

University at Buffalo
School of Pharmacy and Pharmaceutical Sciences

**PGY1 Residency Program Handbook
2025-2026**

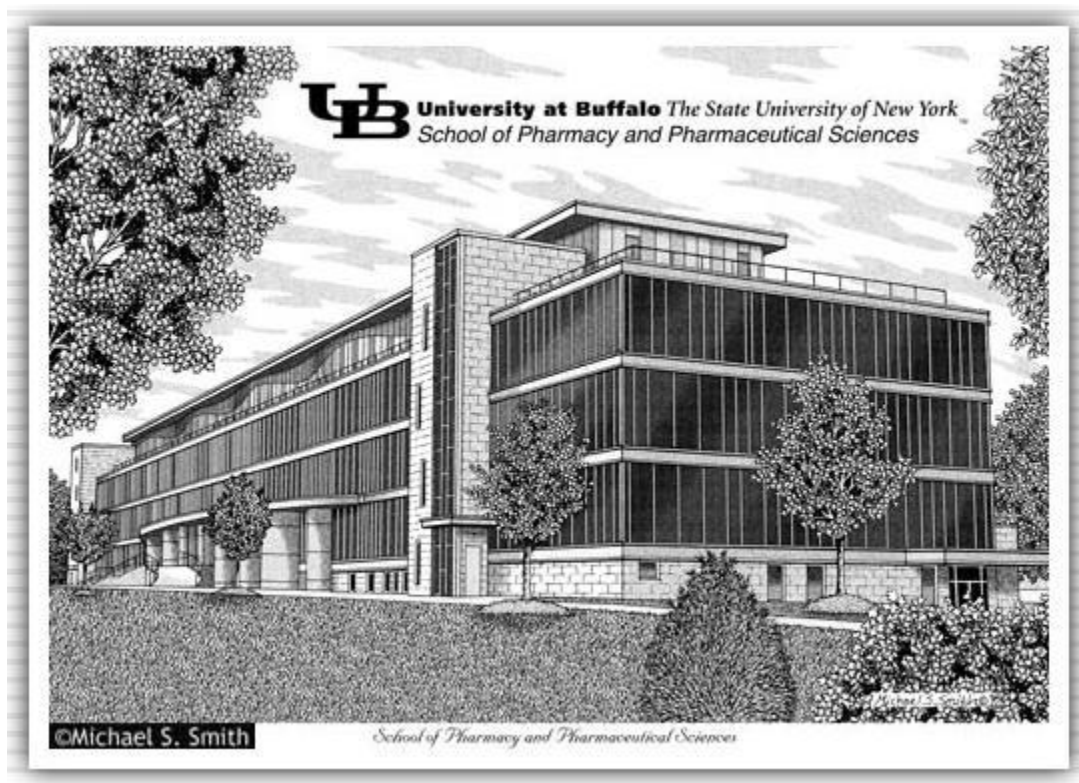


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Updated 11/13/24

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Disclaimer:

The policies and procedures in this handbook are designed to serve as guidelines for UB SPPS pharmacy residents. They are not intended to create any contract or binding agreement between the employer and any employee. All policies and procedures outlined in this handbook are subject to change or modification at the discretion of the UB SPPS 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.

Mission Statement

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

PGY1 Pharmacy Residency Program Purpose Statements

PGY1 Purpose Statement:

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

PGY1 Residency Program Listing

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

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

† Denotes ASHP Accredited

‡ Denotes ASHP Candidate Status

*Denotes ASHP Pre-candidate Status

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

UB SPPS Postgraduate Training Advisory Committee (PTAC)

- This committee oversees all University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UB SPPS) postgraduate training programs.
- Composed of:
 - Director of Postgraduate Education (PTAC chair)
 - Residency and fellowship program directors (PDs) for UB SPPS residency/fellowship programs
 - Pharmacy Practice Department Chair
 - Postgraduate Education Coordinator
 - Chief Pharmacy Resident (if applicable)

- 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:
 - 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, as needed.
 - Purpose:
 - Residency program annual review and quality improvement
 - Fellowship program participation will be optional

Residency Training Site Residency Advisory Committees (RAC)

- Residency Training Site RACs (**Appendix B**) oversee residency programs and residents at a specific training site.
- Composed of:
 - Residency Program Directors (RPDs) for UB SPPS residency programs at that training site
 - Residency program preceptors (appointed by the RPD) for residency programs at that training site
 - Other health care practitioners (appointed by the RPD) directly involved in the training of the resident
- Purpose:
 - Provide guidance to residents and residency preceptors on issues relating to residency training.
 - Provide direct oversight of current pharmacy residents so as to:
 - Monitor resident progress as it relates to progress towards achievement of program objectives.
 - Ensure residents successfully complete their residency program.
 - Oversee existing residency programs to ensure:
 - Adherence to university and/or site policies and procedures.
 - Adherence to ASHP accreditation guidelines.
 - Maintenance to ASHP accreditation status.
 - Oversee preceptor selection and development.
 - 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

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 small (e.g., 3 or less) incoming residency class.

RESIDENT RESPONSIBILITIES

The UB SPPS residencies are 52-week, full-time appointments and will take place from July 1st through June 30th unless otherwise arranged with an individual RPD. Outlined below are activities and responsibilities of all UB SPPS PGY1 residents.

Clinical Activities

- Residency-specific: It is the responsibility of the individual RPD to work with their resident to design and implement a customized residency experience meeting ASHP accreditation standards and program goals and objectives. The resident development plan should be based

both on the resident's interests and the resident's strengths and opportunities for improvement as determined by RPD assessment and resident self-assessment.

- Financial support for offsite learning experiences: Depending on the residency program, residents may have the opportunity to complete learning experiences away from their primary training site. There is no financial support available for transportation, housing, or per diems for rotations completed offsite.

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 log their duty hours and submit to their RPD monthly (by the 4th of the following month). All residents will use PharmAcademic to track duty hours.**
 - 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 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.
- 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, Department of Pharmacy Practice.
- 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. (Note: these activities are included in the requirements for program completion.)

- **Experiential teaching:** Each resident, with the guidance of their rotation preceptor, is expected to participate in student precepting/co-precepting for students completing their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experiences.
- **Other academic / teaching activities:** Each resident may be given the opportunity to proctor pharmacy examinations and participate on department or academic committees during the course of their residency year.

Residency Project

- **Fundamentals of Postgraduate Scholarship:** All PGY-1 residents are expected to attend this course offered during July or August. Attendance is mandatory.
- Each resident is required to complete a major project, defined as a longitudinal project with significant breadth intended to advance pharmacy practice, and a second project, which can be major or minor in scope. Examples of minor projects include a medication use evaluation, clinical program development, enhancement, or analysis, pipeline forecast, cost or budget analysis, and quality assurance.
 - The focus of the projects 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.
 - 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.
- Project reports for the major project include both:
 - **Platform style or poster presentation to an external audience**, such as a regional residency conference or a comparable professional meeting. The project results must also be presented at the UB SPPS Postgraduate Research Forum in the spring.
 - **Project writeup:** A final manuscript of the residency project must be submitted to the program director prior to the end of the residency year. The manuscript must undergo at least one round of edits based on feedback from the RPD/preceptor/co-authors and be formatted to a specific journal agreed upon by the manuscript authors. A cover letter to the journal must be submitted with the manuscript. The decision to submit the manuscript for publication will be at the discretion of the research preceptor and/or RPD.
 - If publication is pursued and resident does not maintain active involvement in manuscript writing, the position of primary author will be transferred to the RPD or preceptor overseeing the project.
- Project reports for the second project include:
 - Development and presentation of a final project report to an internal or external audience.

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 the ASHP Midyear Clinical Meeting or other national, regional, or local meeting as deemed appropriate by the RPD.
- UB SPPS Postgraduate Research Forum
 - Preliminary and/or final results of the residency project are to be presented as a platform presentation at the UB SPPS Postgraduate Research Forum in the spring.
- Eastern States Residency Conference
 - Research projects for all PGY1 residents (preliminary and/or final results) are encouraged to be presented at the Eastern States Residency Conference as a platform presentation each 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.
 - To assist pharmacy residents in obtaining licensure, UB SPPS residents are highly encouraged to participate in the NYS pharmacy law review offered by the UB SPPS during the month of May or June preceding the start of their residency year. This program is offered free of charge to incoming UB SPPS residents. In the event this program is not offered, UB PTAC will assist residents in identifying alternative resources to prepare for the NYS MPJE.
- To obtain NYS licensure, incoming residents should follow the instructions on the NYS Education Department Office of the Professions website.
 - Licensure requirements: <https://www.op.nysed.gov/professions/pharmacist/license-requirements>
 - License application forms: <https://www.op.nysed.gov/professions/pharmacist/license-application-forms>
- 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 (Application for a Limited (Intern) Permit). Please see NYSED website for details: <https://www.op.nysed.gov/professions/pharmacist/license-application-forms>
- If a resident is unable to obtain licensure prior 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 and the maximum length a program may be extended is 12 weeks. 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.

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.

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

Pharmacy Resident Professionalism

- Resident professionalism
 - It is the expectation of the PTAC that all UB SPPS residents will adhere to generally accepted standards of professionalism throughout the residency.
 - It is the expectation of the PTAC that all UB SPPS residents will adhere to policies and procedures of their training program, their practice site, and their employer of record (if the employer is not the University or the practice site).
 - Residents 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, preceptors, and residents outlining the **minimum** requirements for evaluation.

- **Summative Evaluations** should be completed by the preceptor 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 the ability to perform the objective independently within the learning experience. No further developmental work is needed in this area.
 - **SP (Satisfactory progress)** - Resident performance on the objective is progressing at a level that should eventually lead to mastery of the objective.
 - The resident sometimes requires assistance to complete tasks in this area.
 - The resident is able to ask appropriate questions to supplement learning.
 - The resident requires skill development in this area over more than one learning experience.
 - **NI (Needs improvement)** – Resident often requires assistance to complete the objective. They are unable to ask appropriate questions to supplement learning and/or have a general deficit in this area.
 - Attainment of ACHR (Achieved for residency)
 - Resident consistently demonstrates the ability to perform the objective at the Achieved level across multiple settings, patient populations, and/or acuity levels.
 - 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. Decisions should be documented in site RAC meeting minutes.
 - Note: There are no timeframe restrictions for residents receiving an ACHR on an objective. If further evaluation of this objective is required after an ACHR is given, comments may be noted on evaluations, or the site RAC may determine to remove the ACHR for an objective for further evaluation in subsequent learning experiences.
- **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 by residents at the end of each learning experience and discussed with learning experience preceptor by the end of the learning experience.
 - **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 the 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, or any leave of absence).
- 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-week training period. 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 and the maximum length of time a program may be extended is 12 weeks. 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 the 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
 - 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
 - Completion of at least two (2) projects, major and minor. See program-specific appendices for deliverables.
 - 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 Research Forum
 - Present residency project as a platform presentation at the Eastern States Residency Conference (or at another venue per RPD review)
- Completion of all residency-specific deliverables as outlined in program-specific appendices (Appendix M).

- 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 “Requirements for Successful Completion of the Program” checklist (**Appendix M**) and return it to the UB SPPS PTAC chair no later than June 30th or the last day of the residency program. 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/Fellow 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 resident attendance requirements.

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, regional meetings, and via virtual forums.
 - 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
 - ACCP x SNPhA Residency and Fellowship Showcase
 - UB SPPS Postgraduate Training Program Virtual Open House
- Screening of residency applicants
 - Applicants will be evaluated by program directors and/or program preceptors using an objective evaluation tool.
 - 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 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 evaluated by RPD and program preceptors using an objective evaluation tool.
- Resident involvement
 - Residents are expected to actively participate in the recruitment for residency positions directly affiliated with the UB SPPS.
 - PGY1 residents are expected to participate in 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.
- 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.

Early Commitment to PGY2 Programs

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

Stipend and Benefits for Residency Programs

- Resident salary and benefits will depend on the program funding source:
 - PGY1 Pharmacy Residency/Buffalo Psychiatric Center – Funding source is Buffalo Psychiatric Center/NYS Office of Mental Health
 - PGY1 Community-Based Pharmacy Residency/Middleport Family Health Center – Funding source is Middleport Family Health Center
- Vacation / Sick-leave / Holidays: Residency Specific
 - **For residencies paid directly by their training site** – please see training site policies.
 - **For University Pharmacy Resident Services, Inc. (UPRS)-paid residents** – please see UPRS, Inc. Employee Benefits and Leave Policy for holiday and PTO information: <https://pharmacy.buffalo.edu/academics/postgraduate-education/residency-training/application-information.important-documents.html>
- **FOR ALL PGY1 RESIDENTS (regardless of funding source):**
 - All requests for time-off, including vacation and holidays, must be pre-approved by the rotation preceptor and RPD, with as much advance notice as possible (minimum of 2 weeks). A greater amount of notice may be required per individual residency program.
 - Given the nature of the resident’s responsibilities during the months of July and June (first and last months of the residency program year), the use of PTO during these months is discouraged.
 - ALL REQUESTS for PTO through the end of the residency year should be submitted to the program director and appropriate preceptors (if applicable) no later than March 31st (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 5th of the following month.

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 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, 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**

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- 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.
 - 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.
 - 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 and shall not exceed 12 additional weeks of training.

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

Postgraduate Education Coordinator

Erin McKendry, MBA, MS
UB SPPS, 207_D Pharmacy Building
Phone: (716) 829-5346
Email: erinm@buffalo.edu

Department of Pharmacy Practice Chair

William A. Prescott, Jr., PharmD
Clinical Professor
UB SPPS, 222 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-4780
Email: prescott@buffalo.edu

Postgraduate Training Advisory Committee - Residency Program Directors

Nicole Albanese, PharmD, CDCES, BCACP
Clinical Associate Professor
Residency Program Director, PGY-2 Ambulatory Care Pharmacy, Buffalo Medical Group
UB SPPS, 209 Pharmacy Building, Buffalo, NY 14214
Phone: (716) 645-3915
Email: npaolini@buffalo.edu

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

Ruth Ngwu, PharmD
Residency Program Director, PGY1 Community-Based Pharmacy, Middleport Family Health Center
81 Telegraph Rd.
Middleport, NY 14105
Email: ruth.ngwu@middleportfamilyhealth.com

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, Ruth Ngwu

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, Richard Gergelis (MD), Eileen Trigoboff (DNS), Gina Prescott, Kimberly Burns

Middleport Family Health Center PGY1 Community-Based Pharmacy RAC

Chair: Ruth Ngwu

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

Responsibilities:

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

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

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- Serving as a liaison between the residents and fellows.
- Serving on and acting as a liaison to the Residency Advisory Committee: communicates to the RAC and provides feedback to the residents when appropriate.
 - The chief resident is a non-voting member of the RAC.
 - The chief resident may be excused when resident-specific issues, e.g. resident progress, etc. are discussed.
- Participating in the interview process for resident candidates. Coordinates involvement of other residents in the interview process when necessary.
- Acting as a role model and resource for other residents.
- Working closely with the Residency Program Coordinator and the Office of Post-Graduate Education.
- Preparing a post-residency evaluation document for the RAC as based on resident feedback.

Benefits

- Opportunity to develop/refine leadership skills.
- More direct involvement in residency programs and a larger opportunity to help shape the program.
- An additional educational travel stipend in the amount of \$500 will be provided to the chief resident.
- A certificate will be presented to the resident recognizing their role as Chief Resident.

Appendix D. ASHP Duty-Hour Requirements for Pharmacy Residencies

Purpose Statement

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

Statement on Well-Being and Resilience

- A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

II. Duty Hour Requirements

- A. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
 - 1. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call;

administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as 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); 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.
 - a. 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:
 1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
 2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
 3. 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.

ASHP Duty-Hour Requirements 3/4/23

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

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 not to exceed 12 weeks in length (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)[†]
 - 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

[†]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 J. PGY2 Early Commitment Policy

Background:

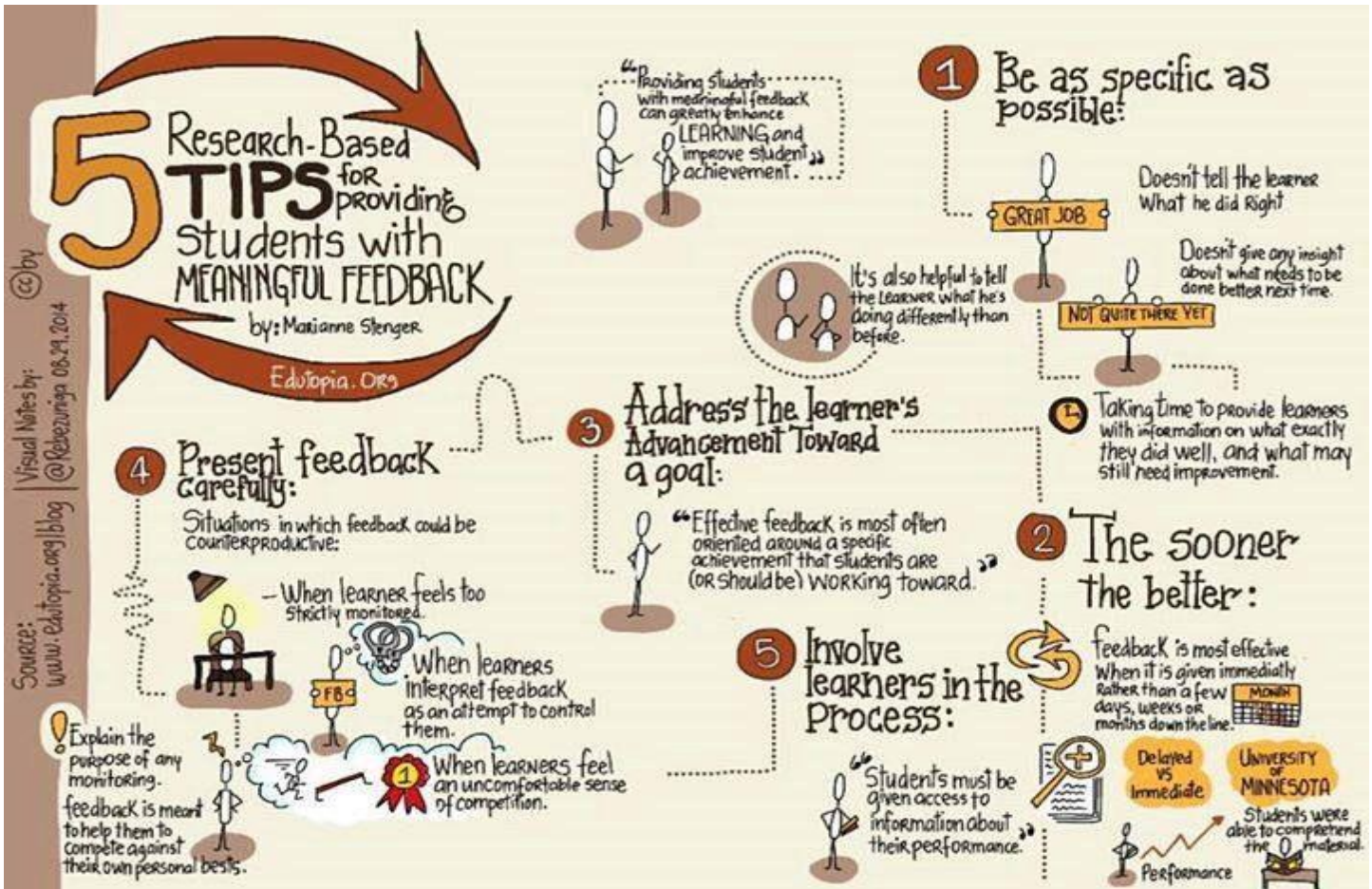
The ASHP Pharmacy Match Program includes an Early Commitment Process whereby a PGY1 resident may commit to a PGY2 residency offered by the same program sponsor. In addition, the PGY1 and PGY2 residencies must be consecutive years of employment for the resident. This process occurs prior to the matching 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 1st.
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 1st.
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 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."

Updated 11/13/24

PGY1 Residency Handbook

Appendix M: Program-Specific Appendices

Each appendix includes:

1. Program structure
2. Goals and objectives taught and evaluated in each learning experience
3. List of requirements and deliverables for successful program completion (check list)

Appendix M-1: PGY1 Pharmacy Residency
UB SPPS/Buffalo Psychiatric Center

Appendix M-2: PGY1 Community-Based Pharmacy Residency
UB SPPS/Middleport Family Health Center

Appendix M-1
Program Structure and Requirements for Successful Completion

PGY1 Pharmacy Residency
UB SPPS/Buffalo Psychiatric Center

PROGRAM STRUCTURE

Learning Experience	Duration <i>(minimum)</i>	Expected Time <i>(hrs/week)</i>	Designation	Schedule Sequence <i>(approximate)</i>
Orientation	Rotational – 4 weeks	40	Required	July
Clinical Pharmacy Services (CPS-1)	Rotational – 4 weeks	30	Required	August
Practice Management 1 (PM-1)	Longitudinal – 24 weeks (1/2 day/week)*	5	Required	August – January
Research and Project 1	Longitudinal – 24 weeks (1/2 day/week)*	5	Required	August – January
Clinical Pharmacy Services (CPS-2)	Rotational – 4 weeks	30	Required	September
Teaching and Education: Academia 1	Rotational – 8 weeks	5	Required	September – October
Clinical Pharmacy Services (CPS-3)	Rotational – 4 to 6 weeks**	30	Required	October
Geriatric Pharmacy Practice	Rotational – 4 weeks	30	Required	November
ASHP and focused project block (not evaluated)	2-week block	30		December
Clinical Pharmacy Services (CPS-4)	Rotational – 4 to 6 weeks**	30	Required	December-January
General Medicine and Collaborative Practice ***	Rotational – 6 weeks	40	Required	February-March
Practice Management 2 (PM-2)	Longitudinal – 24 weeks (1/2 day/QOweek)*	2	Required	February–July
Research and Project 2	Longitudinal – 24 weeks (1/2 day/QOweek)*	2	Required	February – July

Teaching and Education: Academia 2	Longitudinal – 24 weeks (1/2 day/week)*	5	Required	February -- July
Teaching and Education 2 – precepting	Rotational – 8 weeks	30	Required	March-April
Pediatric Pharmacy**	Rotational – 6 weeks	40	Required	May-June
Elective extension of residents choice: geriatrics, pediatrics or general medicine	Rotational – 4 weeks	30	<i>Elective</i>	June-July

Goals and Objectives Taught and Evaluated in Learning

Site: State University of New York at Buffalo, School of Pharmacy

Program: PGY1 - Pharmacy 22006

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Showing Required and Elective Learning Experiences		TE Count	Clinical Pharmacy Services (CPS)-1 cardiometabolic module	Clinical Pharmacy Services (CPS)-2 infectious disease module	Clinical Pharmacy Services (CPS)-3 COPD and pulmonary disorders	Clinical Pharmacy Services (CPS)-4 renal function and chronic kidney disease (CKD)	General Medicine and Collaborative Practice	Geriatric Pharmacy Practice	Orientation PGY1 pharmacy	Pediatric Pharmacy	Practice management (PM)-1	Practice management (PM)-2	Research Project-1	Research Project-2	Teaching and Education-Precepting	Teaching and Education-Academia 2	Teaching and Education-Academia 1
PGY1 Pharmacy Required (2024) – Required																	
R1 Patient Care																	
R1.1 Provide safe and effective patient care services following JCPP																	
	R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 6	TE	TE	TE	TE	TE	TE									
	R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE - 5	TE	TE	TE	TE	TE	TE									
	R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE - 7	TE	TE	TE	TE	TE	TE		TE							
	R1.1.4 Implement care plans.	TE - 5	TE	TE	TE	TE	TE	TE									
	R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plan.	TE - 5		TE	TE	TE	TE	TE		TE							
	R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	TE - 6	TE	TE	TE	TE	TE	TE		TE							
R1.2 Provide patient-centered care through interacting and																	
	R1.2.1 Collaborate and communicate with healthcare team members.	TE - 7	TE	TE	TE	TE	TE	TE	TE	TE							
	R1.2.2 Communicate effectively with patients and caregivers.	TE - 8	TE	TE	TE	TE	TE	TE	TE	TE							
	R1.2.3 Document patient care activities in the medical record or where appropriate.	TE - 6	TE	TE	TE	TE	TE	TE	TE	TE							
R1.3 Promote safe and effective access to medication therapy.																	
	R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 2								TE	TE						
	R1.3.2 Participate in medication event reporting.	TE - 1									TE						
	R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medication.	TE - 5			TE	TE		TE			TE				TE		
R1.4 Participate in the identification and implementation of																	
	R1.4.1 Deliver and/or enhance a population health service, program, process to improve medication-related quality measures.	TE - 1									TE						
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	TE - 1									TE						
R2 Practice Advancement																	
R2.1 Conduct practice advancement projects.																	
	R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	TE - 2											TE	TE			
	R2.1.2 Develop a project plan.	TE - 2											TE	TE			
	R2.1.3 Implement project plan.	TE - 2											TE	TE			
	R2.1.4 Analyze project results.	TE - 2											TE	TE			
	R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	TE - 1												TE			
	R2.1.6 Develop and present a final report.	TE - 1															
R3 Leadership																	
R3.1 Demonstrate leadership skills that contribute to departmental																	
	R3.1.1 Explain factors that influence current pharmacy needs and future planning.	TE - 1										TE					
	R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	TE - 1										TE					
R3.2 Demonstrate leadership skills that foster personal growth and																	
	R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	TE - 3						TE			TE						TE
	R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	TE - 2														TE	TE
	R3.2.3 Demonstrate responsibility and professional behaviors.	TE - 3						TE								TE	TE
	R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.	TE - 2														TE	TE
R4 Teaching and Education																	
R4.1 Provide effective medication and practice-related education.																	
	R4.1.1 Construct educational activities for the target audience.	TE - 2														TE	TE
	R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 1									TE						
	R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 3							TE					TE			TE
	R4.1.4 Assess effectiveness of educational activities for the intended audience.	TE - 2														TE	TE
R4.2 Provide professional and practice-related training to meet																	
	R4.2.1 Employ appropriate preceptor role for a learning scenario.	TE - 2						TE							TE		

**REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE PROGRAM:
PGY1 Pharmacy Residency – UB SPPS/Buffalo Psychiatric Center**

The following requirements and deliverables **MUST** be completed by the last date of the residency training program to be awarded a residency certificate of completion.

Requirement or Deliverable	Check if Complete
The resident has completed no less than 52 weeks of training from program start to finish.	
The resident has not exceeded 37 days away from the training program in accordance with the Resident Attendance Policy .	
The resident obtained New York State licensure within 120 days of the start of the residency program. Alternately, the resident completed an extended training program such that 2/3 of the residency was completed as a licensed pharmacist (add comments below). Comments:	
The resident has completed learning experiences and meets the following conditions: <ul style="list-style-type: none"> • “Achieved for Residency (ACHR)” attained in 100% of patient care objectives (R1) • “Achieved for Residency (ACHR)” attained in 85% or more of non-patient care objectives • No objectives are rated as “Needs Improvement (NI)” on the final evaluation 	
The resident has satisfied requirements of the UB SPPS Advanced Academic Teaching Certificate : <ul style="list-style-type: none"> • Attendance at summer seminars • Preparation of statement of teaching philosophy • Participation in assigned small group teaching activity • Serve as lead preceptor during (1) IPPE or APPE module • Deliverable: Prepare and deliver one (1) large group teaching activity • Deliverable: Prepare and deliver one (1) ACPE-accredited continuing pharmacy education program 	
The resident has completed at least two (2) pharmacy projects	
Deliverable: The resident has completed a project plan	
Deliverable: The resident has completed a project report for at least (2) projects. The project report for the major project should include: <ul style="list-style-type: none"> • Platform style or poster presentation to an external audience, <u>AND</u> 	

<ul style="list-style-type: none"> • Written report (e.g., manuscript or formal written report suitable for invested parties). Final manuscript of the residency project submitted must include: <ul style="list-style-type: none"> • One round of edits based on feedback from the RPD. • Formatted to a specific journal agreed upon by authors. • A cover letter to the journal drafted. 	
<p>Deliverable: The resident has completed a drug class review, monograph, treatment guideline, prepared or revised a treatment protocol, utilization management criteria, and/or order set.</p>	

I, _____, RPD for the **PGY1 Pharmacy** residency program sited at **UB SPPS and Buffalo Psychiatric Center**, 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 it to the UB SPPS PTAC chair no later than June 30th (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 M-2
Program Structure and Requirements for Successful Completion

PGY1 Community-Based Pharmacy Residency
UB SPPS/Middleport Family Health Center

PROGRAM STRUCTURE

Learning Experience	Rotation Type	Duration (approximate days per week)	Designation
Orientation	Concentrated	4 weeks, 5 days/week	Required
Community Pharmacy Practice	Longitudinal	52 weeks, 2 days/week	Required
Patient Centered Counseling and Dispensing	Longitudinal	52 weeks, 2 days/week	Required
Teaching and Education (Academia)	Longitudinal	24 weeks, ½ day per week	Required
Pharmacy Management/Leadership	Longitudinal	52 weeks, 1 day/week (average)	Required
Research and Project I	Longitudinal	52 weeks	Required
Ambulatory Care I	Longitudinal	52 weeks, 1 day/week	Required
Transitions of Care	Longitudinal	52 weeks, ½ day; 2 days/week	Required
Teaching and Education (Precepting/DSMES)	Longitudinal	28 weeks, 1 day/week (average)	Required
Ambulatory Care II	Concentrated – 4 weeks (Block)	4 weeks, 4 days per week	Elective
Research and Project II	Longitudinal	52 weeks, ½ day/week	Required



Goals and Objectives Taught and Evaluated in Learning Experiences

Site: State University of New York at Buffalo, School of Pharmacy

Program: PGY1 - Community Pharmacy 22025

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Showing Required Learning Experiences

	TE Count	Orientation	Patient Care - Community Pharmacy	Patient Care- Primary Care of Western New York	Patient-Centered Dispensing and Counseling	Practice Management and Leadership	Residency Project	Teaching (MFHC)	Teaching (UB)	Transitions of Care
PGY1 Community-Based Pharmacy Required (2024) – Required										
R1 Patient Care										
R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)										
	R1.1.1 Collect relevant subjective and objective information about the patient.	TE - 3		TE	TE					TE
	R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	TE - 2		TE	TE					
	R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	TE - 2		TE	TE					
	R1.1.4 Implement care plans.	TE - 4	TE	TE	TE	TE				
	R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	TE - 2		TE	TE					
	R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	TE - 2		TE						TE
R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.										
	R1.2.1 Collaborate and communicate with healthcare team members.	TE - 3		TE	TE					TE
	R1.2.2 Communicate effectively with patients and caregivers.	TE - 4		TE	TE	TE				TE
	R1.2.3 Document patient care activities in the medical record or where appropriate.	TE - 3		TE	TE					TE
R1.3 Promote safe and effective access to medication therapy.										
	R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	TE - 1				TE				
	R1.3.2 Participate in medication event reporting.	TE - 1				TE				
	R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	TE - 3	TE			TE	TE			
R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).										
	R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	TE - 1				TE				
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	TE - 1		TE						
R2 Practice Advancement										
R2.1 Conduct practice advancement projects.										
	R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	TE - 1					TE			
	R2.1.2 Develop a project plan.	TE - 3				TE	TE	TE		
	R2.1.3 Implement project plan.	TE - 1						TE		
	R2.1.4 Analyze project results.	TE - 1						TE		
	R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	TE - 1						TE		
	R2.1.6 Develop and present a final report.	TE - 3				TE	TE	TE		

R3 Leadership										
R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.										
	R3.1.1 Explain factors that influence current pharmacy needs and future planning.	TE - 1						TE		
	R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	TE - 1						TE		
R3.2 Demonstrate leadership skills that foster personal growth and professional engagement.										
	R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	TE - 8	TE	TE	TE	TE	TE	TE	TE	TE
	R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	TE - 2	TE					TE		
	R3.2.3 Demonstrate responsibility and professional behaviors.	TE - 3		TE	TE			TE		
	R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.	TE - 1						TE		
R4 Teaching and Education										
R4.1 Provide effective medication and practice-related education.										
	R4.1.1 Construct educational activities for the target audience.	TE - 2							TE	TE
	R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 2							TE	TE
	R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	TE - 2							TE	TE
	R4.1.4 Assess effectiveness of educational activities for the intended audience.	TE - 2							TE	TE
R4.2 Provide professional and practice-related training to meet learners' educational needs.										
	R4.2.1 Employ appropriate preceptor role for a learning scenario.	TE - 1							TE	

**PGY1 Community-Based Pharmacy Residency – UB SPPS/Middleport Family Health Center
REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE PROGRAM:**

The following requirements and deliverables **MUST** be completed by the last date of the residency training program to be awarded a residency certificate of completion.

Requirement or Deliverable	Check if Complete
The resident has completed no less than 52 weeks of training from program start to finish.	
The resident has not exceeded 37 days away from the training program in accordance with the Resident Attendance Policy .	
<p>The resident obtained New York State licensure within 120 days of the start of the residency program. Alternately, the resident completed an extended training program such that 2/3 of the residency was completed as a licensed pharmacist.</p> <p>Comments:</p>	
<p>The resident has completed learning experiences and meets the following conditions:</p> <ul style="list-style-type: none"> • “Achieved for Residency (ACHR)” attained in 100% of patient care objectives (R1) • “Achieved for Residency (ACHR)” attained in 85% or more of non-patient care objectives • No objectives are rated as “Needs Improvement (NI)” on the final evaluation 	
<p>The resident has satisfied requirements of the UB SPPS Advanced Academic Teaching Certificate (unless waived per Resident Development Plan):</p> <ul style="list-style-type: none"> • Attendance at summer seminars • Preparation of statement of teaching philosophy • Participation in assigned small group teaching activity • Deliverable: Prepare and deliver one (1) large group teaching activity • Serve as lead preceptor during (1) IPPE or APPE module • Deliverable: Prepare and deliver one (1) ACPE-accredited continuing pharmacy education program 	
The resident has completed at least two (2) pharmacy projects: both major project and minor projects (business plan and quality improvement)	
Deliverable: The resident has completed a project plan for both major and minor projects	
<p>Deliverable: The resident has completed a project report for major project: The project report should include:</p> <ul style="list-style-type: none"> • Platform style or poster presentation to an external audience, AND 	

<ul style="list-style-type: none"> • Written report (e.g., manuscript or formal written report suitable for invested parties). The final draft of the submitted project must include: <ul style="list-style-type: none"> ○ At least one round draft review by RPD ○ Research MUST be formatted to a specific journal agreed upon by authors ○ A drafted cover letter to journal editor 	
<p>Deliverable: The has completed project report for minor projects:</p> <ul style="list-style-type: none"> • Business plan: <ul style="list-style-type: none"> ○ Formal written report <ul style="list-style-type: none"> ▪ Initial and final drafts was reviewed by RPD ▪ Final draft was detailed with a cover page and references ○ Verbal presentation of business plan to internal or external audience • Quality improvement projects (other: based on areas of improvement identified at the pharmacy). 	
<p>Deliverable: The resident has prepared or revised a protocol related to community pharmacy patient care services</p>	

I, _____, RPD for the **PGY2 Psychiatric Pharmacy** residency program sited at **UB SPPS and Buffalo Psychiatric Center**, 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 it to the UB SPPS PTAC chair no later than June 30th (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.

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 PGY1 Residency Handbook.
- I have reviewed the policies and procedures contained within this handbook with my Residency Program Director

Resident Name (print)

Resident Signature

Residency Program

Date

Residency Program Director Signature

Date

Please complete this form and submit to Postgraduate Education Coordinator within 14 days of the start of your residency training.