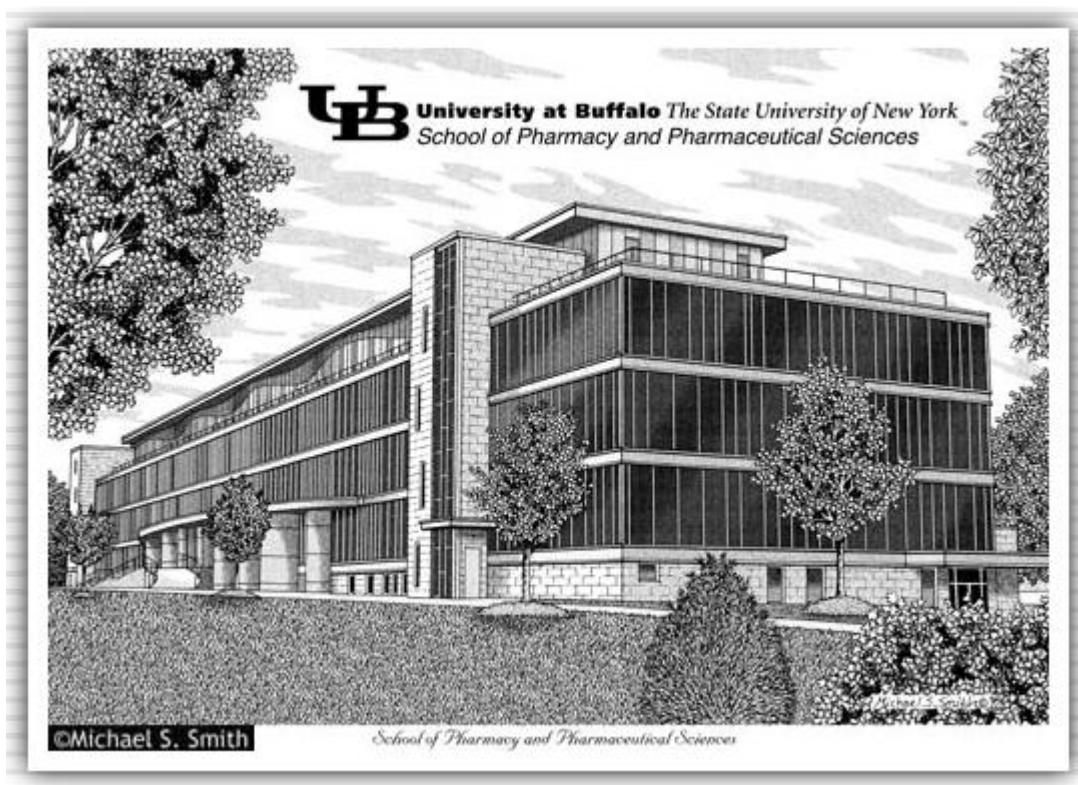


University at Buffalo  
School of Pharmacy and Pharmaceutical Sciences

**PGY2 Residency Program Handbook  
2024-2025**



## **Table of Contents**

Mission Statement	4
PGY2 Program Purpose	4
Residency Program Listing	4
UB SPPS Postgraduate Training Advisory Committee	5
Residency Training Site Residency Advisory Committees	6
Chief Pharmacy Resident	7
Resident Responsibilities	7
Licensure Requirement for Residents	11
Liability Requirements for Residents	12
Special Training Requirements for Residents	13
Pharmacy Resident Professionalism	13
Residency Program Evaluation Strategy	14
Resident Attendance Policy	15
Requirements for Successful Completion of Residency Program	16
Resident Progression Policy	17
Resident Wellbeing	17
Resident Recruitment	18
Stipend and Benefits for Residency Programs	20
COVID-19 Vaccination Policies	21
Resident Travel	21
Supplies Available to Residents	22
Resident Leave	23
Resident Discipline and Dismissal	23
Residency Program Contact Information	24

*Updated 4/20/24*

*PGY2 Residency Handbook*

Appendix A: Residency Preceptor Policy	25
Appendix B: Postgraduate Training Advisory Committee Structure	29
Appendix C: Chief Pharmacy Resident	30
Appendix D: ASHP Duty-Hour Requirements for Pharmacy Residencies	32
Appendix F: Resident Disciplinary Policy	37
Appendix G: Certification of Completion of Residency Program Requirements	40
Appendix H: PGY2 Applicant Evaluation Form	42
Appendix I: Interview Evaluation Form	44
Appendix J: PGY2 Early Commitment Policy	46
Appendix K: Evaluations and Assessments	47
Appendix L: Tips for Providing Meaningful Feedback	50
Appendix M: Program Structures	51
UB SPPS Resident Commitment Form	57

**Disclaimer:**

The policies and procedures in this handbook are designed to serve as guidelines for UB SPPS PGY2 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 Postgraduate Training 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 Postgraduate Training 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.

## **UB SPPS Residency Program Mission Statement**

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

## **PGY2 Purpose Statement**

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

## **PGY2 Residency Program Listing**

- PGY2 Residency Programs
  - PGY2 Ambulatory Care (Buffalo Medical Group) †
    - Program #: 22073
    - Program director: Nicole Albanese, PharmD, CDCES, BCACP
  - PGY2 Psychiatry (Buffalo Psychiatric Center) †
    - Program #: 22021
    - Program director: Tammie Lee Demler, PharmD, MBA, BCGP, BCPP

† Denotes ASHP Accredited

‡ Denotes ASHP Candidate Status

\*Denotes ASHP Pre-candidate Status

Additional information available at: <https://pharmacy.buffalo.edu/academics/postgraduate-education/residency-training.html>

## **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 have a 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.
      - To plan and implement professional activities / events (see above).
      - To review and update residency and fellowship policies.

- 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.
    - 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.
    - 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.
- The position of Chief Pharmacy resident may be deferred in the case of a very small (e.g., 3 or less) incoming residency class.

### **RESIDENT RESPONSIBILITIES**

The UB SPPS residencies are 12-month (52 weeks), full-time appointments and will take place from July 1<sup>st</sup> through June 30<sup>th</sup> unless otherwise arranged with an individual RPD. Outlined below are activities and responsibilities of all UB SPPS PGY2 residents.

#### **Clinical Activities:**

- Residency-specific: It is the responsibility of the individual RPD to work with their resident to design and implement a customized residency experience meeting ASHP accreditation standards and program goals and objectives. The resident development plan should be based both on the resident's interests and the resident's strengths and opportunities for improvement 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. (See **Resident Discipline Policy, Appendix F**)
  - Mandatory Time Free of Duty
    - Residents must be scheduled for a minimum of one day free of duty every 7 days (when averaged over four weeks). At-home call cannot be assigned on these free days.
  - Maximum Duty Period Length
    - Continuous duty periods of residents should not exceed 16 hours in duration (see **Appendix D** for additional details).
  - Minimum Time Off between Scheduled Duty Periods
    - Residents should have 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 of their duty hours and submit to their RPD monthly (by the 4<sup>th</sup> 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 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 the 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 and teaching requirements. (Note: these activities are included in the requirements for program completion.)
  - Any PGY-2 resident who has already completed a Teaching Certificate as part of their PGY-1 program may be waived from this requirement as deemed appropriate by

their RPD, however, some teaching experiences are still required for successful completion of the program (see **Appendix G**).

- **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 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 are expected to receive Investigational Review Board (IRB) approval in advance of beginning the project.
  - Projects should be able to be completed in the span of the residency year.
  - A proposed project 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 and a cover letter must be submitted prior to the end of the residency year to a journal mutually agreed upon by the manuscript authors.
    - If accepted for publication and resident does not maintain active involvement in manuscript writing and editing, 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”): PGY 2 residents are encouraged to attend this course offered during July or August, but attendance is ultimately at the discretion of the RPD based on previous experience.

## **Professional Presentations**

- Continuing Education Program
  - Each resident is required to prepare and present at least 1 continuing education program (ACPE-accredited) in coordination with the UB SPPS Office of Continuing Education.
- Presentation of project as an abstract/poster
  - Preliminary and/or final results of the residency project are to be presented as a poster at a national, regional, or local meeting as deemed appropriate by the RPD.
- Presentation of project as a platform presentation
  - 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.

## **Licensure Requirements 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 120 days of the start of their residency program.
- There are two methods by which PGY2 residents may obtain licensure in New York State (all options require the resident to have passed the NAPLEX and New York State MPJE):
  - Option 1: Follow the instructions for first-time licensure for new graduates. NAPLEX scores can be transferred and all candidates for licensure must pass the NYS MPJE.
    - License requirements:  
<https://www.op.nysed.gov/professions/pharmacist/license-requirements>
    - License application forms:  
<https://www.op.nysed.gov/professions/pharmacist/license-application-forms>
  - Option 2: New York State License Transfer
    - Refer to the NYS Office of the Professions for requirements for applicants licensed in another state:  
<https://www.op.nysed.gov/professions/pharmacist/license-requirements>
    - Note: **New York State will only allow reciprocity if the resident has been practicing as a licensed pharmacist for at least 12 months in the state in which they were initially licensed.**
  - 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 preceding the start of their residency year. This program is offered free of charge to incoming UB SPPS residents. In the event this program is

not offered, UB PTAC will assist residents in identifying alternative resources to prepare for the NYS MPJE.

- The resident must send proof of licensure to their RPD as soon as possible.
- 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:  
<https://www.op.nysed.gov/professions/pharmacist/license-application-forms>
- If a resident is unable to obtain licensure within 120 days of the start of their residency:\*
  - The resident will be referred to the UB SPPS PTAC Disciplinary Policy and may be dismissed from the residency program.
  - The resident must contact their RPD and UB SPPS PTAC Chair to schedule a meeting to obtain guidance for attaining licensure and meet training program requirements to successfully complete the program and obtain a completion certificate. If dismissal is deferred, a corrective action plan (CAP) will be developed for the resident, focused on obtaining licensure. Training may need to be extended past the planned end date of their residency to ensure the resident completes 2/3 of their residency training as a licensed pharmacist. Any extension of the residency will be completed without compensation or benefits. Failure of the resident to meet goals set forth in the CAP will result in resident dismissal.

\*The ultimate decision to extend the residency program and defer dismissal will be a mutual decision between the resident, RPD, and UB SPPS.

- Costs associated with licensure are the responsibility of 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 the Postgraduate Education Coordinator (Erin McKendry).

### **Special Training Requirements for Residents:**

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

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

### **Pharmacy Resident Professionalism:**

- Resident professionalism
  - It is the expectation of the UB SPPS PTAC that all UB SPPS residents will adhere to generally accepted standards of professionalism throughout the residency.
  - It is the expectation of the UB SPPS 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 engaging in unprofessional behavior will be referred to the PTAC Resident Disciplinary Policy and are subject to 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.

- UB SPPS PTAC 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)
  - 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.
- **Formative Evaluations** (e.g., verbal feedback, written feedback in PharmAcademic™): 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.

- **Resident development plan:** The resident and RPD (or designee) will create an initial resident development plan within 30 days from the start of the residency and will update the development plan by the end of October, January, and April. The plan will be based on:
  - Resident self-assessment
    - Self- Reflection on career goals, practice interests, and well-being and resilience
    - Self-evaluation on the resident’s skill level related to program goals and objectives
  - RPD assessment
    - Resident’s strengths and opportunities for improvement relative to program competency areas, goals, and objectives
    - Resident progress toward achievement of objectives for the residency (ACHR) and other requirements of the program
    - Analysis of the effectiveness of the previous quarter’s changes

### **Resident Attendance Policy**

- The minimum length of residency training is 52 weeks.
- The ASHP Residency Accreditation Standard defines time away from the residency program as any personal time (vacation time, sick time, holiday time, religious time, interview time, jury duty time, bereavement leave, military leave, parental leave, any leave of absence), in addition to conference time and education days.
- If more than 3 days are missed for a 1-month learning experience and more than 9 days are missed for a 3-month learning experience, the learning experience should be extended to make up for the time away.
- The maximum allowable time away from the residency program is 37 training days over the course of the 52 weeks. Any resident missing more than 37 days, including extended leaves, will be subject to either dismissal with no completion certificate or extension of the program. Any extension of the training program will be completed without compensation or benefits. The decision to extend the program should be agreed upon mutually between the resident, RPD, and UB SPPS.

## **Requirements for Successful Completion of the Residency Program:**

- Achievement of NYS licensure within 120 days of the start of training program or extension of the training program such that 2/3 of the residency program is completed as a licensed pharmacist (see Licensure Requirements section)
- Completion of at least 52 weeks of training with no more than 37 days away from the residency program (see Attendance Policy section)
  - Completion of scheduled learning experiences (initial residency training schedule may be adjusted based on quarterly development plan updates)
  - Achievement of residency program goals and objectives:
    - By the final summative evaluation, the resident 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.
  - Teaching activities
    - Completion of Advanced Academic Teaching Certificate (unless waived)
      - 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 Facilitation or at least 2 small group active learning sessions in either Essentials of Patient Care 1 or 2 (PHM 517 or 518) or Integrated Pharmacy Concepts
      - 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
      - Submit a final manuscript and cover letter for publication to a journal mutually agreed upon by manuscript co-authors
  - Professional presentations
    - Present residency project in abstract/poster format at a suitable national, regional, or local meeting
    - Present residency project as a platform presentation at UB SPPS Postgraduate Training Forum or at another suitable regional or local meeting



- Protocol
  - Prepare or revise a protocol related to your area of practice (Please refer to PGY2 program-specific competency areas, goals, and objectives for additional details and guidance)
- PGY2 Appendix requirements (for PGY2 Ambulatory Care)
- Residents who do not meet these expectations will not receive a residency certificate of completion
  - 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 UB SPPS PTAC chair no later than June 15<sup>th</sup>. Residency certificates will not be awarded until this document has been completed.

**Resident Progression Policy:**

While the 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 demonstrate growth and make steady progress toward these criteria throughout the residency year.

The following criteria will be used to flag a resident who is not progressing through the program as expected and will result in a referral to the UB SPPS PTAC Resident Disciplinary Policy (**Appendix F**):

1. A resident receives 3 or more “needs improvement” ratings on a summative evaluation for a single learning experience, **or**
2. A resident receives a “needs improvement” rating on the same objective on summative evaluations for more than one learning experience, **or**
3. A resident receives a “needs improvement” rating on any learning experience summative evaluation taking place during the final third of the residency 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 Orientation.

**Paid Time Off**

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

### 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.
- The UB SPPS Postgraduate Training Program supports a diverse and inclusive training environment. Recruitment efforts are designed so as not to discriminate against any potential applicant based on race, ethnicity, gender identity, sexual orientation, or financial means.
- Promotion of UB SPPS residency program occurs at multiple national meetings.
  - ASHP Midyear Clinical Meeting
    - Residency Showcase (PGY1 and PGY2 programs)
  - ACCP annual meeting
  - APhA annual meeting
  - NCPA annual meeting
  - New York State Council of Health System Pharmacists (NYSCHP) Virtual Statewide Residency and Fellowship Showcase
  - UB SPPS Postgraduate Training Program Virtual Open House
- Pre-screening of residency applicants
  - Applicants will be evaluated by program directors and/or program preceptors using an objective evaluation tool (**Appendix H**):
  - Programs may opt for a preliminary virtual interview to determine whether a candidate should be offered a full interview.
  - All residency candidates will be provided online access to this Handbook and the appropriate policies and benefits information when they are extended an offer for an interview. Candidates must acknowledge 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 evaluate applicants.
- Interview

- 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: RPDs, residency program preceptors, pharmacy residents, PTAC Chair (optional)
- Interviews may take place in person or virtually, depending on candidate and program circumstances.
- 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.
    - PGY2 residents are expected to participate in recruitment events as listed above.
    - Residents are expected to assist during the interview process.
- Residency Matching Program
  - All pre-candidate status, candidate status, and accredited residency programs will participate in the residency matching program. Eligible PGY2 residency programs may elect to early commit with a current PGY1 resident in a UB SPPS-sponsored program (**Appendix J**).
  - Residents accepted into a PGY2 program must provide a copy of their PGY1 pharmacy residency certificate prior to beginning the program or on the first day of the PGY2 program. Residents will not be allowed to start their PGY2 training until verification of PGY1 completion is received. Any delay in the start of the residency program will count toward the maximum allowable time away from the program in accordance with the Resident Attendance Policy. **Residents who do not successfully complete their PGY1 residency will not be able to move forward into a PGY2 training position.**
- 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 or virtually, depending on candidate and program circumstances.
  - Following interviews, candidates will be evaluated using the same rubric as phase I.
- Post-Match Scramble

- 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 or virtually, depending on candidate and program circumstances.
- Following interviews, candidates will be evaluated using the same rubric as phase I & II.

### **Stipend and Benefits for Residency Programs**

Resident salary and benefits will depend on the program funding source:

- PGY2 Ambulatory Care (Buffalo Medical Group) – funding source is University Pharmacy Resident Services, Inc. (UPRS)
- PGY2 Psychiatry (Buffalo Psychiatric Center) – funding source is the Buffalo Psychiatric 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: <https://pharmacy.buffalo.edu/academics/postgraduate-education/residency-training/application-information.important-documents.html>
- **FOR ALL PGY2 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 should be submitted to the program director and appropriate preceptors (if applicable) no later than March 31<sup>st</sup> (or as soon as reasonably possible) to assure adequate time to plan for the final quarter of the residency program.
  - To ensure an adequate residency experience and achievement of residency outcomes as outlined by ASHP and other accrediting agencies, residents are encouraged to evenly disperse their PTO throughout the year (i.e., avoid requesting large blocks of

vacation time), and to strategically schedule their PTO during their job interviews. All use of PTO must comply with the Resident Attendance Policy as outlined above.

- 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 the Postgraduate Education Coordinator. FAX copies are acceptable.
  - Deadline for submission of monthly timesheets is the 5<sup>th</sup> 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 PGY2 residency programs currently have COVID-19 vaccination requirements. Please see site policies for further information.

- PGY2 Psychiatric Pharmacy Residency at the Buffalo Psychiatric Center
- PGY2 Ambulatory Care Residency at Buffalo Medical Group

### **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 professional conferences attended per the discretion of the RPD.
    - The stipend amount for attendance at professional meetings will vary from year to year, based on the location of the meetings, but will generally cover registration and travel to one national meeting and one local or regional meeting.
    - Travel Reimbursement
      - All travel must be pre-approved by the individual RPD and either UB SPPS or UPRS.
      - **\*\*Please see the document *Resident Travel Procedures (UB Learns)* for step-by-step instructions on planning travel and obtaining reimbursement.\*\***
      - Prior to making any travel reservations (air or lodging), please contact the Postgraduate Education Coordinator (Erin McKendry) and 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.**

- Payment for airfare may be reimbursed in advance of travel, but payment for lodging will not be reimbursed until completion of travel.
- Meeting registrations can usually be paid for you. Please complete a meeting registration form and forward to the Postgraduate Education Coordinator (Erin McKendry), who will complete and pay for meeting registration on your behalf. Once complete, a meeting confirmation will be sent to you, which you should forward back to the Postgraduate Education Coordinator for documentation.
- **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 issued by 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 the Postgraduate Education Coordinator (Erin McKendry).
  - The computer must be returned prior to the end of the residency.
- **Lab Coat**
  - Each resident will be supplied one lab coat. Replacement lab coats will be at the expense of the resident.
- **Business Cards**
  - Each resident will be supplied business cards.
- **Research Poster**
  - UB SPPS or UPRS will cover the cost of one (1) 48x36 inch poster per year, per resident.

### **Resident Leave**

- Paid time off is residency dependent (UPRS-paid residents, please see UPRS, Inc. “Employee Benefit and Leave Policy” <https://pharmacy.buffalo.edu/academics/postgraduate-education/residency-training/application-information.important-documents.html>)
- Site-paid residents, please refer to site policies
- **Please note that the Resident Attendance Policy supersedes training site policies regarding paid time off.**
- If a situation requiring long-term leave arises during a resident’s contracted term, the resident must notify their RPD and the UB SPPS PTAC chair as soon as possible.
  - The resident must formulate a plan for residency completion with their RPD and the UB SPPS PTAC chair. The plan must include, but not be limited to, extending the resident’s training beyond the planned end date to ensure a **minimum of 52 weeks of training and successful completion of all residency requirements** as outlined in **Appendix G**. Extension of the residency program will take place without pay or benefits.

### **Resident Discipline and Dismissal:**

- 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 from the training site.
- Professional behavior
  - Residents are expected to conduct themselves in a professional manner at all times, both at their training site, at the University at Buffalo, during local, state, and national professional events, and in completion of all professional duties and tasks throughout their training.
  - 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.
- Referral to the PTAC Resident Disciplinary Policy (**Appendix F**) may result from:
  - Failure to obtain licensure as outlined by **Licensure Requirements** section above
  - Lack of academic progression as outlined in **Resident Progression Policy** above
  - Known or suspected behavioral misconduct

**\*Please see Appendix F for full policy regarding resident discipline and dismissal.\***

## **UB SPPS/UPRS Residency Program Faculty Committee and Contact Information**

### **Director of Postgraduate Education and PTAC Chair**

Erin M. Slazak, PharmD, BCPS, BCACP  
Clinical Associate Professor  
UB SPPS, 210 Pharmacy Building, Buffalo, NY 14214  
Phone: (716) 645-3931  
Email: [emsabia@buffalo.edu](mailto:emsabia@buffalo.edu)

### **Postgraduate Education Coordinator**

Erin McKendry, MBA, MS  
UB SPPS, 346 Abbott Hall  
Phone: (716) 829-5346  
Email: [erinm@buffalo.edu](mailto:erinm@buffalo.edu)

### **Department of Pharmacy Practice Chair**

William A. Prescott, Jr., PharmD  
Clinical Professor  
UB SPPS, 222 Pharmacy Building, Buffalo, NY 14214  
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### **Postgraduate Training Advisory Committee - Residency Program Directors**

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Tammie Lee Demler, PharmD, MBA, BCGP, BCPP  
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Lindsey Landi, PharmD  
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Middleport, NY 14105  
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## Appendix A. PTAC Residency Preceptor Policy

The appointment and reappointment of preceptors shall be the responsibility of the RPD with oversight by UB PTAC. Each year at the PTAC residency annual review retreat, RPDs are required to report on preceptors that were newly appointed during this residency year and any preceptors that are due for review and reappointment. Preceptors meeting qualifications will be appointment for a 4-year term.

1. Preceptors seeking initial appointment:
  - a. Prospective preceptor should submit an ASHP Academic and Professional Record (APR) form
  - b. RPD should complete the UB PTAC Initial Preceptor Appointment Form
    - i. RPD should appoint preceptor to a 4-year term if qualifications are met
    - ii. If most, but not all qualifications are met (**preceptor does not meet 4.6.a or 4.6.b or is missing one criterion from 4.6.c**), RPD may appoint the preceptor for a 2-year term and create an individualized preceptor development plan designed to ensure the preceptor is meeting all preceptor requirements within 2 years from initial appointment. At that time, they will be eligible for reappointment to a 4-year term.
2. Preceptors seeking reappointment:
  - a. Preceptor should submit an updated APR form and a UB PTAC Preceptor Self-Assessment Form which demonstrates that they meet all preceptor qualifications and:
    - i. Completed at least 80% of their learning experience evaluations in a timely manner (within 7 days of their due date).
    - ii. Demonstrate continued ability to give meaningful feedback to residents by review of their completed evaluations.
    - iii. Served as a preceptor for at least 1 learning experience during their previous term.
    - iv. 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.
    - v. Attended at least two (2) preceptor development activities per year during their previous term.
  - b. RPD should review APR and Preceptor Self-Assessment Form and complete the bottom portion of the Preceptor Self-Assessment form.

### 4.5 Pharmacist Preceptors' Eligibility

#### 4.5.b PGY1 Preceptors must be licensed pharmacists who:

- Have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- Have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

#### 4.5.b PGY2 Preceptors must be licensed pharmacists who:

- Have completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted.
- Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program.

4.6 Preceptors' Qualifications: Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

- 4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted.

Preceptors demonstrate **at least one example** of the following related to the area of pharmacy practice precepted:

- Any active BPS certification
- Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD)
- Completion of Pharmacy Leadership Academy (DPLA)
- Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): *Note: this does not include BLD, ACL, or PALS*
- For non-direct patient care areas, nationally-recognized certification in the area precepted (Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC))
- Privileging granted by preceptor's current organization that meets the following criteria:
  - Peer review is part of the re-credentialing procedure
  - Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or PK protocols do not suffice
  - If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process
- Subject matter expertise as demonstrated by:
  - Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted, or
  - Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted, or
  - At least 5 years of practice experience in the area precepted

#### 4.6.b Contribution to pharmacy practice in the area precepted.

Preceptors document at least one example that **meets one of the following criteria** in the last 4 years of practice and after residency training, if applicable:

- Contribution to the development of clinical or operational policies/guidelines/protocols
- Contribution to the creation/implementation of a new clinical or operational service
- Contribution to an existing service improvement
- Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on RAC or other residency-related committees
- In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different inservices/presentations given in the last 4 years, OR a single inservice/presentation given at least annually within the last 4 years

#### 4.6.c Role modeling ongoing professional engagement

Preceptor role models ongoing professional engagement demonstrated by documenting **at least 3 types** of ongoing professional engagement in the last 4 years\* and after residency training completed, if applicable:

- Formal recognition of professional excellence over a career (e.g., fellow status for a national organization or pharmacist of the year recognition at a state or regional level)
- Primary preceptor for pharmacy APPE students (does not include precepting IPPE students or residents)
- Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site)
- Service (beyond membership) in national, state, and/or local professional associations
- Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable)
- Completion of teaching certificate program

- Providing preceptor development to other preceptors at the site
- Evaluator at state/regional residency conferences; poster evaluator at professional meetings; and/or evaluator at other local/regional/state/national meetings
- Publications in peer-reviewed journals or chapters in textbooks
- Formal reviewer of submitted grants or manuscripts
- Participant in wellness programs, health fairs, health-related consumer education classes, and/or employee wellness/disease preventions programs
- Community service related to professional practice
- Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor)
- Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence

\*Formal recognition of professional excellence over a career, which is considered a lifetime achievement award, need not be within the last 4 years (example – fellow status for a national organization or pharmacist of the year recognition at state/regional level).

4.6.d Preceptors who do not meet criteria for 4.6.a, 4.6.b, and/or 4.6.c have a documented individualized preceptor development plan to achieve qualifications within 2 years.

4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.

4.7.a Preceptors actively participate and guide learning when precepting residents.

4.8 Non-pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

4.8.a Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.

4.8.a.1 Readiness for independent practice is document in the resident’s development plan.

4.8.b The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.

4.8.c The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist preceptor learning experience.

4.8.d At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident’s progress towards achievement of the educational objectives assigned to 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 preceptor participation 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.

## Appendix B: Postgraduate Training Advisory Committee Structure

### UB SPPS PTACs

#### **UB SPPS 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, Erin McKendry, Rachael Rosman, Lindsey Landi

Chief Resident (appointed annually)

#### **Buffalo Medical Group PGY2 Ambulatory Care RAC**

Chair: Nicole Albanese

Faculty / Staff members: Scott Monte, Melissa Apa, Madalyn Rossi

#### **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 Family Health Center PG1 Community-Based Pharmacy RAC**

Chair: Lindsey Landi

Faculty / Staff Members: Steve Giroux, Rachael Rosman, Anthony Pattin, Ryan Lindenau, Karen Brauen

## 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 PTAC
  - Interested residents should e-mail the Director of the Postgraduate Training Advisory Committee (PTAC) with a letter of interest and CV by the end of the first week in July.
  - Applicant materials will be sent out the PTAC for review.
    - PTAC 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 PTAC will meet during July to select the chief resident based on the above criteria.
    - All members of the PTAC present at the July PTAC 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.).

Updated 4/20/24

PGY2 Residency Handbook

- Assisting in the planning of new resident orientation.
- Serving as a liaison between the residents and fellows.
- Serving on and acting as a liaison to the Postgraduate Training Advisory Committee: communicates to the PTAC and provides feedback to the residents when appropriate.
  - The chief resident is a non-voting member of the PTAC.
  - 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 PTAC 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



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**

- 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.

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**

## Appendix F. UB SPPS PTAC Resident Disciplinary Policy

The **purpose** of this policy is to establish disciplinary procedures for the UB Postgraduate Training Advisory Committee (PTAC) to respond to a resident who is not meeting program expectations. This includes failure to meet academic performance expectations as well as known or suspected professional misconduct. This policy applies to all UB SPPS-sponsored residents, regardless of funding source and employer of record. Depending on the reason for referral to this policy, the resident may also be subject to discipline from their training site.

### Definitions:

**Academic expectation** refers to the resident's ability to meet program goals and objectives as listed in the Competency Areas, Goals, and Objectives (CAGO) document for each residency training program. Please see residency handbook section on Resident Progression and Requirements for Successful Completion of the Residency.

**Professional misconduct** refers to as any violation of rules or policies, applicable laws, or standards of pharmacy practice. This includes, but is not limited to, illegal or unethical conduct, sexual misconduct or sexual harassment, unauthorized use or disclosure of patient information, violation of any training site policy, employer policy, or UB SPPS policy, and other unprofessional behaviors, such as excessive unexcused absence or tardiness, plagiarism, or false documentation.

1. **Residents not obtaining NYS pharmacy license within 120 days of program start** as described in the Resident Handbook, may be dismissed from the program. Upon mutual agreement by the resident, Residency Program Director (RPD), and PTAC Chair, dismissal may be deferred, and a written corrective action plan (CAP) focused on obtaining licensure may be initiated. The CAP should include, at minimum:
  - a. A plan for preparing for required licensure examinations
  - b. A timeframe by which licensure will be obtained
  - c. Plans for extension of the residency (see handbook section on licensure)
  - d. Residents unable to obtain licensure in the timeframe set forth by the CAP will be dismissed from the program
  
2. **Residents not meeting academic performance expectations** as described in the Resident Progression Policy will have a CAP initiated.
  - a. When academic issues are identified, the RPD should meet with the resident as soon as possible to identify any concerns or barriers to successfully improving performance. The RPD will implement a coaching plan to help the resident improve performance and meet expectations.
  - b. If, after coaching, performance does not improve, the resident and RPD will collaboratively develop a CAP\* that includes, at minimum:
    - i. Identification of deficiencies and related program objectives
    - ii. Steps that will be taken to correct these deficiencies

- iii. Measurable parameters for improvement (for example, an objective must move from “needs improvement” to “satisfactory progress” or the resident must be able to independently and satisfactorily demonstrate a specific skill)<sup>†</sup>
    - iv. A timeframe by which demonstrated improvement is required
    - v. Signatures of the RPD and resident
  - c. At the end of the prespecified timeframe for expected improvement, the resident should complete a self-evaluation and the RPD should complete a summative evaluation on the objectives included in the CAP. The RPD and resident should meet to discuss the outcome.
  - d. **Residents demonstrating improvement** as described in their CAP will continue in their program and will be notified of this outcome in writing by the RPD. The resident will be on probation for a period of one month following this written notification. If the resident is re-referred to this policy (i.e., the resident again shows lack of progression) during their probationary period, they may be dismissed from the program.
  - e. **Residents who are unable to demonstrate improvement** as described in their CAP will be notified of this finding in writing by the RPD. Residents will be subject to dismissal from the program.

\*The RPD should notify the UB PTAC Chair when a CAP is initiated

<sup>†</sup>It is the expectation that residents are receiving ongoing feedback throughout their learning experiences. Therefore, a rating of “needs improvement” on a summative evaluation should *not* be the first time a resident is made aware of a deficiency. Prior to issuing a “needs improvement” rating, it is expected that the resident has received ample verbal and/or written feedback in PharmAcademic alerting them to the need for improvement.

3. **Residents engaging in known or suspected professional misconduct** will be notified of the alleged misconduct in writing.
  - a. Depending on the severity of the misconduct (e.g., there is concern for the resident to safely participate in patient care activities), the resident may be removed from their practice site immediately until a corrective action plan is in place or may be subject to immediate dismissal.
  - b. The resident will be scheduled to meet with the PTAC Chair and RPD to discuss the misconduct.
  - c. Any investigation into the misconduct will be led by the PTAC Chair and an ad-hoc committee consisting of at least one individual from PTAC and at least one individual from the Site RAC. Administrative leadership from the Department of Pharmacy Practice or the Practice Site, or both, will be included as determined by the ad-hoc committee.
  - d. Per the findings of the ad-hoc committee, if dismissal of the resident is deferred, the resident will have a CAP initiated. The CAP will be developed collaboratively by the resident and RPD and should include, at minimum:
    - i. Identification of misconduct and related program objectives
    - ii. Steps that will be taken to correct or avoid this misconduct in the future

- iii. Measurable parameters for improvement (for example, a resident found in violation of HIPAA may be required to attend additional HIPAA training sessions)
      - iv. A timeframe by which demonstrated improvement and completion of corrective action is required
      - v. Signatures of the RPD and resident
    - e. At the end of the prespecified timeframe for expected improvement, the resident should complete a self-evaluation and the RPD should complete a summative evaluation on the objectives included in the CAP. The RPD and resident should meet to discuss the outcome.
      - i. **Residents demonstrating improvement** as described in their CAP will continue in their program and will be notified of this outcome in writing by the RPD. The resident will be on probation for a period of one month following this written notification. If the resident is re-referred to this policy (i.e., the resident again shows lack of progression) during their probationary period, they may be dismissed from the program.
      - ii. **Residents who are unable to demonstrate improvement** as described in their CAP will be notified of this finding in writing by the RPD. Residents will be subject to dismissal from the program.
4. **Resident dismissal:** Residents may be dismissed for any of the reasons set forth above in this policy. If it is determined by the RPD and the PTAC Chair that a resident must be dismissed:
- a. A letter of dismissal will be issued, including:
    - i. Reason for dismissal, including terms of the CAP that were not achieved, if applicable
    - ii. Date of termination from the residency program
    - iii. Date of termination of pay/benefits (employer dependent)
    - iv. Notice that the resident will not receive a certificate of completion of residency training
    - v. Signatures of RPD and PTAC Chair
  - b. All dismissals shall be considered final
5. **Resident grievances:** Any resident concerns about their preceptors or RPD, or other programmatic concerns, should be directed, in writing, to the Chair of UB SPPS PTAC. The Chair or another neutral member of the PTAC will investigate these concerns. The resident will be notified, in writing, of the outcome. To the extent possible, the identity of the resident will remain anonymous.

## 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) 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, within 120 days of the program start (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 52 weeks of training.
  - a. The resident has not exceeded the maximum time allowable away from the program (37 days over 52 weeks of training).
3. The resident has successfully completed:
  - a. Clinical rotations
    - Requirements of program-specific appendix, if applicable (i.e., ambulatory care)
    - Resident must attain (by the end of the residency) “Achieved for Residency (ACHR)” in 100% of patient care objectives and in  $\geq 85\%$  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
    - Completion of Advanced Academic Teaching Certificate (unless waived by RPD)
      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 Facilitation or at least 2 small group active learning sessions in either Essentials of Patient Care I or II (PHM 517 or 518) or Integrated Pharmacy Concepts
      3. Precept/co-precept students during their Introductory (IPPE) and/or Advanced (APPE) Pharmacy Practice Experiences
      4. Prepare and deliver at least one (1) ACPE-accredited continuing education (CE) program
      5. Preparation of a statement of teaching philosophy
  - c. Pharmacy (research) project
    - Participate in a pharmacy (research) project relating to the area in which they are practicing AND submit a final manuscript and cover letter for publication to a journal mutually agreed upon by manuscript co-authors
  - d. Protocol



- Prepare or revise a protocol related to your area of practice (Please refer to PGY2 program-specific competency areas, goals, and objectives for additional details and guidance)
- e. Professional presentations
- Present project in abstract/poster format at a suitable national, regional, or local meeting
  - Present project as a platform presentation at the UB SPPS Postgraduate Research Forum or another suitable regional or local meeting

(Over)

I, \_\_\_\_\_, RPD for the PGY2 residency program sited at

\_\_\_\_\_, hereby certify on behalf of the residency program site

RAC, that \_\_\_\_\_ (insert pharmacy resident name) has successfully

completed all 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 15<sup>th</sup>** (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.

**Appendix H. Pre-interview Evaluation Form  
Evaluation of PGY2 Residency Applicant**

Residency Program:  
Evaluator:

PharmD Program:  
PGY1 Program:

**1. Candidate Recommendations**

	<b>R1</b>	<b>R2</b>	<b>R3</b>
Highly recommends and cites evidence of clinical skills, knowledge base, and personal attributes with documentation of examples to support recommendation.	4	4	4
Highly recommends, but lacks adequate information on clinical skills, knowledge base, or personal attributes, <b>or</b> does not provide evidence to support recommendation.	3	3	3
Highly recommends, but narrative includes at least one red flag concerning the candidate’s clinical skills, knowledge base, or personal attributes, <b>or</b> , writer has minimal basis on which to make a meaningful recommendation.	2	2	2
Recommends (versus highly recommends) <b>or</b> 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
Does not recommend	0	0	0

**2. 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

**3. PGY1 Learning Experiences**

The majority of learning experiences are in clinical patient care and are relevant to this program/practice setting	3
The majority of learning experiences are in clinical patient care, but few are relevant to this program/practice setting	2
Less than half of the learning experiences are in clinical patient care and few are relevant to this program/practice setting	1

**4. Teaching/Presentation Experience**

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

**5. 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

**6. Scholarship Activity**

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

**7. Letter of Intent**

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:** \_\_\_\_\_/28

**Please select one:**

- Invite for interview
- Consider for preliminary interview
- Decline interview

**Comments:**

**Appendix I. Interview Evaluation Form**  
**Evaluation of PGY2 Residency Candidate Interview**

Residency Program:  
 Evaluator:

PGY1 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
<u>Examples of poor responses:</u> -Unable to give any examples -Unable to understand the response provided by the candidate -Response was not relevant to the question being asked		<u>Examples of average responses:</u> -Gives examples of specific situations OR Clearly explains their behavior and outcomes -Response partially satisfies the question that was asked	<u>Examples of excellent responses:</u> -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/interview demeanor**

Rating	Comments

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

Rating	Comments

**5. Time management skills**

Rating	Comments

**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:** \_\_\_\_\_/50

**Ranking Recommendation:**

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

**Comments:**

## Appendix J. PGY2 Early Commitment Policy

### Background:

The ASHP Pharmacy Match Program includes an Early Commitment Process whereby a PGY1 resident may commit to a PGY2 residency offered by the same program sponsor. In addition, the PGY1 and PGY2 residencies must be consecutive years of employment for the resident. This process occurs prior to the matching process and removes both the PGY2 residency position and the resident from participation in the match.

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 November 1<sup>st</sup>.
2. The PGY1 resident will then be formally interviewed by the PGY2 Residency Program Director and program preceptors and a decision to offer the PGY2 position will be voted on by the site RAC.
3. Pending the results of the interview process, the PGY2 residency position will be offered to the PGY1 candidate by November 15th. An employment contract will be issued to the PGY1 resident within one week of offer and must be returned to UB SPPS no later than December 1<sup>st</sup>.
4. Both the PGY2 program and position must be registered for the match. The PGY1 resident does not have to be registered for the match.
5. Prior to the annual deadline set forth by ASHP (usually mid-December), the RPD must offer the position to the PGY1 resident following online procedures on the National Matching Services website. The RPD must also close the position in PhORCAS so no other applications can be submitted.
6. If the PGY1 resident had previously registered for the match, they will be withdrawn from the match by National Matching Services once they complete the online acceptance procedure (see #5).
7. All PGY1 program requirements must be completed prior to the start of PGY2 training.

## 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. Residents will complete the self-reflection again prior to the update of each quarterly development plan update.

At the end of the residency program, residents self-reflect by asking themselves questions about their major areas of improvement during the residency, about their professional growth, what about the program was especially satisfying, and how their career and personal goals have changed over the course of the residency program.

### **Why do a self-assessment?**

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

When to do one: Beginning, middle, end

How to do one:

Reflect on activity, focusing on opportunities to improve

Goals:

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

Once you have identified areas to improve, seek information and guidance

Set SMART goals: Specific, Measurable, Attainable, Realistic, Time-sensitive

From: <http://topachievement.com/smart.html> (accessed 7/10/2015):

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

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

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

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

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

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

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

How much? How many?

Updated 4/20/24

PGY2 Residency Handbook



How will I know when it is accomplished?

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

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

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

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

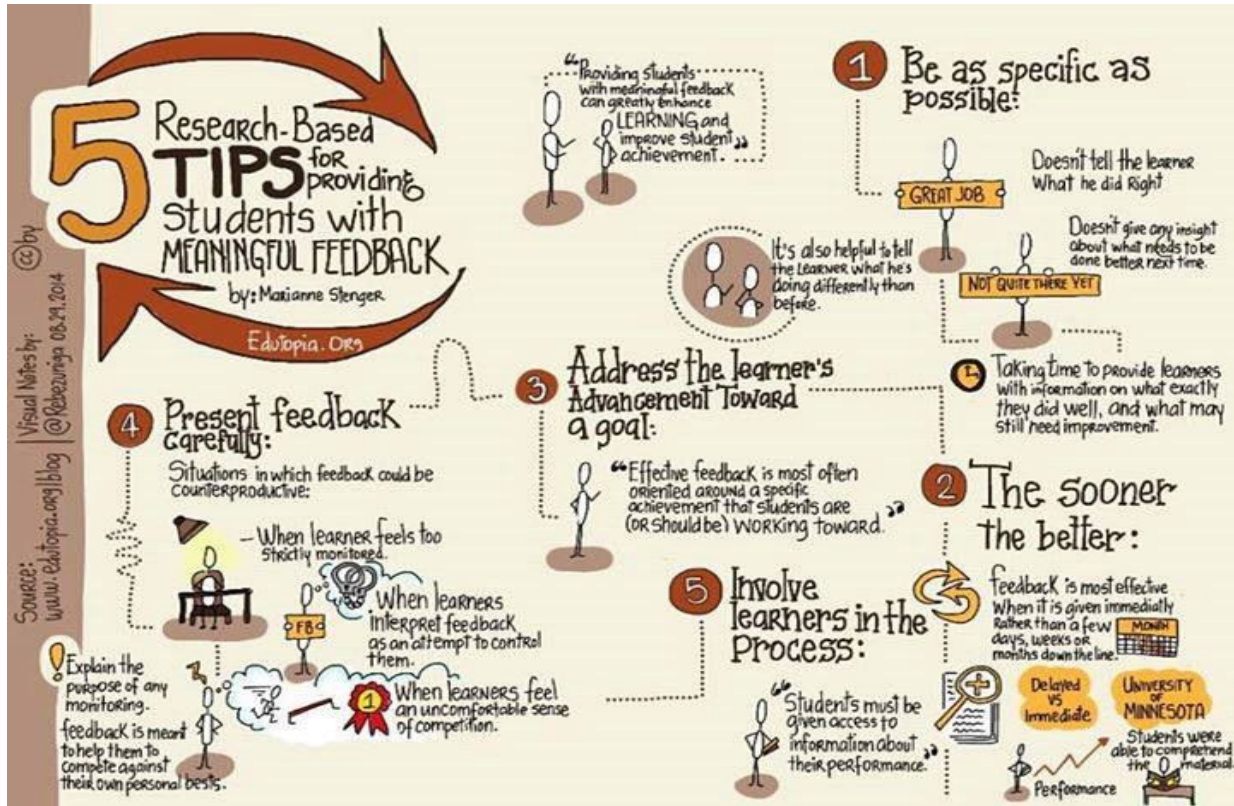
**Timely** – A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion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

Your goal is probably realistic if you truly believe that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

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

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

## Appendix L: Tips for Providing Meaningful Feedback



Quality feedback should:

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

Examples:

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

## **Appendix M: Program Structures**

**Goals and Objectives Taught and Evaluated in Learning Experiences**

**Site: University of Buffalo/ Buffalo Medical Group**

**Program: PGY2 - Ambulatory Care 22073**

Showing Required and Elective Learning Experiences	TE Count	Academia	Orientation	Patient Care	Population Health	Research
<b>PGY2 Ambulatory Care Required (2017)– Required</b>						
<b>R1 Patient Care</b>						
R1.1 Provide comprehensive medication management to ambulatory care patients following a						
R1.1.1 Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy.	TE - 2		TE	TE		
R1.1.2 Interact effectively with ambulatory care patients, family members, and caregivers.	TE - 2		TE	TE		
R1.1.3 Collect information to ensure safe and effective medication therapy for ambulatory care patients.	TE - 2		TE	TE		
R1.1.4 Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	TE - 1			TE		
R1.1.5 Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients.	TE - 1			TE		
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	TE - 1			TE		
R1.1.7 Document direct patient care activities appropriately in the medical record, or where appropriate.	TE - 1			TE		
R1.1.8 Demonstrate responsibility to ambulatory care patients for patient outcomes.	TE - 1			TE		
R1.2 Design and/or deliver programs that contribute to public health efforts or population						
R1.2.1 Design and/or deliver programs for patients that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).	TE - 1			TE		
<b>R2 Advancing Practice and Improving Patient Care</b>						
R2.1 Manage the development or revision, and implementation, of proposals related to the						
R2.1.1 Prepare or revise a protocol (e.g., work flow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care.	TE - 1				TE	
R2.1.2 Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.	TE - 1				TE	
R2.2 Demonstrate ability to conduct a research project.						
R2.2.1 Identify a scholarly question related to clinical practice, education, or healthcare that would be useful to study and can be completed within the PGY2 residency year.	TE - 1					TE
R2.2.2 Develop a plan or research protocol for the project.	TE - 1					TE
R2.2.3 Collect and evaluate data for the project.	TE - 1					TE
R2.2.4 When applicable, implement the project.	TE - 1					TE
R2.2.5 Assess changes or need to make changes based on the project.	TE - 1					TE
R2.2.6 Effectively develop and present, orally and in writing, a final project report suitable for publication.	TE - 1					TE
<b>R3 Leadership and Management</b>						
R3.1 Demonstrate leadership skills.						
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective	TE - 2		TE		TE	
R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement.	TE - 2		TE		TE	
R3.2 Demonstrate management skills in the provision of care for ambulatory care patients.						
R3.2.1 Manage one's own ambulatory care practice effectively.	TE - 2		TE		TE	
R3.3 Manage the operation of an ambulatory care pharmacy service.						
R3.3.1 Effectively manage ongoing operational functions of the service.	TE - 2		TE		TE	
R3.3.2 Assure that the service operates in accord with legal and regulatory requirements.	TE - 1				TE	
<b>R4 Teaching, Education, and Dissemination of Knowledge</b>						

	R4.1 Demonstrate excellence in providing effective medication and practice-related education.					
	R4.1.1 Design effective educational activities related to ambulatory care.	TE - 1	TE			
	R4.1.2 Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.	TE - 1	TE			
	R4.1.3 Use effective written communication to disseminate knowledge related to ambulatory	TE - 1	TE			
	R4.1.4 Assess effectiveness of education related to ambulatory care.	TE - 1	TE			
	R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students,					
	R4.2.1 When engaged in teaching related to ambulatory care, select a preceptor role that meets learners' educational needs.	TE - 1			TE	
	R4.2.2 Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to ambulatory care.	TE - 1			TE	
	<b>PGY2 Ambulatory Care Elective (2017)– Elective</b>					
	<b>E1 Academia</b>					
	E1.1 Demonstrate understanding of key elements of the academic environment and faculty					
	E1.1.1 Demonstrates understanding of key elements of the academic environment and faculty roles within it.	TE - 1	TE			
	E1.2 Exercise case-based and other teaching skills essential to pharmacy faculty.					
	E1.2.1 Develop and deliver cases for workshops and exercises for laboratory experiences.	TE - 1	TE			
	E1.2.2 Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.	TE - 1	TE			
	E1.3 Develops and practices a philosophy of teaching.					
	E1.3.1 Develop or update a teaching philosophy statement.	TE - 1	TE			
	E1.3.2 Prepare a practice-based teaching activity.	TE - 1	TE			
	E1.3.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.	TE - 1	TE			
	E1.3.4 Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.	TE - 1	TE			









## UB SPPS Postgraduate Training Commitment Form

I have read and understand the policies and procedures pertinent to my resident training as outlined within the UB SPPS PGY2 Residency Handbook.

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Resident Name (print)

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Resident Signature

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Residency Program

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Residency Program Director Signature

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UB SPPS PTAC Chair Signature

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Date

Please complete this form and submit to Postgraduate Coordinator, Erin McKendry, by July 1st.