not relevant to the question being asked		Examples of average responses: -Gives examples of specific situations OR Clearly explains their behavior and outcomes -Response partially satisfies the question that was asked	Examples of excellent responses: -Gives examples of specific situations AND Clearly explains their behavior and outcome -Response fully satisfies the question that was asked	

1. **Goals the candidate wishes to accomplish through the residency**

Rating	Comments

2. **Commitment to successfully completing the residency**

Rating	Comments

3. **Communication skills**

Rating	Comments

4. **Ability to work with staff/overall fit with program**

Rating	Comments

5. **Time management skills**

Rating	Comments

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6. **Interest/enthusiasm for the program**

Rating	Comments

7. **Assertiveness**

Rating	Comments

8. **Professionalism**

Rating	Comments

9. **Critical thinking/case presentation skills**

Rating	Comments

10. **Quality of questions asked**

Rating	Comments

Total score: _____/_____

Ranking Recommendation:

1	2	3	4	5
Do not rank (Could not work with them)	**Lower middle** (Could take them or leave them)	**Middle** (Good candidate, could work with them)	**Upper middle** (Strong candidate, would make a good resident)	**Top tier** (Excellent candidate, would take them right now)

Comments:

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Appendix J. Early Commitment Policy

Background:

The ASHP Pharmacy Match Program includes an Early Commitment Process whereby a PGY1 resident may commit to a PGY2 residency offered by the same program sponsor. This process occurs prior to the matching process, and removes both the PGY2 residency and the resident from formal participation in the match. 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: https://natmatch.com/ashprmp/ecp.html

Procedure:

1. PGY1 residents interested in completing a PGY2 residency (Psychiatry or Ambulatory Care) 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 and program preceptors.

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.

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Appendix K: Evaluations and Assessments

Helpful Definitions

Formative Evaluation vs. Summative Evaluation

Assessments or evaluations allow program directors, preceptors, and residents to monitor progress towards achieving program objectives.

Formative evaluation occurs ***during*** a learning experience. Formative evaluation, including ongoing feedback during learning experiences to make the resident aware of strengths and areas of improvement so that they may continue to make ongoing improvements in their performance. Formative evaluations are generally viewed as "low stakes" assessments.

Summative evaluation occurs ***at the end*** of a learning experience to assess resident progress toward program objectives. It is often viewed as a more "high stakes" assessment, particularly with regard to program requirements surrounding achievement of program requirements.
Both formative and summative evaluations should be based on the resident's ability to meet pre-specified objectives. The measurement of the quality of the resident's performance and the progress they are making towards meeting these objectives are based on criteria. ASHP gives examples of criteria for each objective, however, these lists are not exhaustive. Residents and preceptors should look to the learning experience descriptions for objectives evaluated during a given learning experience as well as the activity or activities that will facilitate the achievement of the objectives.

Self-Evaluation

Resident self-evaluation may be either formative or summative in nature, as described above. It should also be a criteria-based process by which the resident judges the quality of his/her own work and learning. This process should also lead to identification of strengths & weaknesses in their work to allow them to revise accordingly.

Preceptors should discuss resident self-evaluations with the resident differences between the preceptor's evaluations of resident performance and self-evaluations performed by the resident. Preceptors should also provide written comments in summative self-evaluations about how residents can improve their self-evaluation skills. Resident elf-evaluation ability is tracked in quarterly development plans.

Self-Reflection

Self-reflections include self-examination and introspection and include the learner's global view of his/her learning in which the learner reflects on professional growth over time and aspirations for the future.

At the beginning of the residency, residents self-reflect by asking themselves questions about their short (residency) and long-term professional aspirations or career goals (3 to 5 years after the residency), etc.

At the end of the residency program, residents self-reflect by asking themselves questions about their major areas of improvement during the residency, about their professional growth, what about the

program was especially satisfying, and how their career and personal goals have changed over the course of the residency program.

Why do a self-assessment?

https://www.youtube.com/watch?v=1FnkFesZSYk

When to do one: Beginning, middle, end

How to do one:
Reflect on activity, focusing on opportunities to improve

Goals:
1. Make yourself accountable for your progress.
2. Able to accurately assess your knowledge, skills and abilities. Your self-assessment is consistent with preceptors/mentors/supervisors.

Once you have identified areas to improve, seek information and guidance
Set SMART goals: Specific, Measurable, Attainable, Realistic, Time-sensitive
From: http://topachievement.com/smart.html (accessed 7/10/2015):

Creating S.M.A.R.T. Goals: Specific, Measurable, Attainable, Realistic, Timely

Specific: A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

*Who: Who is involved?
*What: What do I want to accomplish?
*Where: Identify a location.
*When: Establish a time frame.
*Which: Identify requirements and constraints.
*Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."

Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set.

When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as……

How much? How many?

How will I know when it is accomplished?

Attainable – When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

Realistic- To be realistic, a goal must represent an objective toward which you are both willing and able to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress.

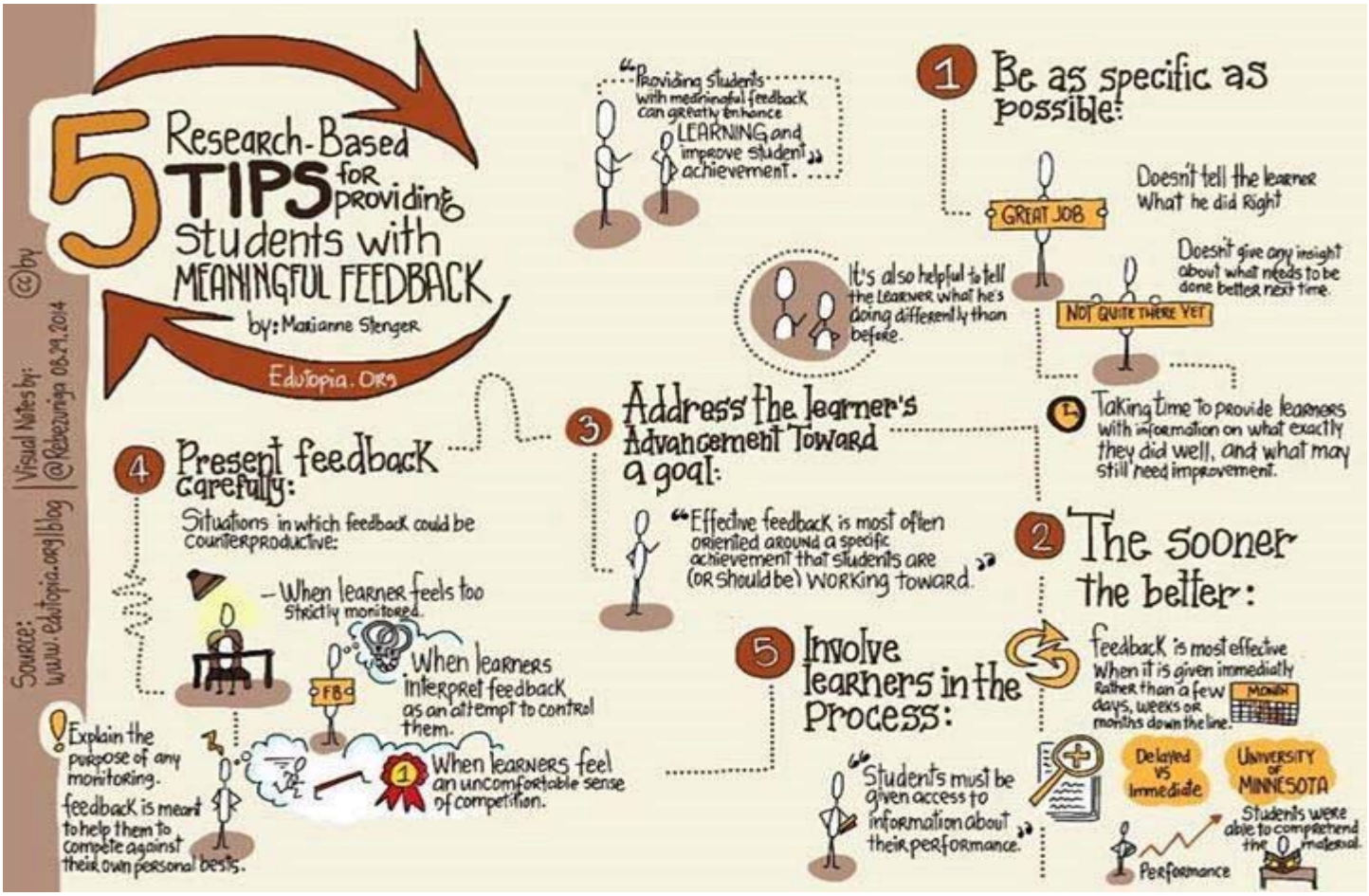
A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you ever accomplished actually seem easy simply because they were a labor of love.

Timely – A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion to begin working on the goal.
Your goal is probably realistic if you truly believe that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

T can also stand for Tangible – A goal is tangible when you can experience it with one of the senses, that is, taste, touch, smell, sight or hearing.

When your goal is tangible you have a better chance of making it specific and measurable and thus attainable.

Appendix L: Tips for Providing Meaningful Feedback



Quality feedback should:

- Be specific and actionable
- Be timely…the sooner feedback occurs, the more impactful it will be.
- Use criteria related to specific educational objectives
- Recognize what the resident does well
  Focus on how the resident may improve his/her performance…consider the use of "You should…" statements to help direct the resident.

Examples:
"You did fine." vs "Your medication reconciliation with the patient generally went well. You were very careful to review all of the medication bottles and take note of the refill dates and how many tablets were left in order to estimate adherence. However, you didn't really probe the patient for information on how she takes the medications. Next time, you should try asking more open ended questions to get the patient speaking more freely."

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Appendix M:
Program Structures

s

PharmAcademic Scheduled Learning Experiences for Assigned Goals

Community Pharmacy - Middleport Family Health Center

Filter: All Curricular Sets

Achieved For Residency?	Goal/Objective	TE Count	Orientation (7/1/2020 - 8/1/2020)	Transitions of Care (7/1/2020 - 6/30/2021)	Teaching (MFHC) (7/1/2020 - 6/30/2021)	Residency Project (7/1/2020 - 6/30/2021)	Practice Management and Leadership (7/1/2020 - 6/30/2021)	Patient-Centered Dispensing and Counseling (7/1/2020 - 6/30/2021)	Patient Care - Ambulatory Care/Lake Plains Medical (7/1/2020 - 6/30/2021)	Patient Care - Ambulatory Care/Dr. Frank R. Laurri, MD & Associates (7/1/2020 - 12/31/2020)	Patient Care - Community Pharmacy (7/1/2020 - 6/30/2021)	Patient Care-Primary Care of Western New York (1/6/2021 - 6/30/2021)
No	**R1.1 - Provide safe and effective patient care**											
No	R1.1.1 (Cognitive - Applying) Demonstrate	TE - 4							TE	TE	TE	TE
No	R1.1.2 (Cognitive - Applying) Establish a patient-	TE - 4							TE	TE	TE	TE
Yes	R1.1.3 (Cognitive - Analyzing) Collect relevant	TE - 4							TE	TE	TE	TE
No	R1.1.4 (Cognitive - Analyzing) Analyze and	TE - 4							TE	TE	TE	TE
No	R1.1.5 (Cognitive - Creating) Design a safe and	TE - 4							TE	TE	TE	TE
No	R1.1.6 (Cognitive - Applying) Implement the	TE - 4							TE	TE	TE	TE
No	R1.1.7 (Cognitive - Evaluating) Monitor and	TE - 3							TE		TE	TE
No	R1.1.8 (Cognitive - Applying) Collaborate and	TE - 5						TE	TE	TE	TE	TE
Yes	R1.1.9 (Cognitive - Applying) Collaborate and	TE - 3							TE		TE	TE
No	R1.1.10 (Cognitive - Applying) Document	TE - 4							TE	TE	TE	TE
No	**R1.2 - Provide safe and effective patient care**											
No	R1.2.1 (Cognitive - Analyzing) Prior to	TE - 1						TE				
No	R1.2.2 (Cognitive - Applying) Prepare and	TE - 2	TE					TE				
No	R1.2.3 (Cognitive - Applying) Identify and	TE - 3	TE					TE		TE		
No	R1.2.4 (Cognitive - Analyzing) Counsel and	TE - 1						TE				
No	**R1.3 - Provide safe and effective medication-**											
No	R1.3.1 (Cognitive - Analyzing) Identify needs of	TE - 2		TE							TE	
No	R1.3.2 (Cognitive - Applying) Manage and	TE - 2		TE							TE	
No	**R2.1 - Manage operations and services of**											
No	R2.1.1 (Cognitive - Applying) Manage	TE - 1					TE					
No	R2.1.2 (Cognitive - Applying) Participate in	TE - 1					TE					
No	R2.1.3 (Cognitive - Understanding) Identify	TE - 1					TE					
No	R2.1.4 (Cognitive - Creating) Evaluate an	TE - 1									TE	
No	**R2.2 - Demonstrate personal and**											
No	R2.2.1 (Cognitive - Applying) Manage one's self	TE - 2	TE				TE					
No	R2.2.2 (Cognitive - Applying) Apply a process of	TE - 10	TE	TE	TE	TE	TE	TE	TE	TE	TE	TE
No	R2.2.3 (Cognitive - Applying) Demonstrate	TE - 1					TE					
No	R2.2.4 (Cognitive - Applying) Demonstrate	TE - 1					TE					
No	R2.2.5 (Cognitive - Applying) Demonstrate	TE - 1					TE					
No	**R3.1 - Conduct a quality improvement**											
No	R3.1.1 (Cognitive - Creating) Identify the need	TE - 1						TE				
No	R3.1.2 (Cognitive - Applying) Implement a	TE - 1						TE				
No	R3.1.3 (Cognitive - Evaluating) Evaluate the	TE - 1						TE				
No	**R3.2 - Contribute to the development,**											
No	R3.2.1 (Cognitive - Creating) Identify the need	TE - 1					TE					
No	R3.2.2 (Cognitive - Applying) Implement the	TE - 1					TE					
No	R3.2.3 (Cognitive - Evaluating) Evaluate the new	TE - 1					TE					
No	**R3.3 - Complete a practice innovation or**											
No	R3.3.1 (Cognitive - Creating) Identify and design	TE - 1				TE						
No	R3.3.2 (Cognitive - Applying) Implement a	TE - 1				TE						
No	R3.3.3 (Cognitive - Evaluating) Accurately	TE - 1				TE						

PharmAcademic Scheduled Learning Experiences for Assigned Goals

Community Pharmacy - Middleport Family Health Center

Filter: All Curricular Sets

No	R3.3.4 (Cognitive - Creating) Effectively develop	TE - 1				TE						
No	**R4.1 - Provide effective education and/or**											
No	R4.1.1 (Cognitive - Creating) Design effective	TE - 1			TE							
No	R4.1.2 (Cognitive - Applying) Use effective	TE - 1			TE							
No	R4.1.3 (Cognitive - Applying) Develop effective	TE - 1			TE							
No	**R4.2 - Effectively employ appropriate**											
No	R4.2.1 (Cognitive - Analyzing) Identify	TE - 1			TE							
No	R4.2.2 (Cognitive - Analyzing) Provide	TE - 1			TE							

		PGY1 Managed Care Pharmacy Residency BlueCross Blue Shield of WNY							
Goal/Objective	**T/TE Count**	**Clinical Operations and P&T Committee (1/4/2021 - 4/2/2021) 3 months (18 obj)**	**Orientation (7/1/2020 - 7/24/2020) 3 weeks (14 TE 2 T obj)**	**Provider Engagement (3/29/2021 - 6/30/2021) 3 months (8 obj)**	**Quality I (7/27/2020 - 12/31/2020) 5 months (16 obj)**	**Quality II (2/1/2021- 5/28/21) 4 months (16 obj)**	**Residency Project (7/1/2020 - 6/30/2021) 12 months (5 Obj)**	**Teaching, Learning and Precepting (7/1/2020 - 6/30/2021) 12 months (4 Obj)**	**Utilization Management (8/17/2020 - 1/29/2021) 5 months (18 Obj)**
R1.1 Provide safe and effective patient care services including medication									
R1.1.1 Demonstrate responsibility and professional behaviors as a member of the health care team.	TE - 4, T - 0	TE			TE	TE			TE
R1.1.2 Interact effectively with individual patients and caregivers.	TE - 2, T - 0				TE	TE			
R1.1.3 Collect relevant subjective and objective information for the provision of individualized patient care.	TE -3, T - 0				TE	TE			TE
R1.1.4 Analyze and assess information collected and prioritize problems for provision of individualized patient care.	TE - 2, T - 0				TE	TE			
R1.1.5 Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient, and caregivers.	TE - 2, T - 0				TE	TE			
R1.1.6 Implement medication therapy plan in collaboration with other health care professionals, the patient, and caregivers.	TE - 2, T - 0				TE	TE			
R1.1.7 Monitor and evaluate the effectiveness of the medication therapy plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	TE - 2, T - 0				TE	TE			
R1.1.8 Collaborate and communicate effectively with patients, family members, and caregivers.	TE - 2, T - 1		T		TE	TE			
R1.1.9 Collaborate and communicate effectively with other health care team members.	TE - 3, T - 0			TE	TE				TE
R1.1.10 Document patient care activities appropriately and efficiently.	TE - 3, T - 0				TE	TE			TE
R1.2 Provide safe and effective medication-related patient care when patients transition between care settings.									
R1.2.1 Identify needs of individual patients experiencing care transitions.	TE - 1, T - 0				TE				
R1.2.2 Manage and facilitate care transitions between patient care settings.	TE - 1, T - 0				TE				
R1.3 Support safe and effective access to drug therapy for patients.									
R1.3.1 Assess whether network retail, mail order and specialty pharmacies follow best practices and the organization's policies and procedures.	TE - 1, T - 0	TE							
R1.3.2 Manage aspects of the medication-use process related to formulary management.	TE - 1, T - 0								TE
R1.3.3 Participate in the review of medication event reporting and monitoring.	TE - 1, T - 0								TE
R1.3.4 Assess how the organization utilizes appropriate and ongoing measures to assess patient satisfaction levels with services provided at network retail, mail order, and specialty pharmacies.	TE - 1, T - 0					TE			
R1.4 Design and implement medication-related programs and interventions that contribute to public health efforts or population management.									
R1.4.1 Design and/or deliver programs for members that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).	TE - 1, T - 0					TE			
R1.4.2 Design and/or deliver programs for members that support quality measures to improve outcomes of medication therapy.	TE - 2, T - 0			TE		TE			
R2.1 Manage services of the managed care pharmacy practice environment.									
R2.1.1 Manage patient care services at the managed care practice site.	TE - 2, T - 0				TE				TE
R2.1.2 Participate in organizational level management activities, functions, and/or decision-making.	TE - 2, T - 0	TE	TE						
R2.1.3 Identify relevant external factors that influence or impact managed care practice and identify appropriate strategies to adjust, comply, or improve.	TE - 3, T - 0	TE	TE						TE
R2.1.4 Evaluate an existing collaborative practice agreement or, if not available, create a new one in order to understand the implementation process for a state-based protocol to expand the scope of practice for pharmacists.	TE - 1, T - 0			TE					
R2.1.5 Identify and define ways in which medication management is provided in various managed care settings, lines of business (e.g., commercial, Medicare) and with diverse patient populations.	TE - 3, T - 0	TE	TE						TE
R2.1.6 Explain, or demonstrate understanding of, the patient intake process for specialty pharmacy patients.	TE - 1, T - 0		TE						
R2.1.7 Demonstrate understanding of Risk Evaluation and Mitigation Strategies (REMS) for patients receiving specialty pharmacy medications.	TE - 1, T - 0		TE						
R2.1.8 Demonstrates understanding of how specialty pharmacies fulfill prescriptions/medication orders for patients.	TE - 1, T - 0		TE						
R2.2 Demonstrate personal and professional leadership skills.									
R2.2.1 Manage oneself effectively and efficiently.	TE - 4, T - 0	TE	TE		TE	TE			TE
R2.2.2 Apply a process of on-going self-evaluation and personal performance improvement.	TE - 3, T - 0		TE		TE				TE
R2.2.3 Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	TE - 2, T - 0	TE							TE
R2.2.4 Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	TE - 1, T - 0						TE		
R2.2.5 Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.	TE - 1, T - 0	TE							
R2.3 Demonstrate management skills.									

R2.3.1 Explain factors that influence departmental planning.	TE - 1, T - 0		TE						
R2.3.2 Demonstrate understanding of the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and its relationship to the healthcare system.	TE - 1, T - 0		TE						
R2.4 Maintain confidentiality of patient and proprietary business information.									
R2.4.1 Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.	TE - 4, T - 0		TE	TE	TE				TE
R2.4.2 Observe organizational policy for the safeguarding of proprietary business information.	TE - 2, T - 0		TE	TE					
R2.4.3 Explain the relationship between the health plan and the delivery system functions of managed care.	TE - 1, T - 0		TE						
R2.5 Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.									
R2.5.1 Compare and contrast the provision of medication management in the various managed care environment.	TE - 1, T - 0		TE						
R3.1 Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.									
R3.1.1 Explain the organization's process for tracking the progress of drugs in the development pipeline.	TE - 1, T - 0	TE							
R3.1.2 Prepare a drug class review or monograph.	TE - 1, T - 0	TE							
R3.1.3 Identify opportunities for implementation of utilization management strategies.	TE - 2, T - 0	TE							TE
R3.1.4 Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.	TE - 1, T - 0	TE							
R3.1.5 When appropriate, present the recommendations contained in a drug class review or monograph and/or utilization management criteria to members of the P&T Committee.	TE - 1, T - 0	TE							
R3.1.6 Participate in the organization's process for evaluating the impact of implementation of formulary and/or utilization management changes on patient care.	TE - 2, T - 0	TE							TE
R3.1.7 Exercise skill in basic use of databases and data analysis.	TE - 3, T - 1	TE	T	TE		TE			
R3.1.8 Develop and propose recommendations to the appropriate committee based on the use of electronic data and information from internal information databases, external online databases, and the Internet.	TE - 3, T - 0	TE		TE					TE
R3.2 Design and implement clinical programs to enhance the efficacy of patient care.									
R3.2.1 Explain the organization's process for designing clinical programs.	TE - 1, T - 0					TE			
R3.2.2 Design or update an existing clinical program.	TE - 1, T - 0					TE			
R3.3 Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, or plan sponsors.									
R3.3.1 Formulate a systemic, efficient, and thorough procedure of retrieving and selecting the appropriate drug information.	TE - 2, T - 0	TE							TE
R3.3.2 Formulate responses to drug information requests based on analysis of the literature.	TE - 2, T - 0	TE							TE
R3.4 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care in a managed care setting.									
R3.4.1 Identify and design a practice related project to improve patient care in a managed care setting.	TE - 1, T - 0						TE		
R3.4.2 Implement a practice related project to improve patient care in a managed care setting.	TE - 1, T - 0						TE		
R3.4.3 Assess a practice related project to improve patient care in a managed care setting.	TE - 1, T - 0						TE		
R3.4.4 Effectively develop and present, orally and in writing, a final project report.	TE - 1, T - 0						TE		
R4.1 Provide effective education and/or training.									
R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.	TE - 1, T - 0							TE	
R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	TE - 1, T - 0							TE	
R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	TE - 2, T - 0			TE				TE	
R4.1.4 Appropriately assess effectiveness of education.	TE - 1, T - 0							TE	

PharmAcademic Scheduled Learning Experiences for Assigned Goals

Pharmacy - Buffalo Psychiatric Center

Filter: All Curricular Sets

Achieved For Residency?	Goal/Objective	TE Count	Orientation PGY1 pharmacy practice (7/20/2020 - 8/14/2020)	Clinical Pharmacy Services (CPS)-4 (8/17/2020 - 9/11/2020)	Practice management (PM)-1 (8/17/2020 - 2/5/2021)	Research and project-1 NEW (8/17/2020 - 2/5/2021)	Teaching and Education-1 (8/31/2020 - 10/23/2020)	General Medicine-2020 (9/28/2020 - 10/23/2020)	Teaching and Education-2 UPDATED (1/4/2021 - 1/29/2021)	Clinical Pharmacy Services (CPS)-3 (11/2/2020 - 11/27/2020)	Teaching and Education-3 UPDATED (10/26/2020 - 12/18/2020)	Geriatric Pharmacy Practice (1/11/2021 - 2/5/2021)	Practice management (PM)-2 (2/8/2021 - 7/12/2021)	Research and Project-2 NEW (2/8/2021 - 7/12/2021)	Pediatric Pharmacy (4/5/2021 - 4/30/2021)	Clinical Pharmacy Services (CPS)-2 (3/1/2021 - 3/26/2021)	Clinical Pharmacy Services (CPS)-1 (5/3/2021 - 5/28/2021)	Teaching and Education-4 (6/1/2021 - 6/28/2021)
No	**R1.1 - In collaboration with the health care**																	
No	R1.1.1 (Cognitive - Applying) Interact effectively	TE - 4	TE					TE		TE					TE			
No	R1.1.2 (Cognitive - Applying) Interact effectively	TE - 4						TE		TE		TE			TE			
No	R1.1.3 (Cognitive - Analyzing) Collect information	TE - 3						TE							TE		TE	
No	R1.1.4 (Cognitive - Analyzing) Analyze and assess	TE - 2						TE									TE	
No	R1.1.5 (Cognitive - Creating) Design or redesign	TE - 3						TE				TE					TE	
No	R1.1.6 (Cognitive - Applying) Ensure	TE - 2						TE									TE	
No	R1.1.7 (Cognitive - Applying) Document direct	TE - 3	TE					TE									TE	
No	R1.1.8 (Cognitive - Applying) Demonstrate	TE - 3						TE							TE		TE	
No	**R1.2 - Ensure continuity of care during patient**																	
No	R1.2.1 (Cognitive - Applying) Manage transitions	TE - 3		TE						TE					TE			
No	**R1.3 - Prepare, dispense, and manage**																	
No	R1.3.1 (Cognitive - Applying) Prepare and	TE - 2	TE		TE													
No	R1.3.2 (Cognitive - Applying) Manage aspects of	TE - 1			TE													
No	R1.3.3 (Cognitive - Applying) Manage aspects of	TE - 1			TE													
No	**R2.1 - Demonstrate ability to manage**																	
No	R2.1.1 (Cognitive - Creating) Prepare a drug	TE - 1														TE		
No	R2.1.2 (Cognitive - Applying) Participate in a	TE - 1														TE		
No	R2.1.3 (Cognitive - Analyzing) Identify	TE - 1														TE		
No	R2.1.4 (Cognitive - Applying) Participate in	TE - 2	TE													TE		
No	**R2.2 - Demonstrate ability to evaluate and**																	
No	R2.2.1 (Cognitive - Analyzing) Identify changes	TE - 2				TE								TE				
No	R2.2.2 (Cognitive - Creating) Develop a plan to	TE - 2				TE								TE				
No	R2.2.3 (Cognitive - Applying) Implement changes	TE - 2				TE								TE				
No	R2.2.4 (Cognitive - Evaluating) Assess changes	TE - 2				TE								TE				
No	R2.2.5 (Cognitive - Creating) Effectively develop	TE - 1												TE				
No	**R3.1 - Demonstrate leadership skills**																	
No	R3.1.1 (Cognitive - Applying) Demonstrate	TE - 1											TE					
No	R3.1.2 (Cognitive - Applying) Apply a process of	TE - 4			TE	TE	TE						TE					
No	**R3.2 - Demonstrate management skills**																	
No	R3.2.1 (Cognitive - Understanding) Explain factors	TE - 1											TE					
No	R3.2.2 (Cognitive - Understanding) Explain the	TE - 1											TE					
No	R3.2.3 (Cognitive - Applying) Contribute to	TE - 1											TE					
No	R3.2.4 (Cognitive - Applying) Manages one's own	TE - 1											TE					
No	**R4.1 - Provide effective medication and**																	
No	R4.1.1 (Cognitive - Applying) Design effective	TE - 3					TE					TE						TE
No	R4.1.2 (Cognitive - Applying) Use effective	TE - 3					TE					TE						TE
No	R4.1.3 (Cognitive - Applying) Use effective written	TE - 1									TE							
No	R4.1.4 (Cognitive - Applying) Appropriately	TE - 1																TE
No	**R4.2 - Effectively employs appropriate**																	
No	R4.2.1 (Cognitive - Analyzing) When engaged in	TE - 2							TE									TE
No	R4.2.2 (Cognitive - Applying) Effectively employ	TE - 2							TE									TE

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 PGY1 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 (mek5@buffalo.edu) by July 1st.

Updated 4/30/2021