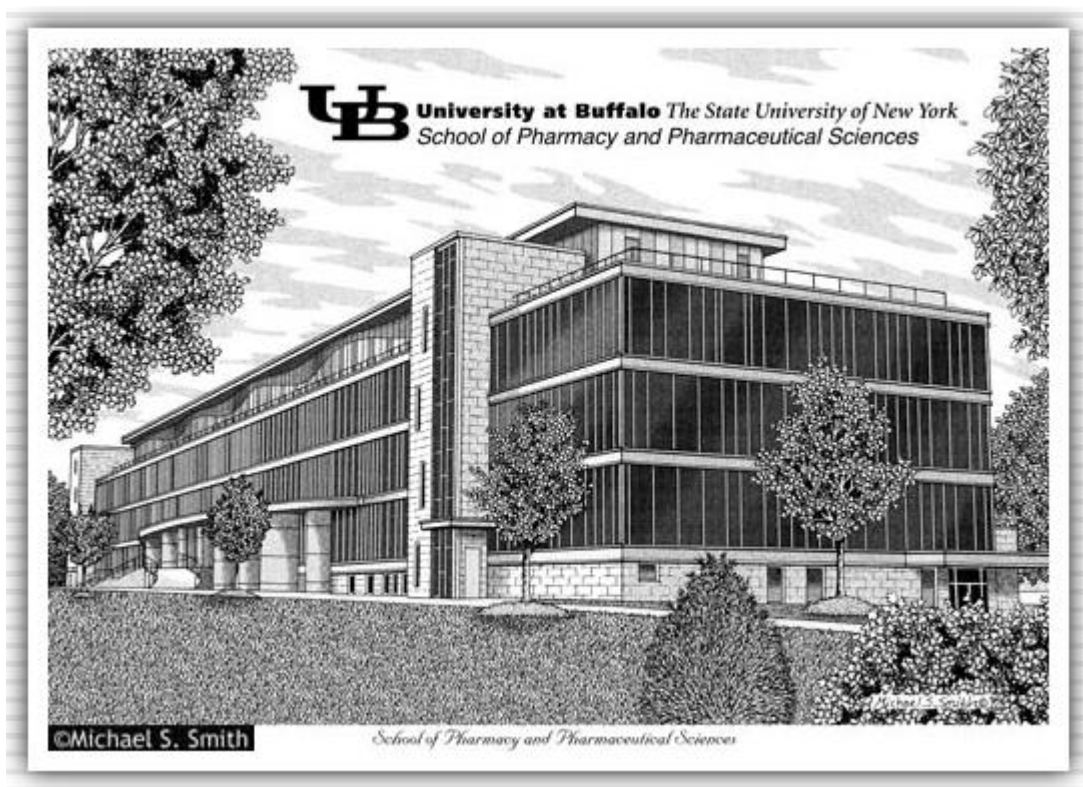


University at Buffalo
School of Pharmacy and Pharmaceutical Sciences

**PGY1 Residency Program Handbook
2022-2023**



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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

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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 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

† 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 Postgraduate Training Advisory Committee (PTAC)

- The committee overseeing all University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UB SPPS) postgraduate training programs.
- Composed of:
 - Residency program administrative director (PTAC chair)
 - Residency and fellowship program directors (PDs) for UB SPPS residency/fellowship programs
 - Pharmacy Practice Department Chair
 - Residency program administrative staff member(s)
 - Chief Pharmacy Resident
- Purpose:
 - Provide guidance to residents, fellows, residency and fellowship program directors, and residency and fellowship preceptors on issues relating to postgraduate 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 residency PDs 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 and fellowship events and activities, including but not limited to:
 - CE program
 - Postgraduate Research Forum
 - Fundamentals of Postgraduate Scholarship course
 - Resident/Fellow Teaching Certificate Program
 - Preceptor development programming
 - Review and update website content for postgraduate training.
- Meetings:
 - UB SPPS PTAC meetings will occur monthly on the first Wednesday of the month from 1-2:30pm.
 - Purpose:
 - To review resident/fellow progress toward program objectives.

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- To plan and implement professional activities / events (see above).
 - Minutes from UB SPPS PTAC meetings will be documented and circulated to all PTAC members.
- UB SPPS PTAC retreats will be scheduled once or twice per year in mid-December and/or early June, as needed.
 - Purpose:
 - Residency program annual review and quality improvement
 - Fellowship program participation will be optional.

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:
 - Residency Program Directors (RPDs) 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.

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

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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 internal and external moonlighting.
 - Moonlighting (i.e., voluntary, compensated work performed within or outside the residency training site that are not scheduled duty periods of the residency program) is permitted, however:
 - Successful completion of residency training requires a significant time commitment. The PTAC therefore discourages residents from moonlighting. Each resident who wishes moonlight:
 - Must obtain approval from their RPD. This should be documented in the resident's development plan.
 - Must not exceed 24 hours/month. All moonlighting hours must be documented in monthly duty hour attestations and reviewed by 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).
 - If moonlighting appears to be affecting resident performance during scheduled duty hours, resident and RPD will develop a remediation plan that may include reduction in moonlighting hours or ceasing moonlighting activities. If resident does not comply with remediation plan or does not demonstrate improvement, resident will be subject to dismissal from the program.
 - 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

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- Residents should have a minimum of 8 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). It is recommended to use the duty hour tracking functionality in PharmAcademic™.**
 - The following activities are not included in the duty hour requirement: reading, studying, academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps), travel time to and from work or conferences, or other hours that are not scheduled by a residency preceptor or RPD (see Appendix D for additional information).
 - RPDs will be notified in PharmAcademic if residents report violations of ASHP's duty hour policy.

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/Fellow 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 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 timeline 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 Postgraduate Research Forum and at least one national or one local/regional conference.
 - Project writeup: A final manuscript of the residency project must be submitted to the program director prior to the end of the residency year. The manuscript must undergo at least one round of edits by the RPD/preceptor/co-authors and be formatted to a specific journal agreed upon by the manuscript authors. A cover letter to the journal must be submitted with the manuscript. The decision to submit the manuscript for publication will be at the discretion of the research preceptor and/or RPD.
 - 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.
- Fundamentals of Postgraduate Scholarship (formerly referred to as “Didactic Resident Research Course”): All PGY-1 residents are expected to attend this course offered during July or August. Attendance is mandatory.

Professional Presentations

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- Residency Journal Club
 - Each resident is expected to allocate 1-2 evenings 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 the first journal club of the fall semester, as a faculty member will present and review resident expectations. Residents are expected to mentor two (2) Scholars students as they prepare and present a journal club. This will require the resident to read and critically evaluate the journal article, approve the article chosen by the student, and provide guidance to the student. Residents must also attend the journal club at which their assigned students present.
- 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 Postgraduate Research Forum
 - Preliminary and/or final results of the residency project are to be presented as a platform presentation at the UB SPPS Postgraduate Research Forum in the spring.
- 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 each spring.

Licensure Requirement for Residents

- It is the expectation of ASHP and UB SPPS PTAC 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, UB SPPS residents are highly encouraged to participate in the NYS pharmacy law review offered by the UB SPPS during the month of May or June preceding the start of their residency year. This program is offered free of charge to incoming UB SPPS residents.

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- To obtain NYS licensure, incoming residents should follow the instructions on the NYS Education Department Office of the Professions website.
 - Licensure requirements: <http://www.op.nysed.gov/prof/pharm/pharmlic.htm>
 - License application forms: <http://www.op.nysed.gov/prof/pharm/pharmforms.htm>
- The resident must send proof of licensure to their RPD as soon as possible, but no later than October 1st.
- Residents unable to obtain licensure prior to the start of their residency program MUST have a valid NYS pharmacy intern permit prior to their residency start date. An intern permit can be obtained by filing Form 5. Please see NYSED website for details: <http://www.op.nysed.gov/prof/pharm/pharmforms.htm>
- If a resident is unable to obtain licensure prior to October 1st;
 - The resident may be dismissed from the residency program.
 - The resident must contact their RPD and PTAC 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

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- 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 PTAC that all UB SPPS residents will adhere to generally accepted standards of professionalism throughout the residency.
 - It is the expectation of the PTAC 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.

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- **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

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- Attendance: Residents must not be absent for >3 days of 1-month learning experiences and >5 days for 3 month learning experiences and cumulative time off must not exceed 20 days for the residency year.
- 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 PTAC 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.
- 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

- Residency project
 - Complete a pharmacy (research) project relating to the resident's area of practice
 - Prepare a final manuscript and cover letter formatted to a specific journal that has undergone at least one round of internal edits
- Professional presentations
 - Participate in journal club as outlined above
 - Present residency project as a platform presentation at UB SPPS Postgraduate Research Forum
 - 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) in accordance with ASHP residency accreditation standards. The RPD is expected to complete the 'certification of completion of residency program requirements' form (Appendix G) and return it to the PTAC 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. Discussion of wellbeing, resilience, and burnout, as well as strategies to mitigate burnout will be discussed at UB SPPS Resident/Fellow Orientation.

Paid Time Off

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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 may 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.

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- 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-half to 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 and tour of Pharmacy Building may be included.
 - 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.
- ASHP Phase II Match
 - Any residency positions remaining unmatched after the first phase of the match will determine within 48 hours of the match whether they will participate in phase II.
 - RPDs will begin reviewing new applications as soon as phase II applications are able to be submitted in PhORCAS. RPDs reserve the right to give preference to the first 10 applications received during phase II.
 - Applicants will be reviewed per the same evaluation rubric as phase I applicants.
 - Interviews may take place either in person (particularly for local applicants) or via video conferencing (eg. Zoom).
 - Following interviews, candidates will be evaluated using the same rubric as phase I.
- Post-Match Scramble

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- Any residency positions remaining unmatched after phase II of the match will determine within 48 hours of the match whether they will participate in the scramble. Programs will remain open for a total of 2 weeks.
- RPDs will begin reviewing new applications as soon as applications are able to be submitted in PhorCAS. RPDs reserve the right to give preference to the first 10 applications received during the scramble.
- Applicants will be reviewed per the same evaluation rubric as phase I & II applicants.
- Interviews may take place either in person (particularly for local applicants) or via video conferencing (eg. Zoom).
- Following interviews, candidates will be evaluated using the same rubric as phase I & II.

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
- 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.

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- 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.

COVID-19 Vaccination Policies

Residents are required to adhere to the policies of their practice site, as well as their employer of record, if that is different from their practice site (i.e. residents employed by University Pharmacy Resident Services, Inc.). The following PGY1 residency programs currently have COVID-19 vaccination requirements. Please see site policies for further information.

- PGY1 Pharmacy Residency at the Buffalo Psychiatric Center

Resident Travel Policy

- Travel and Conference Attendance
 - While attending a conference, residents are expected to portray the image of a professional and are required to actively participate in conference activities / events.
 - Funding
 - 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

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- 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.

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- 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
 - Please note that requirements for successful completion of the program supersede site policies regarding time off.
- 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 PTAC 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 PTAC 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, the maximum allowable leave for residents shall be 20 days (cumulative) during the residency year.** Any time off beyond 20 days will result in the need to extend the training program beyond the anticipated end date and may occur without additional pay or benefits.

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

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- It is the expectation of the PTAC 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, PTAC 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 PTAC 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 PTAC 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.

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UB SPPS/UPRS Residency Program Faculty Committee and Contact Information

Residency Program Administrative Director

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Clinical Associate Professor
Administrative Director, UB SPPS Residency Program
Chair, Postgraduate Training Advisory Committee
Residency Program Director, PGY2 Ambulatory Care Pharmacy, General Physician, PC
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Department of Pharmacy Practice Chair

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Postgraduate Training Advisory Committee - Residency Program Directors

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Postgraduate Training Program Administrative Staff

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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 PTAC 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

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- 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

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- 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. Postgraduate Training Advisory Committee Structure

UB SPPS Administrative PTAC

Committee Chair: Erin Slazak

Department Chair: William Allan Prescott, Jr.

Faculty / Staff members: Nicole Albanese, Edward M. Bednarczyk, Tammie Lee Demler, Gina Prescott, David Jacobs, Christopher Daly, Mary Kruszynski, Marsha Nelson, Ryan Lindenau, Lindsey Landi, Rachel Rosman

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, Rachel Rosman, Lindsey Landi

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

Purpose Statement

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

Statement on Well-Being and Resilience

- A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- D. As part of promoting a culture of wellness, pharmacy leaders 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 residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

II. Duty Hour Requirements

- A. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
 - 1. Duty hours includes inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other

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required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

2. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

B. Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

C. Mandatory Duty-Free Times

1. 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.
2. Residents must have at a minimum of 8 hours between scheduled duty periods.

D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.
2. If a program exceeds 16 hours of continuous duty periods, the “In House Call Program” limitations apply as described in the corresponding section.

E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.

The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)

2. Review of tracking method must be completed on a monthly basis.
3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

III. Moonlighting

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- A. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- 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, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.
- C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:
 - The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
 - Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
 - A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

IV. Call Programs

- A. If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:
 - 1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
 - 2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
 - 3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 - 4. Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c)) must be included in the tracking of hours.

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5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.
6. In-House Call Program
 - a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.
 - b. 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.
 - i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.
 - c. Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.
 - d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.
7. At-Home or Other Call Programs
 - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - b. 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.
 - c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
 - i. 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.
 - ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to

at-home call, count towards the 80 hour maximum weekly hour limit.

Duty-Hour Requirements Updated by ASHP 3-11-22

Updated 8/16/2022

Appendix F. Resident Dismissal Policy

Conduct

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 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 Postgraduate Training Advisory Committee (PTAC), 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 3 month learning experiences, and no more than 20 days over the course of the residency year.
 - 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. Complete a pharmacy (research) project relating to the resident’s area of practice AND prepare a final manuscript and cover letter formatted to a specific journal that has undergone at least one round of internal edits.
 - d. Professional presentations
 - i. Participate in journal club
 - ii. Present project as a platform presentation at the UB SPPS Postgraduate Research Forum
 - iii. Present project as a platform presentation at the Eastern States Residency Conference (or a comparable meeting if approved by the UB SPPS PTAC)

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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 PTAC 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

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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:
Evaluator:

PharmD Program:
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 self-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

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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?

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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.

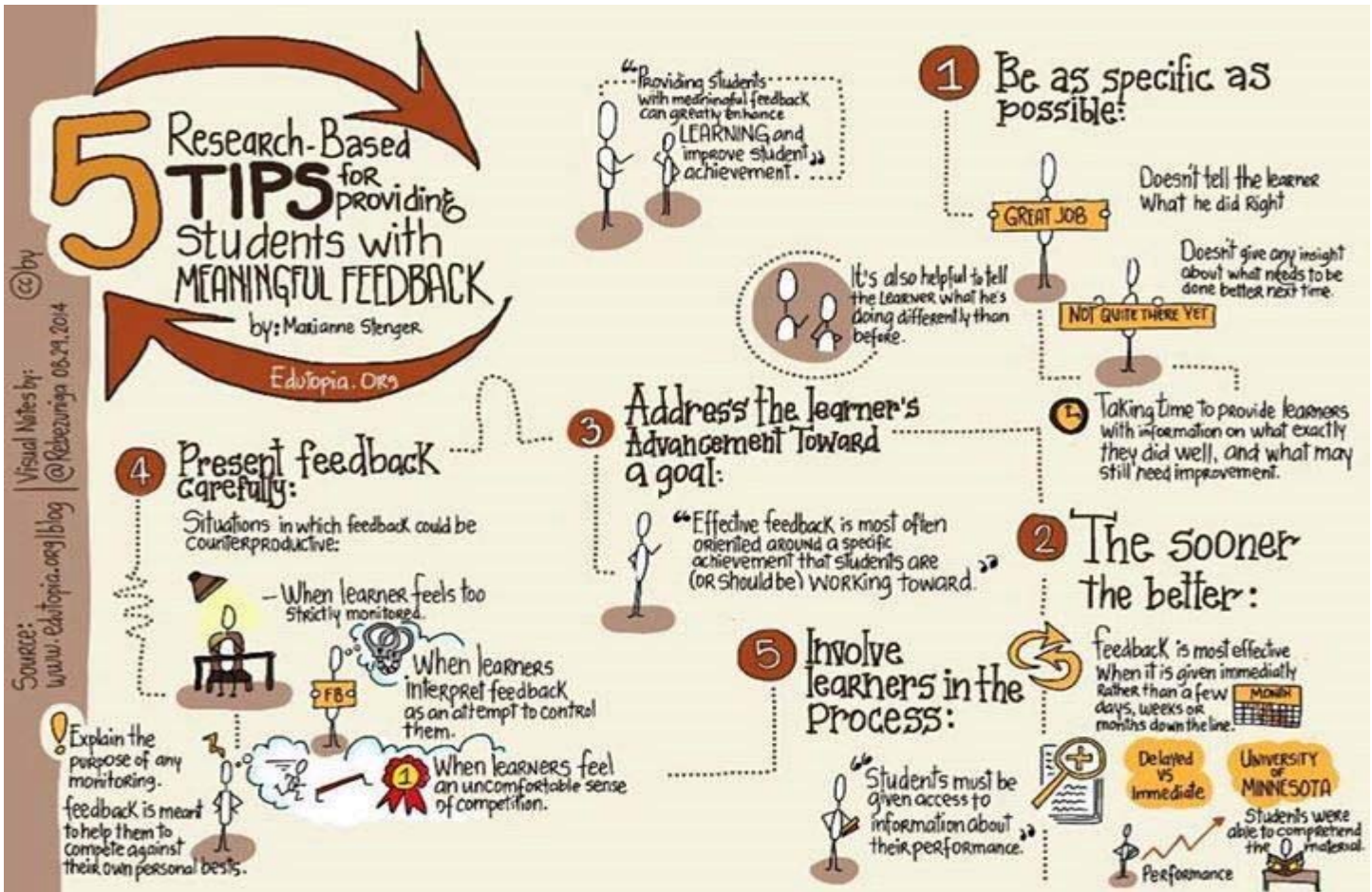
Timely – A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion 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

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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						

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							

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																	

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 PTAC Chair Signature

Date

Please complete this form and submit to Ms. Mary Kruszynski (mek5@buffalo.edu) by July 1st.