

UT Southwestern

Medical Center

Pharmacy Residency Manual

Department of Pharmacy

2023-2024

UT Southwestern Medical Center

Welcome!

Congratulations on starting your residency at the University of Texas Southwestern Medical Center (UTSW)!

We are excited to welcome you as a new member of UTSW's highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical and operational skills. We provide a variety of high-quality learning experiences during your residency. We believe your residency year should be customized to your specific interests, strengths, and enhancing relative areas or opportunities. Please do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth directly related to the amount of commitment and dedication applied. At UTSW, it is our goal to partner with you to guide you on your journey to become a highly trained, independent pharmacy leader.

Again, congratulations and welcome to the team!

Kind Regards,

Brian Cohen, PharmD, MS, FASHP, FTSHP, FACHE
Assistant Vice President of Pharmacy Services
University of Texas Southwestern Medical Center

Table of Contents

Program Administration	6
Residency Program Director (RPD)	6
Residency Program Coordinator (RPC)	6
Preceptors.....	6
Preceptor Appointment and Reappointment Process	6
Preceptor Development	7
Preceptor List	7
Preceptor Roles	9
Advisor	10
Research Project Advisor	11
Research Project Committee	11
Residency Advisory Committee	11
Organization of Department of Pharmacy	12
Rotations	14
Rotation Schedule and Changes	14
Ambulatory Care	14
Meetings	15
PGY1 and PGY1/PGY2 HSPAL Residents & RPD/RPC Meeting	15
PGY2 Critical Care Resident & RPD/RPC Meeting.....	15
Resident Development Plan	16
ASHP Entering Resident Self-Assessment Form.....	16
Quarterly Development Plan (QDP).....	16
Definitions of Scores Used in Learning Experience Evaluations	18
Clinical Practice (Staffing)	19
General.....	19
First Professional Graduate Year (PGY1).....	19
Second Professional Graduate Year (PGY2).....	19
Holiday Staffing Coverage.....	20
Paid Time Off (PTO)	21
Well-Being and Resiliency	22
Duty Hours	23
Harassment and Discrimination Policy Overview	27
Licensure Expense Reimbursement and Failure to Obtain Licensure or Certification	27
Requirements for Successful Completion of UT Southwestern Medical Center PGY1 and PGY2 Residency Programs ...	28

Resident Disciplinary Action Policy & Procedure 29

 Dismissal/Right to Appeal Dismissal 29

 Procedure for Resident’s Complaints 29

On-Call Program 30

Early Commitment Process 32

Department ACPE Presentation..... 33

Travel and Pharmacy Association Involvement 35

Residency MUE and Resident Projects 42

Drug Monograph 47

Drug Class Review 47

Drug Information..... 47

Departmental Newsletter Policy 48

Chief Resident Policy..... 50

Summary of Committee Participation and Involvement 51

Residency Applicant Assessment Procedure..... 55

Interview Process 56

Residency Candidate Ranking Procedure..... 56

Applicant Review and Interview Process 57

The University of Texas Southwestern Medical Center Department of Pharmacy Residency Programs 59

PGY1 Pharmacy Residency Program..... 59

 Purpose Statement 59

 Program Description 59

 Program Structure..... 59

 Program Leadership 63

PGY1/PGY2 Health System Pharmacy Administration & Leadership Residency with Masters (Master of Business Administration in Healthcare Management) 64

 Program Purpose 64

 Program Description 64

 Program Structure..... 65

 Operational Considerations for the Combined Program 65

 Residency Program Leadership..... 69

PGY2 Critical Care Pharmacy Residency 70

 Program Purpose 70

 Program Description 70

 Program Structure..... 70

 Residency Program Leadership..... 73

PGY2 Investigational Drugs and Research Residency Program 74

Program Purpose	74
Program Description	74
Program Structure.....	74
Residency Required Meetings.....	76
Residency Program Leadership.....	77
Appendices	79
Appendix A: Residency Checklists	80
UT Southwestern Medical Center Pharmacy PGY1 Residency Checklist.....	81
UT Southwestern Medical Center Pharmacy PGY2 Health System Pharmacy Administration & Leadership Residency Checklist	84
UT Southwestern Medical Center Pharmacy PGY2 Critical Care Residency Checklist.....	87
UT Southwestern Medical Center Pharmacy PGY2 Investigational Drugs & Research Residency Checklist	91
Appendix B: Forms & Templates	94
Resident-Advisor Program Understanding Agreement Form.....	95
Pharmacy Residency Preceptor Annual Self-Evaluation Form	96
Residency Preceptor Appointment / Re-Appointment Letter.....	97
UTSW Pharmacy Residency Program Presentation Evaluation Form	98
Drug Monograph Template.....	101
Drug Class Review Template	107
Drug Information Template/Form.....	113
Appendix C: UTSW Health System Policies	114
ETH-151 Equal Opportunity	115
ETH 151-P-01 Equal Opportunity Complaint Investigation and Resolution	123
EMP-266 Leave of Absence Without Pay.....	135
EMP-256 Family and Medical Leave	141
EMP-265 Other Available Leave	151
EMP-351 Discipline and Dismissal of Classified Employees.....	155
EMP-351P-01 Appealing Disciplinary Actions	161
Appendix D: UT Southwestern Medical Center Employee Benefits Information	165

The University of Texas Southwestern Medical Center

Department of Pharmacy Residency Programs

Program Administration

Consistent with the commitment of the hospital and the Department of Pharmacy, several individuals play key roles in the administration of the pharmacy residency program. The individuals and their respective roles follow:

Residency Program Director (RPD)

The Assistant Vice President of Pharmacy has ultimate responsibility for the residency programs. This responsibility is accomplished with the assistance of Residency Program Directors along with the members of the Residency Advisory Committee. The Residency Program Directors and the Residency Advisory Committee assume responsibility to ensure the program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each learning experience is provided and the resident evaluations are conducted routinely and based on pre-established learning objectives.

Residency Program Coordinator (RPC)

The Residency Program Coordinator works with their specified Residency Program Director to assure the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided, and the resident evaluations are conducted routinely and based on pre-established learning objectives. The Residency Program Coordinator serves as the secretary for the Residency Advisory Committee, assumes a leadership role in program administration, and program recruitment activities.

Preceptors

Each rotation has a pharmacist preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives, and with consideration of the resident's goals, interests, and skills. Preceptors can serve as members of the Residency Advisory Committee for the respective residency programs. The preceptor reviews the resident's performance, with a mid-point and final written evaluation at the conclusion of the learning experience.

Preceptor Appointment and Reappointment Process

The process for the appointment and selection of preceptors is inclusive of all pharmacists within the organization who are interested in precepting and serving in a position aligning with the structure and learning experiences of the program. All preceptors will meet the criteria stated in the ASHP Accreditation Standards for the respective residency programs served.

Initial Appointment

1. All residency preceptors will be required to complete and submit their ASHP Preceptor Academic and Professional Record (APR) Form to the RPD and/or RPC
2. The RPD and/or RPC will review preceptor eligibility and qualifications based on the completed APR to ensure ASHP criteria. Upon verification of APR form and qualifications, the residency program leadership will send a signed initial appointment letter by email
3. Preceptors not meeting ASHP criteria will require the following
 - a. The ASHP APR form will be used for plan documentation to meet criteria in the next two years

- b. The RPD and/or Residency Leadership Committee will review the progress towards completion on a quarterly basis for the incoming preceptor to request a consideration for the residency preceptor appointment

Re-appointment Criteria and Process

In addition to submitting the required and updated APR Form to the RPD and/or RPC on a biennial basis, all active and approved preceptors must be in compliance with the following criteria:

- Timely completion and submission of program evaluations (must be completed within seven days of the due date)
- Employs the four preceptor roles (direct instruction, modeling, coaching, and facilitating)
- Maintains the learning experience description to include all required elements
- Meets professional development participation [required to attend two sessions per year, which will be accounted for through virtual portal attendance tracker (e.g. Microsoft Teams)]
- Attends at least 75% of RAC meetings
- Completion of the annual preceptor self-assessment by May 1st (see Appendix for preceptor self-assessment)

The RPD and/or RPC will periodically review all preceptor criteria and APR to ensure continued compliance with ASHP standards. If preceptors continue to meet qualifications, the preceptor will be notified by email every four years with signed letters from the residency program leadership for re-appointment as a residency preceptor. Failure to meet the above criteria will result in termination of preceptor status within the designated residency program

Preceptor Development

The Residency Leadership Committee will coordinate and provide preceptor development activities throughout the year on a quarterly basis to ensure ongoing education and development of the preceptors. As stated in the above section, preceptors are required to attend at least two preceptor development sessions per year. The RPD and/or RPC of the respective programs will review the ASHP preceptor development resources, residents' preceptor evaluations, and the pharmacy residency preceptor annual self-assessments to bring recommendation to the RAC and Residency Leadership Committee for the preceptor development activities

Preceptor List

Administration

- Brian Cohen, PharmD, MS, FASHP, FACHE – Assistant Vice President of Pharmacy Services
- Oanh Nguyen, PharmD, BCPS, BCCCP – Director of Quality, Safety, and Education, PGY1 Pharmacy Residency Program Director
- Todd Connor, PharmD, MS – Director of Acute Care Services, PGY1/PGY2/MBA Health System Pharmacy Administration and Leadership Residency Program Director
- Christine Hong, PharmD, MBA, BCOP – Director of Oncology and Investigational Drug Services, PGY2 Investigational Drugs and Research Residency Program Director
- Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP – Clinical Pharmacy Manager, Acute Care Services, PGY1 Pharmacy Residency Program Coordinator
- Joshua Blackwell, PharmD, MS – Clinical Pharmacy Manager, Ambulatory Services and PGY1/PGY2/MBA Health System Pharmacy Administration and Leadership Residency Program Coordinator
- Latresa Billings, PharmD, BCPS – Clinical Coordinator
- Elizabeth Daniel, PharmD, BCPS – Pharmacy Operations Coordinator, Acute Care (Controlled Substances)

- Anthony Giazzon, PharmD, MS – Pharmacy Operations Coordinator, Acute Care (Sterile Compounding)
- Belen Tilahun, PharmD, BCPS, BCCCP – Quality and Safety Operations Coordinator, Acute Care Services

Acute Care

- Taylor Alexander, PharmD (Preceptor-In-Training) – Neurocritical Care Staffing
- Esther Bae, PharmD, BCIDP – Infectious Diseases
- Whitney Chaney, PharmD, BCPS, BCCCP – Surgical ICU and Nutrition Support
- Cameron Durlacher, PharmD, MS, BCPS – Cardiovascular ICU Staffing
- Lindsay Jacobs, PharmD, MPH, BCCCP – Emergency Medicine and PGY2 Critical Care Residency Program Coordinator
- Claire Klimko, PharmD, BCPS – Medical and Surgical ICU Staffing
- Jordan Light, PharmD, BCPS – Internal Medicine
- Jennie Mathew, PharmD, BCPS – Internal Medicine
- Chephra McKee, PharmD, BCPPS – Neonatal Intensive Care Unit
- Marguerite Monogue, PharmD, BCIDP - General ID/Antimicrobial Stewardship
- Van Ngo, PharmD, BCPS – Solid Organ Transplant
- Mary Olumesi, PharmD, BCPS, BCCCP – Solid Organ Transplant
- Bhavyata Parag, PharmD, BCPS – Internal Medicine
- Eden Mae Rodriguez, PharmD, BCPS – Pain/Palliative Care
- Klay Ryman, PharmD, BCCCP – Medical ICU
- James Sanders, PhD, PharmD, BCIDP, AAHIVP – Infectious Diseases, Antimicrobial Stewardship
- Lisa Skariah, PharmD, BCPS - Cardiovascular ICU
- Candace Sutton, PharmD, BCPS, BCGP – Clinical Pharmacy Coordinator, Acute Care
- Jennifer Tawwater, PharmD, BCPS, BCCCP – Medical ICU and PGY2 Critical Care Residency Program Director
- Raelene Trudeau, PharmD, BCPS – Solid Organ Transplant
- Khoa Truong, PharmD, BCPS – Cardiology
- Linda Uchal, PharmD, BCPS, BCCCP, AQCD – Medical and Surgical ICU Staffing
- Kathryn Cox, PharmD, BCPS, (AQ Cardiology), BCCP, BCCCP, Cardiology Intensive Care

Ambulatory Care

- Erin Davidson, PharmD, MS, BCACP – Cardiology
- Chinyere Nkwocha, PharmD, BCACP – Primary Care
- Saba Mohiuddin, PharmD, BCACP – Rheumatology
- Noelle Cordova, PharmD, BCACP – Digestive Diseases
- Jolly Raju, PharmD, CACP – Anticoagulation Services

Investigational Drug Services

- Stefanie Conley, PharmD, BCOP – Clinical Coordinator Oncology Investigational Drug Service, PGY2 Investigational Drugs and Research Residency Program Coordinator
- Sonia Gonzales, PharmD, BCOP – Clinical Coordinator Inpatient and Non-Oncology, Investigational Drug Service
- Thanh (Tam) Bui, PharmD, BCOP (Preceptor-In-Training) – Investigational Drug Service
- Hieu Tran, PharmD, BCOP – Oncology Pharmacist Informaticist

Hematology/Oncology

- Hetalkumari Patel, PharmD, BCOP – Clinical Pharmacy Manager, Hematology/Oncology

- Kailee Gaines, PharmD, BCOP – Bone Marrow Transplant
- Rochelle Horadam, RPh, BCOP – Medical Oncology
- Tayebah (Azi) Monabbat, PharmD, BCOP – Medical Oncology
- Chris Selby, PharmD, BCOP – Hematology/Oncology
- Alicia Yn, PharmD, BCOP – Bone Marrow Transplant
- Pearl Abraham, PharmD, BCPS, BCOP, Bone Marrow Transplant
- Katie Rascon, PharmD, Hematology/Oncology

External Rotation Preceptors

- Christopher Hatwig, RPh – Apexus 340B Program Management
- David Chen, RPh, MBA – ASHP Association Management
- Anne Policastri, PharmD, MBA, FASHP, FKSHP – ASHP Association management
- Ronald Hall, PharmD, MSCS – Clinical Trial Pharmacology

Preceptor Roles

The four roles are sequential in nature, meaning to teach a skill new to the resident, the preceptor starts with the first role of direct instruction, then progresses to the second role of modeling, followed by coaching, and culminating in facilitating. However, each resident is different so the preceptor may be able to start in a different role. For example, if the resident already has the background, foundational information for a specific learning experience, the preceptor may be able to skip direct instruction and start with modeling. Alternatively, if the resident has numerous problems during coaching, the preceptor may need to revert to modeling and then progress back up to coaching.

Preceptor’s Role	Definition	Example
Direct Instruction	<p>Ensuring that the resident has the required background information before applying a skill</p> <p>Direct instruction of residents vs. students differs:</p> <p>Resident knowledge gap: refer them to the relevant resource materials then check their understanding</p> <p>Student knowledge gap: mini-lectures are appropriate</p>	<p>Assigning the resident to read articles or chapters on a disease state and therapies (e.g., transplant pharmacotherapy) before learning to design medication regimens for patients with that condition</p> <p>Before a resident develops a medication regimen for an asthmatic patient, the resident needs to master the disease state pathophysiology, treatment options, and the latest research/guidelines</p>
Modeling	<p>Preceptor demonstration of thinking strategies by “thinking out loud” while performing tasks that the resident needs to learn so the resident can hear the thought process</p>	<p>Preceptor “thinking out loud” while solving patient cases as the resident observes and listens</p>
Coaching	<p>Resident demonstration of thinking strategies by “thinking out loud” while performing tasks and receiving feedback from the preceptor</p>	<p>Resident “thinking out loud” while solving patient cases and receiving feedback from the preceptor</p>

Facilitating	<p>Allowing a resident to function independently while the preceptor remains available for questions as needed</p> <p>The preceptor no longer needs to provide corrective feedback. Both the preceptor and the resident feel confident in the resident functioning independently.</p>	<p>Preceptor lets the resident know how to reach him/her while the resident sees patients independently, meeting to debrief afterward</p> <p>Make residents responsible for progressively more complex patients</p> <p><i>It is important to keep challenging residents at this stage of their training</i></p>
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Advisor

Each resident is assigned a preceptor to be the advisor to counsel the resident throughout the year. If the resident is unable to decide on an advisor, the program will attempt to match the resident with a preceptor whose areas of professional interest most closely resemble. Advisors review the resident's broad plan and assist them in developing a program of development for the year. On a quarterly basis, the advisor reviews the residents' progress, and together with the resident, makes modifications in the customized training plan. The advisor also guides the residents as they select their project committee, to find preceptors to assist them with their presentations and to guide them in career choices.

Advisor Selection Process

1. During the first three weeks of the residency, it will be the responsibility of the resident to:
 - a. Meet preceptors through scheduled social events; orientation; and/or scheduled appointments
 - b. Select and rank three available preceptors who the resident feels would be good advisors with the following conditions:
 - i. Advisor must be a licensed pharmacist who has completed an ASHP-accredited residency followed by a minimum of one year of pharmacy practice; or
 - ii. Advisor must be a licensed pharmacist who has demonstrated mastery of knowledge, skills, attitudes, and abilities expected of one who has completed a PGY1 residency and have a minimum of three years of practice experience
 - iii. If possible, advisor should not be resident's project advisor
 - c. Confirm availability with each of the three advisor candidates
 - i. Each potential advisor should consider the commitment that will be required before agreeing to serve
 - ii. The advisor candidate may decline the resident or prompt the resident to make another choice based on his / her experience or perceived compatibility with the resident
2. The resident will submit a list of advisor candidates to the RPD/RPC by Friday, July 29th. Matching of resident / advisor pairs completed by August 5th.
 - a. Residents are assigned one advisor, and each advisor may only serve in this capacity for one resident
 - b. Notification of resident and advisor of assignment by RPD/RPC
3. The advisor and resident will meet and review their responsibilities to each other for the duration of the residency and will accept those responsibilities formally using the Resident Advisor Program Understanding Agreement (Appendix B):
 - a. Resident and advisor will meet at least monthly
 - b. Information gained from residents' monthly self-evaluation will be shared with the RAC as an update on the residents' progress.

Research Project Advisor

The Project Advisor, selected by the resident, assumes primary responsibility to guide the resident in completing the required project. The project advisor assists the resident with defining the scope of the project to assure completion within the time frame of the residency year and planning and implementing the project design.

All residents are required to present the results of their projects at the Alcalde Southwest Leadership Conference. PGY1+2 and PGY2 Residents and their respective Program Director will determine other venues for presentation of project results if needed. Residents are invited to submit their projects for publication at the ASHP Summer, ASHP Midyear Clinical or other meetings as deemed appropriate by the Project Advisor and Project Committee. The project advisor provides guidance concerning the suitability for publication of the project work. Decisions concerning submission should be reviewed for final approval with the resident's program director.

Research Project Committee

Each resident is required to complete one major project relating to a specific aspect of pharmacy practice. A project committee assists the resident with planning, implementing, analyzing, and presenting the project.

The resident shall select a project idea and a primary project advisor within six weeks of entering the program. The proposed project and proposed project advisor will be presented to the Pharmacy Resident Research Program Committee for approval. The remainder of the project committee shall be selected within two months of entering the program.

Residency Advisory Committee

The Residency Advisory Committee is a standing committee of the Department of Pharmacy. It is composed of residency preceptors, residency program director(s), residency program coordinator(s), and pharmacy leadership including the Assistant Vice President of Pharmacy. The Committee serves in an advisory capacity to the Assistant Vice President of Pharmacy and the Residency Program Director(s), and endeavors to maintain and improve the quality and consistency of the residency program.

The committee provides a forum for preceptors to discuss common concerns, to develop additional learning experiences, and to promote new and innovative areas of practice. The committee meets monthly per specified program. The functions of the committee include:

- Continuous evaluation of the curriculum, goals, and objectives
- Residency program policy development and approval
- Review and evaluate resident performance on learning experiences
- Resident recruitment
- Review of program requirements such as drug monographs, MUE projects, etc

Organization of Department of Pharmacy

Pharmacy Department Mission/Vision Statement

The mission of the Department of Pharmacy Services is to provide the highest quality of clinical care to our patients, ensuring access to safe and effective medication use across the continuum of care.

The values that support this mission:

1. We will lead safe drug procurement services, product preparation and distribution for the health system.
2. We will provide personalized care through comprehensive evaluation of medication therapy and comorbidities, while considering patient-centered quality of life.
3. We will enhance the patient's experience by providing services to ensure optimal transitions of care, reinforcing education and adherence to medication therapy for the best outcomes.
4. We will create a culture of teaching and learning to enhance the future quality of patient care.
5. We will contribute and support innovative research through investigational drug services, leading clinical research across the health system and partnerships with other research institutions.
6. We will support the well-being of the pharmacy team and our communities by engaging a diverse and resilient workforce.

Philosophy of Practice

It is the UTSW (University of Texas Southwestern) Department of Pharmacy's goal to provide the highest quality pharmaceutical care service through a series of seamless systems. One of the goals is to integrate the traditional "clinical functions" with the traditionally "distributive" functions into one pharmaceutical care model. The Pharmacy Department has pharmacists that specialize in and focus their daily work tasks on areas, but each will understand the whole care plan and be able to respond to the needs of the patients and healthcare customers. The department's philosophy of practice includes the tenets of patient-focused care, evidence-based medicine, utilization and outcomes assessments, and research and education within an organized systems approach.

Patient Care

- Recognize and demonstrate that our primary responsibility is to our patients
- Maintain focus on the patient
- Ensure delivery of quality patient care
- Promote collaboration with other healthcare professionals
- Uphold high ethical standards

Utilization and Outcomes

- Ensure appropriate medication usage
- Measure impact of provision of care on patient outcomes
- Utilize quality improvement and process improvement tools
- Be fiscally responsible

- Ensure appropriate resource use

Research and Education

- Promote staff retention
- Provide medication used to educate patients, caregivers and healthcare providers
- Support professional development
- Contribute to the body of medical and pharmacy literature through research, publications and presentations
- Participate in professional organizations to promote the practice of pharmacy

Systems

- Develop systems to ensure medication safety
- Optimize technology to support and enhance the continual development of a progressive practice model
- Integrate systems and personnel to promote seamless care

Rotations

Organized rotations provide the structure of resident training in specialized areas of pharmacy practice. The resident is expected to consider the goals and objectives for each rotation as a foundation for their experience.

Residents are expected to perform independently and demonstrate proficiency in their rotations. The residency preceptor provides guidance and assistance to the resident, and ensures the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the rotation.

Frequent, clear communication is the key to a successful resident/preceptor relationship. To maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of all absences, schedule conflicts, or concerns which may arise during the rotation. Residents shall also prepare for topic discussions, read materials in a timely manner, and perform other tasks assigned by the preceptor.

The resident will contact the rotation or clinic preceptor to arrange for a pre-rotation meeting at least one week before the start of the rotation or clinic experience. At this pre-rotation meeting, the resident will provide the preceptor a schedule or list of meetings and other commitments the resident has for the rotation which will require time away from the rotation or clinic experience. Materials discussed at this meeting include but are not limited to rotation hours, rotation expectations, specific goals the resident has for the rotation, specific goals the preceptor has for the resident to accomplish, readings to be done prior to the rotation, scheduling of a mid-point and end of rotation evaluation.

Rotation Schedule and Changes

A 12-month schedule of the resident rotations provides a framework for structured learning activities. The resident, their advisor, and residency program director will meet at the beginning of the year to form a customized training plan. Within the first month of the program, the residency advisory committee will meet to discuss and solidify the residents' schedule.

As the resident acquires additional knowledge and learning experiences, their goals could change. Residents may request to change or trade scheduled rotations. Rotation changes are to be communicated via email, and include the resident, the resident's advisor, the resident's program director, and the affected preceptors. These changes can also be discussed and updated during the residents' quarterly development plan meeting.

Ambulatory Care

The UTSW Ambulatory Care rotations are designed for the PGY1 and PGY1 HSPAL residents to expand on basic knowledge and clinical abilities gained on previous rotations and to enhance the resident's ability to develop relationships with patients and providers. The resident will be expected to familiarize him/herself with assigned patients and be prepared to lead clinic visits. The resident will discuss each patient in detail with his/her preceptor prior to the appointment and must check out with the preceptor prior to speaking to the patient and ending the appointment. At the conclusion of the patient visit, the resident is expected to document a progress note in the electronic medical record as well as sign the patient visit.

A unique feature of the program is the longitudinal nature of this rotation. This feature gives the resident the opportunity to develop continuity within a given site and to establish relationships with their patients. Residents will be 10 months with a clinic-based ambulatory preceptor. The purposes of the five months are to account for residency recruitment and potential residents pursuing PGY2s within December and February. The resident will participate in the clinic for one-half day, every week for each 5-month rotation block. The resident

will work with the same preceptor(s), in the same clinic, on the same weekday during each 5-month clinic experience unless specified due to special circumstances (e.g., schedule change, preceptor availability, etc.). Summative evaluations will be conducted accordingly in PharmAcademic.

Meetings

PGY1 and PGY1/PGY2 HSPAL Residents & RPD/RPC Meeting

The PGY1 Residents and RPD/RPC Meeting is designed to connect with all PGY1 Pharmacy Residents, including PGY1 Health System Pharmacy Administration and Leadership Resident. This meeting will have the RPDs and RPCs of both the PGY1 Pharmacy Residency and PGY1/PGY2 Health System Pharmacy Administration and Leadership Residency Programs. During the meeting, upcoming deadlines, program changes and/or needs, as well as program structured feedback will be provided. This also helps for ideas and changes to be brought forward ahead of the end of the year discussion about the program.

PGY2 Critical Care Resident & RPD/RPC Meeting

The PGY2 critical care resident will meet on a quarterly basis with the RPD and RPC to review all evaluations for the quarter, adjust development plan, evaluate residents progress and address any areas of strengths and improvements. The resident will be responsible for updating the disease state tracker, duty hours, residency checklist and quarterly development plan document prior to the meeting. This meeting will serve as a forum to discuss major projects, upcoming deadlines, residents learning objectives/goals, rotation assignments and program feedback.

PGY2 Investigational Drugs and Research Resident & RPD/RPC Meeting

The PGY2 investigational drugs and research resident will meet on a quarterly basis with the RPD and RPC to review all evaluations for the quarter, adjust development plan, evaluate residents progress and address any areas of strengths and improvements. The resident will be responsible for updating the disease state tracker, duty hours, residency checklist and quarterly development plan document prior to the meeting. This meeting will serve as a forum to discuss major projects, upcoming deadlines, residents learning objectives/goals, rotation assignments and program feedback.

Resident Development Plan

ASHP Accreditation Standard 3.3 discusses the resident's development plan which must have an initial plan created within 30 days from the start of the residency. An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ every 90 days from the start of the residency.

The residency advisor assumes a role to mentor the resident and assist in the decision process for the resident. Within the framework of the ASHP residency standard and the administrative guidelines of the residency program, the resident is encouraged to assume ownership of their training experience and development.

ASHP Entering Resident Self-Assessment Form

The ASHP Entering Resident Self-Assessment Form includes both self-reflection and self-evaluation. Self-reflection is defined as thinking about one's self, including one's behavior, values, knowledge, and growth opportunities. Residents document self-reflection on career goals, areas of clinical interest, personal strengths and opportunities for improvement, and stress management strategies as part of the initial self-assessment. Self-evaluation is comparing one's performance to a benchmark. Residents will compare their current skills to each competency area and identify specific areas of strength and specific areas that the resident feels are the highest opportunities for growth.

UTSW Residents will complete the ASHP Entering Resident Self-Assessment Form at the beginning of the residency year and will be uploaded no later than the second Friday of their residency program year.

UTSW resident advisors, residency program coordinators, and residency program directors will review the ASHP Entering Resident Self-Assessment Form prior to meeting discussing the resident initial development plan. Residents will have identified several areas where improvement is desired based on the topics reviewed. Advisors should explain how each topic will be addressed within the residency program.

Quarterly Development Plan (QDP)

The development plans are high level summaries of resident's performance and progress throughout the program. Development plans also support resident's practice interests, career development, and resident well-being and resilience and may include progress towards completion of program requirements if not tracked elsewhere. Development plans include three required components:

- Resident documented self-reflection and self-evaluation: The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience. The self-evaluation component includes self-evaluation on the resident's skill level related to the program's competency areas
- RPD documented assessment of the resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes
- RPD documented planned changes to the resident's residency program for the upcoming quarter

The RPD or residency program designee develops, discusses, and documents with each resident an initial development plan, within 30 days from the start of the residency. The initial development plan is based on the results of the resident's initial self-assessment and the RPD's assessment of the resident's knowledge and skills related to the program's required competency areas. The RPD or designee documents adjustments to the

program for the resident in the initial plan, which must be uploaded into PharmAcademic™ within thirty (30) days from the start of the residency program.

An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ every ninety (90) days from the start of the residency program. Adjustments to the plan are based on resident's strengths and opportunities for improvement relative the programs competency areas, practice interests, and career goals

Definitions of Scores Used in Learning Experience Evaluations

Evaluation Rating Definitions

Rating	Definition
Needs Improvement (NI)	Resident does not meet expectations of learning experience and not progressing as expected <ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective ($\geq 50\%$) • Unable to ask appropriate questions to supplement learning • Unprofessional behavior exhibited
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective <ul style="list-style-type: none"> • Demonstrates knowledge/skills in this area • Sometimes requires assistance to complete the objective, but performs most tasks independently ($>50\%$) • Engages in self-directed learning and asks appropriate questions to supplement learning • Requires additional skill development to reach mastery
Achieved (ACH)	Fully accomplished the ability to perform the objective independently with mastery in the learning experience <ul style="list-style-type: none"> • Completes objectives/learning activities with minimal or no prompting or preceptor intervention ($>80\%$) • No further developmental work needed • Able to perform skill and self-monitor quality

Achieved for the Residency (ACHR)

For objectives taught and evaluated on two or more learning experiences, the resident must be assessed as achieved on at least two different learning experiences to be marked Achieved for the Residency. For objectives taught and evaluated in only one learning experience, when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, the resident may be marked Achieved for the Residency.

On a quarterly basis, RPD and RPC will review evaluations for all learning experiences completed, any objectives that have met criteria for ACHR described above, and this will be discussed with the resident at their quarterly development meeting. Progress towards Achieved for the Residency and objectives meeting criteria for ACHR will also be reviewed by RAC quarterly, and this will be documented in the RAC minutes.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include comments specific to the objective(s) in the overall evaluation comments where appropriate. At any time during the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident, which will be documented in the resident development plan and communicated with applicable preceptor(s).

Clinical Practice (Staffing)

Consistent with the ASHP residency standards, each resident will complete a pharmacy practice component of the residency program. Although often referred to as “staffing” this practice component represents another learning opportunity within the framework of the residency program.

This experience is crucial to the development of professional practice skills. The resident will gain proficiency in distribution and clinical skills, personnel management and leadership skills, and insight into process improvement opportunities for acute care facilities.

General

1. Each resident shall be licensed within the state of Texas within 90-days of start of the residency program.
2. Each resident is expected to practice as a pharmacist in a designated area through the residency year.
3. Residents will receive quarterly staffing evaluations as described in the following sections.
4. If a resident does not staff a scheduled weekend due to illness or other extenuating circumstances, the weekend will be made up on a weekend convenient for the schedule team.

First Professional Graduate Year (PGY1)

1. During orientation the residents will receive:
 - a. Training for procedural issues and systems for UTSW
 - b. An orientation checklist
2. PGY1 residents will practice every third weekend.
3. The PGY1 pharmacy residents will staff in central pharmacy for the first half of their residency year (e.g., central pharmacy and sterile compounding area) and will have the option of staffing in decentralized areas the remaining half of the year (e.g., internal medicine unit, critical care unit, etc.).
4. PGY1 Health System Pharmacy Administration and Leadership residents are entitled to one compensatory day off (“comp day”) for every weekend the resident has class. The comp day must be taken during the week immediately following the weekend worked.
5. Each resident will receive a quarterly staffing evaluation via PharmAcademic.

Second Professional Graduate Year (PGY2)

1. PGY2 residents remaining in the same practice area as their PGY1 Residency and demonstrating a proficient level of performance (or greater) in June, will receive a shortened orientation to ensure time for review of PGY2 completion requirements, standards and objectives, rotation schedule, staffing schedule, evaluation process, and completion of the initial development plan.
2. PGY2 residents changing staffing areas will complete area orientation in July and continue staffing every third weekend. Residents will be evaluated at 90 days (about 3 months). If the residency program leadership determines a whole month orientation is not necessary, the resident may receive an earlier evaluation to staff independently.
3. PGY2 residents new to UTSW will complete an orientation in July for the new operational area. Residents will practice every third weekend as scheduled by the residency program leadership based on the orientation schedule. The resident’s practice performance will be evaluated in conjunction with their quarterly evaluations within PharmAcademic.
4. During orientation the residents will receive:
 - a. Training for procedural issues for UTSW
 - b. An orientation checklist
5. Each resident will receive a quarterly staffing evaluation via PharmAcademic

Holiday Staffing Coverage

Residents, as a part of the professional staff of the department, are expected to assist with holiday coverage during the residency year.

1. Residents will be expected to cover holidays as deemed appropriate by Residency Program.
2. Every effort will be made to accommodate a resident's preference for the specific holiday assignment. The final day and shift for winter holidays will be mutually agreed upon with the acute care coordinators.
3. Residents will follow the same holiday schedule as salaried employees. If the hospital observes a holiday on a Monday, this will be considered the holiday for the resident as well.
4. As major holidays are preset during the orientation period, the resident will be required to switch with another resident if unable to work their designated holiday and/or weekend.
5. Residents will accrue 8 hours of Holiday pay (equivalent to the resident's hourly rate) for each holiday worked. It may be used in place of PTO but is still subject to the same expectations associated with PTO use. See PTO section for more details.

Paid Time Off (PTO)

Resident Expectations

- Submitting a Request:** The resident should submit PTO requests with advanced notice (e.g. ,6 weeks prior) whenever possible, and emergent needs should be communicated to both the preceptor of the specified month and Residency Program Director. For PTO days not yet accrued, approval will only be provided for personal illness or severe illness of immediate family. The procedure to request PTO is as follows:
 - Send the PTO/Vacation form (see appendix) via email to the current preceptor and upon signature of preceptor, provide form for signature to the Residency Program Director.
 - The Residency Program Director will approve the request.
 - The resident is required to put the request within myTime and it will be approved within the system for department scheduling purposes.
- Arrange Coverage:** When the schedule has been published, the resident is responsible for arranging switches for PTO for both their regularly scheduled staffing weekend and for on-call responsibilities. Unlicensed residents are not eligible for schedule switches.
- Track PTO Days:** It is the responsibility of the resident and the Residency Program Director to keep track of PTO days used throughout the year.
- Sick Days:** If you are ill and unable to report to work, you must notify your Residency Program Director and, depending on rotation or staffing responsibilities, also notify your rotation or staffing preceptor as soon as possible and/or at least (1) hour prior to the accepted start time.
- Educational/Professional Leave:** Each trainee is granted professional leave for attendance at professional meetings (e.g., ASHP Midyear Clinical Meeting, regional residency conference, or other comparable scientific meeting as determined by their program director). Residents are also granted up to 5 days to participate in employment interviews. If more than 5 days are needed for interviews, PTO days must be used. The approval of the days for interviews will be determined by the Residency Program Director and preceptors impacted by the requested time. Residents are not required to use PTO when taking the board pharmacy specialties and/or pharmacy licensure examinations. This time off is considered an Educational Day.

Additional Time for Completing Residency Requirements: The program director and coordinator maintain responsibility for ensuring that absences incurred do not jeopardize the trainee's ability to attain the program's competency areas, goals, and objectives. Absences from any learning experience should not exceed 20% of the total time allotted to the experience. Absences that extend beyond those allotted (described in this policy) must be made up. Prior to the end of the training program, the program director/coordinator shall develop a plan describing how missed days will be made up. If the time missed extends beyond the anticipated 12-month training program completion date, the institution may be requested to continue to pay all salary and fringe benefits during the extended appointment for a period of time not to exceed four (4) weeks. Beyond the four week period, the institution will not fund the salary or the fringe benefits of the trainee.

For additional information regarding leave of absence, please see policy EMP-266 Leave of Absence Without Pay

Procedure for Residents

- Notify rotation preceptor and RPC and RPD of type of leave requesting
- Obtain final approval RPC and RPD if requesting extended leave

- Meet with RPC and RPD to arrange an acceptable schedule for the resident to meet requirements of the missed rotation, complete assignments, and meet service commitments required for graduation if extended leave requires training after the residency year
- Extension of the residency year due to extended leave does not guarantee resident stipend or benefits
- Additional travel funds will not be provided for conferences/travel that occur outside of the standard residency training period
- The maximum length of extension is not to exceed 6 months, and the program must be completed before December 31st (18 months from start of the residency year)

Notification and Documentation: In the event of unexpected absences, the residency program director and coordinator, preceptor, and weekend supervisor (if applicable) MUST be notified immediately. Failure to notify all the applicable individuals is considered unexcused leave and will result in disciplinary action.

Well-Being and Resiliency

Residency well-being and resiliency is of outmost importance to the residency program, the Department of Pharmacy, and UT Southwestern Medical Center. The residency program offers support through the preceptors, advisors, and program leadership.

UT Southwestern Medical Center offers support to all employees through various [services](#):

Help in Crisis, Employee Assistance Program (EAP): Residents have access to an experienced, licensed Employee Assistance Program counselor who can speak privately and confidently about topics such as: depression, suicidal thoughts, anxiety/stress, rape crisis, substance abuse, divorce/separation, eating disorders, domestic violence, self-esteem, grief and loss, and anger management. The 24-hour help line is (214) 648-5530. Some additional details include: the service is free, private and confidential; up to four counseling sessions are provided per problem; this service is available to benefits-eligible UTSW employees and their live-in family members (regardless of participation in a health plan); and the resident has access to outside providers and resources

UT Living Well Wellness Platform: The new, free UT Living Well wellness platform, powered by Limeade, is available to eligible UT SELECT and UT CONNECT members to help you take control of your well-being. Explore UT Living Well programs, well-being resources, join and track activities, and stay connected with colleagues. After you [register online](#), you may download the UT Living Well app powered by Limeade ONE, enter "University of Texas" / "UTX"

[Child, Adult, and Senior Care](#): As total wellness involves support for our residents in caring for the important people in their lives who depend on them, UTSW offers back-up child, adult, and senior care to all full-time (40 hours a week) and part time (30-39 hours a week) benefits-eligible employees through Bright Horizons™

Duty Hours

American Society of Health System Pharmacists (ASHP)

Pharmacy Specific Duty Hours

The Department of Pharmacy supports compliance with the ASHP Duty Hour Requirements to ensure residents are not compromising patient safety or minimizing the learning experience by working extended periods of time. Compliance with the ASHP requirements is a shared responsibility between the Department of Pharmacy and each PGY1 and PGY2 resident. To maintain a record of this shared responsibility, the resident will complete the duty hour documentation in PharmAcademic. Key elements of the ASHP requirements include:

- Duty hours must be limited to 80 hours per week, averaging over a 4-week period, inclusive of internal and external moonlighting
- Residents will be limited to two additional internal moonlighting shifts over a 28-day period, which will be tracked and approved using PharmAcademic and myTime. External moonlighting is prohibited within the UTSW Pharmacy Residency Programs. If residents' performance is impeded by moonlighting, the resident will not be allowed to continue working additional shifts outside of the required residency program hours
- 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 duty days
- Residents must have at a minimum of 8 hours between scheduled duty periods (i.e., a maximum of 16 hours continuous duty hours)

ASHP defines "duty hours" 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.

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.

Duty hours exclude 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.

Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation. Continuous duty periods for residents should not exceed 16 hours.

ASHP defines "moonlighting" 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. 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. 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.

Questions concerning the application of ASHP guidelines to your respective residency program should be directed to your Residency Program Director and/or Coordinator. Additional information concerning the ASHP standards is located at: [Duty-Hour Policy \(ashp.org\)](https://www.ashp.org/standards/education/education-standards/education-standards-2018/education-standards-2018-10-1-2018-10-1).

myTime Timekeeping Q&A

To receive compensation for hours worked and track your duty hours, you will be required to punch in and out using myTime, our timekeeping software. To punch in and out, please use the myTime Time Clock in the hospital. If a resident does not have the ability or does not punch in and out, a time exception sheet must be completed and turned into your respective residency program director. To help acclimate you to our system and procedures, below are some common steps and/or information. Any changes to policies and procedures will be communicated to you via pharmacy leadership and your residency program leadership. If you have any questions, feel free to reach out to Angela Williams (angela.williams@utsouthwestern.edu) or Leah Salvador (leah.salvador@utsouthwestern.edu).

Hospital MyTime FAQ

****Please note some areas may not be applicable to the resident as this FAQ was taken from the hospital website. Your respective residency program leadership will ensure you understand any changes and/or nuances****

Who must punch with myTime?

Non-exempt employees, including hourly employees, must punch with myTime. This can be done at a physical time clock, on the web, or through the mobile application.

Pursuant to University policy [EMP-251 Work Attendance and Leave Usage](#), departments can establish department procedures that dictate what type(s) or punches are permitted (e.g., physical clock, web punch, and/or mobile punch). For pharmacy residents, physical myTime Clock will be used.

Are timecard attestations required?

Yes. This is a benefit giving employees an additional level of control and responsibility for the accuracy of their paychecks.

- Exempt employees must approve and attest to their time in myTime once per payroll period.
- Non-exempt employees will receive daily prompts to attest to time and meal breaks in myTime.

Payroll will never withhold payment because of a missing attestation.

How will employees without computer access submit their sick, vacation, holiday, or other time-off requests?

Via the mobile application. However, when possible, departments should try to have at least one shared computer available to users who do not have regular computer access.

What if an employee requests time off but does not have enough accrued time?

myTime displays when an employee does not have enough accrued time.

Does everyone have to have a schedule in myTime?

All benefits-eligible personnel must have a schedule in myTime for holiday tracking. For more information, review the [Holiday Reporting](#) guideline.

Will the seven-minute rounding rule continue in myTime?

Yes. The rounding rules are the same in myTime as they were in Kronos. Punches are rounded to the nearest 15-minute increment for payroll purposes only.

For example, if an employee's workday is scheduled to start at 8 a.m., they can punch in seven minutes before or after 8 a.m. and still be considered on time for payroll purposes. Per University policy [EMP-251 Work Attendance and Leave Usage](#), departments can enforce exact start times if desired.

If you are in a department that uses an "occurrence" or point system for time and attendance enforcement, contact your department leadership if you have questions about how that system might change.

I am a new employee. Why does myTime show that I have accrued 0 vacation hours?

myTime shows available leave balances. Probationary employees (as defined by UTSW policy [EMP-155 Probationary Period For Classified Employees](#)) are not eligible to take vacation until they reach six (6) months of continuous employment. As such, until the 6-month mark is reached, myTime will show a vacation balance of 0. To see all leave balances, regardless of the availability for use, visit [PeopleSoft](#) Employee Self Service > My Leave.

How do I download the mobile application?

The mobile application can be downloaded from the Apple App Store or the Google Play Store. Download and installation instructions are on the [Training](#) page.

Will myTime bring any changes to the physical timeclocks?

Yes. Punching at UT Southwestern time clocks has a new look and feel in myTime. New features include attesting to time worked and submitting missed punches. Beginning April 10:

- Physical clock users will have to specify whether they are starting work or ending work before they swipe their badge. When punching out, the clocks will prompt non-exempt employees to answer an attestation question: "Was your expected meal period taken in its entirety?"
- Clock users can correct missing punches using the timeclock.

See the myTime [Training](#) page for more information, including a four-minute video and links to user guides.

What is the benefit of an employee correcting their own missed punches if the Timekeeper can do it instead?

myTime offers a more efficient process. In Kronos, a missed punch required the Timekeeper to first secure manager approval to make the manual modification of the timecard, then make the change. In myTime, the employee initiating the correction automatically triggers an approval request for the manager.

Where can I learn more about the changes to the physical timeclocks?

See the myTime [Training](#) page for more information, including a four-minute video and links to user guides.

UT Southwestern uses two different timeclock models. Are there different training materials for each of them?

Yes. There are separate user guides for the DX clocks and the InTouch clocks. See the [Training](#) page for more information.

Harassment and Discrimination Policy Overview

UT Southwestern Medical Center is an Equal Opportunity/Affirmative Action employer and is committed to providing a workplace free from harassment and discrimination. No employee or applicant will be subjected to unequal opportunity based on race, color, religion, sexual orientation, gender identity, sex (including pregnancy), age, national origin, mental or physical disability, genetic information, veteran status, or any other status protected by federal, state, or local law ("protected status"). As employees of UT Southwestern Medical Center, pharmacy residents are afforded the same protections as all other employees of the organization. UT Southwestern Medical Center takes claims of unlawful discrimination, harassment, and retaliation seriously, will respond promptly to complaints, and will impose immediate and appropriate corrective action as necessary. Employees found to be acting inappropriately will be disciplined, up to and including employment termination. No employee will be retaliated against for the following: filing a complaint, opposing unlawful practice, participating in an investigation, providing information regarding discrimination or harassment when responding to an internal investigation, or requesting an accommodation for a disability or a religious belief. Employees are encouraged to seek timely resolution of complaints through the internal complaint procedure. An internal complaint may be entered by any employee or anyone in the employee's management reporting chain and submitted to Office of Institutional Equity & Access as soon as possible after the conduct giving rise to the complaint, but no later than 300 calendar days after the last suspected act of discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct, or anyone. The instructions and/or details regarding written complaint submission can be found in the [Institutional Handbook ETH-151 Equal Opportunity](#). Investigations carried out in response to filed complaints will be timely, impartial, and confidential. The investigator will only disclose information to or involve individuals when necessary to complete a thorough investigation. Any discipline or corrective action will be consistent with the nature and severity of the offense. For more information, please review [Institutional Handbook ETH-151 Equal Opportunity](#).

Licensure Expense Reimbursement and Failure to Obtain Licensure or Certification

The Department of Pharmacy does not support any expense regarding pharmacist licensure (e.g., initial pharmacist license application, reciprocity application, NAPLEX, MPJE, and transfers). ASHP Accreditation Standards state "Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program". UT Southwestern pharmacy residents are expected to be licensed as pharmacists in the state of Texas by October 1st. Failure to be licensed by October 1st will result in termination from the residency program.

Prior to interviewing PGY2 residency program candidates, the residency program leadership must ensure the candidate is enrolled in an ASHP-accredited PGY1 Pharmacy residency program as part of the application screening. For PGY2 Programs, the resident pharmacist must provide a copy of their PGY1 Pharmacy Residency Program Certificate as verification for completing an ASHP-accredited residency program by the first Friday of the residency program year. The copy of the certificate will be uploaded to the PGY2 resident's PharmAcademic profile. Failure to provide this documentation by the adhered deadline will result in automatic dismissal of the residency program.

Requirements for Successful Completion of UT Southwestern Medical Center PGY1 and PGY2 Residency Programs

Confirmation of the successful completion of the program requirements is the responsibility of the Residency Program Director.

A *Certificate of Residency* will only be awarded to those who complete all program requirements and after documentation of those requirements has been completed.

A minimum of 80% of program objectives must be achieved and documented as achieved for residency (ACHR) within PharmAcademic prior to a residency certificate being awarded. All additional requirements for the completion of each program can be found in the program specific checklists which will be reviewed quarterly with residents at development plan meetings. Residency program checklists are located in the Appendix at the end of the manual.

In the event the resident does not complete all requirements, the resident will not have successfully completed the residency program and will not be awarded a certificate. There is no option to fulfill residency requirements, unless the resident has taken an approved leave of absence, has a written plan, approved by the Residency Program Director and resident, including the planned date of return to residency and due dates for submission of outstanding residency requirements.

Resident Disciplinary Action Policy & Procedure

Resident progress will be monitored and evaluated throughout the residency year, both informally and formally. Formal evaluations will be completed in PharmAcademic as per ASHP standards. Informal evaluations will be routinely provided by rotation and clinic preceptors, presentation and project advisors, facilitators, operations/clinical managers, and program directors. Advisors may attend preceptor rounds, residency advisory committee meetings, and/or quarterly development reviews to assist in monitoring residents' progress throughout the year. If it is determined a resident is not progressing as expected based on the learning experience description or has received 'needs improvement' scores on evaluations, the advisor or preceptor should discuss the situation with the Residency Program Director (RPD). The RPD will discuss the resident's lack of progression with the appropriate preceptors and advisor, and they will determine whether a performance improvement plan needs to be implemented.

In addition to successfully completing the performance improvement plan, residents must still meet requirements as specified in the 'Requirements for Successful Completion of the Residency Program'. If a resident is dismissed at any point during the residency year, the resident will not receive a residency certificate.

Dismissal/Right to Appeal Dismissal

In collaboration with the RPD, RPC, and Residency Advisory Committee, a resident may be dismissed during the term by their direct supervisor for unsatisfactory performance (failure to achieve greater than or equal to 80% satisfactory progress or greater on evaluated experiences), or inappropriate conduct in direct violation of the UT Southwestern Medical Center Code of Conduct for Employees.

The recommendation to the RPD for dismissal shall be in writing, outlining the areas deemed unsatisfactory, and the reasons for dismissal. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal. Job abandonment, defined as three (3) days absence from the program without notice to the RPD or RPC, is tantamount to resignation and not subject to appeal.

Additionally, the pathway to dismissal and rights to appeal a dismissal will follow the guidance of the UT Southwestern Medical Center EMP-351 Discipline and Dismissal of Classified Employees and EMP-351P-01 Appealing Disciplinary Actions.

Procedure for Resident's Complaints

If a resident has a particular problem or complaint, the resident should first attempt to resolve it on their own by consulting first with the Residency Advisor or RPC. If unable to resolve it at that level, the resident must present the complaint in written form to the RPD within a period of 10 days of the event.

On-Call Program

The primary goals of the pharmacy resident on-call program are to enhance the resident's practice responsibilities and experiences as well as to assist pharmacy staff with clinical operational support. This component of the residency program along with the associated PGY2 goals will be taught and evaluated within the Human Resource Management & Leadership longitudinal rotation.

Note: The on-call coverage as outlined in this section does not apply to PGY-1 Pharmacy, PGY-2 Critical Care, and PGY-2 Investigational Drugs and Research residents.

Goals

The resident will serve as the in-house contact for medication-related issues during his/her on-call shift. This additional responsibility will:

- Assist in the resident's development of his/her clinical autonomy
- Assist in the resident's development of his/her leadership and operational autonomy
- Meet the following residency goals:
 - Determine and recommend the staff requirements matching an area of the department's scope of services
 - Demonstrate ability to manage, prioritize, and execute assigned responsibilities and tasks

Resident Responsibilities

The PGY-2 HSPAL resident will participate in an at home on-call program once every four weeks for a minimum of 10 on-call rotations. The resident will be responsible for the following activities:

- Adjusting schedules due to call-ins
- Responding to non-formulary medication requests
- Ensure adherence to downtime procedures
- Review and update training documents for on-call
- Any additional activities needing to be escalated to the on-call manager

When the on-call resident needs assistance to respond to a responsibility, the resident will contact their backup coordinator during the training period. The resident should train with a back-up preceptor for 3 months. After training is complete and the preceptor feels confident in the resident being independent, the resident's backup will be the supervising manager.

The resident will not rotate through on-call responsibilities when at an off-site rotation. If the on-call program negatively impacts the resident's performance on their primary rotation, the on-call program will be suspended until resident's performance returns to satisfactory levels. The resident is required to still make up on-call shifts missed to ensure the minimum expectation is completed. The resident will work with the preceptor to ensure on-call shifts are scheduled accordingly to not be in violation of the Duty Hours (see policy within manual).

Coordinator Preceptor Responsibilities

The clinical and operation coordinators will rotate through precepting the on-call resident every three weeks. If the preceptor has any concerns about the resident's performance, they will escalate the feedback to the program coordinator. Additional responsibilities include:

- Ensure resident participation and attendance with on-call responsibilities
- Provide feedback to on-call resident regarding on-call management and communicate feedback to longitudinal rotation preceptor
- Support the on-call resident when unable to resolve on-call manager questions or issues
- Ensure adherence to maximum weekly hour limits regarding at-home on-call procedures

- Create on-call schedule and ensure no conflicts with resident's rotation schedule

On-Call Hour Requirements

On-call responsibilities shall not exceed the 80-hour maximum weekly hour limit. Reminder: at-home on call hours are included in the maximum 80 hours/week calculation and are included in the tracking of hours when they meet the following criteria:

- If a resident is called into the hospital/organization from an 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.
- 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.

Early Commitment Process

Eligibility

To be eligible to apply for early commitment into a UTSW PGY2 residency program, the PGY1 resident must be in good standing and on track to complete the PGY1 program by June 30th the following year. Residents undergoing disciplinary action or who have received repeated “Needs Improvement” on an evaluated objective(s) are not eligible for early commitment.

Application Process and Review

To apply for early commitment, the PGY1 resident is required to submit an updated curriculum vitae (CV), letter of intent, and three letters of recommendation to the PGY2 RPD and RPC in the program they are interested in by the application deadline of November 1st.

Interviews

Applicants will interview with the RPD and RPC and with a panel of selected PGY2 preceptors.

Selection

After the completion of all interviews, RAC members will review application and interview evaluations and rank all applicants. RAC will make a decision on if the program will proceed with offering early commitment into the PGY2 program to one of the applicants. If RAC decides not to offer early commitment to any applicant(s), the candidate(s) will be notified and the PGY1 resident(s) may then apply to the program and go through the standard ASHP application and match cycle. If RAC decides to offer early commitment to an applicant, the position will be offered based on the ranking order.

Confirmation of Commitment

An offer letter confirming the offer and acceptance will be provided to the resident. If the resident accepts, the letter must be signed and returned to the RPD within 7 days of receipt. If the position is not accepted, this procedure will be duplicated with the next highest-rated candidate. If there are multiple candidates, those not offered the position will be notified. The written acceptance letter is a formal commitment to pursue the designated PGY2 residency during the following year. Additionally, the resident and the PGY2 program director will sign a form, which will be submitted to the National Matching Service. This will remove the position from the formal ASHP matching process that occurs in March.

Timeline

September – October	It is recommended that interested PGY1 residents contact the PGY2 Program Director to discuss their interest in the program
November 1st	Deadline for submission of application materials
November 1-20th	Application review and interviews
December 1 st	Notification of decision sent to all applicants

Department ACPE Presentation

Goal

The goal of the Department ACPE Presentation is to enhance the resident's knowledge regarding the use of drug therapy to treat and/or prevent disease, an innovative pharmacy service, or a "hot topic" in health-system, ambulatory, or community pharmacy. Residents will learn to evaluate scientific literature and discuss its applicability to practice, and through this process will learn to present complex concepts and scientific data in a clear and concise manner.

Format

Department ACPE Presentations will be held Wednesday afternoons from 2:30-3:30 PM in the months of December through April. The presentation is required to receive ACPE accreditation. The presentation must be 45 minutes in duration and the presenter must use audiovisual aids (i.e., slides) during the presentation. Given the limited time each presenter is allocated, the use of videos is not allowed.

The audience will consist of pharmacy residents, preceptors, pharmacy practitioners, pharmacy students, and invited guests. The presentation should be targeted to the level of a practicing clinical pharmacist. Presentations will be formal in nature and audience members will refrain from asking questions during the presentation.

All PGY1 residents and PGY2 residents in clinical specialty programs must choose a clinical topic for their presentation. The presentation must comprehensively review recent changes/new developments in the treatment of a medical disorder or examine a pharmacotherapeutic problem in a specific patient population utilizing an analysis of the primary literature. PGY2 residents in non-clinical (e.g., administrative and investigational drugs) programs may present on a topic relevant to their area of practice.

The general structure of the presentation should include a brief background (no more than 5 minutes), the review of 2-3 primary literature sources (i.e., research studies), and a discussion/conclusion. It is not appropriate to simply rely on secondary sources or meta-analyses for content or critique. Slides should be appropriately referenced. Plagiarism of any kind, verbal or written, will not be permitted.

In lieu of printed copies of handouts, residents will distribute PDF files of these handouts via email to those included on the Department ACPE Presentation distribution list no later than the close of business two days before the presentation.

Evaluation

All members of the audience will evaluate the presentation using an online standardized evaluation tool provided by the Texas Society Health System Pharmacists to program attendees. These evaluations serve the primary purpose of obtaining ACPE credit.

Clinical topics in nature will also be evaluated using the following global objectives (presenters MUST still write their own topic specific objectives):

1. Describe the scope of the clinical issue discussed, including risk factors, pathogenesis, and existing therapies
2. Evaluate the literature in support, or against a recent pharmacotherapeutic approach to a clinical issue
3. Given a case description of a patient affected by the clinical issue, develop an evidence-based treatment plan

Non-clinical topics in nature will be evaluated using the following global objectives (presenters MUST still write their own topic specific objectives):

1. Describe the scope of the pharmacy practice or technical issue.
2. Evaluate the literature in support of a novel or controversial process or topic.
3. Determine the feasibility of implementing novel practice or process.

Preparation

Residents are required to work with content experts when preparing their presentations. Residents will work with their presentation advisors to develop a topic. The selected topic must be approved by the resident's advisor and/or residency program director. To avoid possible duplication of subject matter/topics, the resident is required to submit their topic with the potential topic or presentation title at least 55 business days in advance of their presentation. Topics from the previous two years cannot be repeated. To avoid commercial bias, do not use proprietary or trade names in the presentation

Advisors will provide feedback and guidance in developing the handout and slides for the session, writing learning objectives for CE credit, and formulating self-assessment questions. Each presentation will include an active learning component

As part of the ACPE presentation application, each resident must submit the following items 45 days prior to their presentation:

1. Two to three learning objectives
2. Copy of curriculum vitae
3. Draft copy of slides
4. Completed and signed disclosure statement
5. ACPE Presentation approval form signed by the resident's residency advisor
6. Presentation advisors completed and signed disclosure statement

Timeline

1. Identify topic at least 75-100 days prior to the presentation date
 - Work with residency advisor and rotation preceptors to identify potential topics
 - Contact preceptors to identify presentation mentor/subject matter expert
 - Review list of topics presented previously to assure no duplication
2. Once topic identified, start to develop outlines, learning objectives, and slides with help from presentation mentor/subject matter expert
3. Minimum 60 days prior to presentation date, submit to TSHP completed Joint Providership Agreement
 - For more details, go to [CPE Accreditation – TSHP](#) → Click on Application Process
4. Minimum 45 days prior to presentation date, submit to TSHP completed Faculty Agreement
 - Submit the following: contact information, activity details, CV and biography, education needs assessment, learning objectives, activity type, disclosure, and compensation
 - For more details, go to [CPE Accreditation – TSHP](#) → Click on Application Process
5. Minimum 20 days prior to presentation date, submit to TSHP handout and outline, references, or key points. TSHP will also provide instructions on how to set up posttest questions through LecturePanda
6. Schedule one hour meeting 10-14 days prior to ACPE presentation to practice
 - Work with advisor to determine amount of time necessary to review revisions, and establish due date for revised slides to be provided to presentation advisor and committee
 - Be ready to formally present and receive feedback
 - Schedule one hour practice presentation 7 days prior to presentation

Travel and Pharmacy Association Involvement

Pharmacy residents completing training at UT Southwestern Medical Center are encouraged to develop and maintain an involvement in pharmacy association activities on a local, state, and national level. Involvement is critical to personal and professional development, professional networking or relationship building, and the achievement of professional and personal goals. The Department of Pharmacy supports this involvement and as part of the resident's professional and personal development, travel to and attendance at meetings on a state and national level are encouraged within the limits of approved budgets as outlined below.

At a minimum:

1. The resident will attend the Texas Society of Health System Pharmacists (TSHP) Annual Seminar and Alcalde Southwestern Leadership Conference. Residents can serve on committees and councils by applying online and can learn about opportunities involvement on the [TSHP website](#)*
2. The resident will attend the American Society of Health System Pharmacists (ASHP) Midyear Clinical Meeting for the recruitment of our residency programs. Residents can also serve on [ASHP forums and sections](#)

** For PGY2 Critical Care Program the resident will present their resident research project at a local, regional, and/or national conference as depicted by the residency checklist*

PGY1/PGY2 Health System Pharmacy Administration and Leadership Residents

1. The resident will apply and/or serve on one of the committees within the Vizient Pharmacy Network, preferably within one committee where a UTSW pharmacy member can serve as the resident's mentor
2. The resident will apply and/or serve on an ASHP section or forum
3. The PGY2 HSPAL Resident will serve on a committee under the TSHP Council on Public Affairs and Advocacy to help promote advocacy efforts within the profession

** For PGY2 Critical Care Program the resident will present their resident research project at a local, regional, and/or national conference as depicted by the residency checklist*

Travel Request & Reimbursement Process

All residents must fill out the intent to travel form located within this section of the residency manual for each meeting at least 30 days prior to the conference. This must be signed by the residency program director and the Assistant Vice President of Pharmacy.

Intent to Travel

An intent to travel form is required by the department for all travel and must be signed by manager. This is just an estimate for your trip. Your manager will provide allowable expenses for this form.

Travel Authorization- Required

All travelers are required to submit a Travel Authorization (TA) in PeopleSoft. This is NOT the same as the Intent to travel form. Beginning June 2022, travel reimbursements will not be issued if the TA was not approved prior to travel. No exceptions. It is your responsibility to submit and track your approval. TA's require several department approvals, so please do not wait until the last minute to complete.

Creating a Travel Authorization- Must be completed and approved before travel

If you have questions regarding your trip, please reach out to your manager.

People Soft> Travel and Expense Center> Create travel authorization

Business Purpose: Travel- **this will always be travel**
Description: Year/Conference Name
Default Location: Location – **use the search icon and enter the first four characters of destination city**
Travel Dates: Enter start and end dates of travel

Projected Expenses- Remember to save after each entry. (Save for Later)

Hotel

Date: Enter start date of travel
Expense Type: T-Hotel (Must use conference hotel- the system will alert you if the nightly amount is over the limit)
Description: Hotel stay for 'Conference Name' – 'Date Range'
Payment Type: One Card/Prepaid – if you paid out of pocket this will be 'Out of Pocket'
Billing Type: One Card- (Will be T- In State or T-Out of State if paying out of pocket)
Location: Location- use search icon
Number of nights: Enter number of nights you will be staying
Nightly Rate: Enter amount
Amount: \$ – this will auto calculated based on the days/rates
Merchant: Non-Preferred (enter hotel name)
Org/Conf/Univ Name: Enter Conference Name
Accounting details: Amount, GL Unit, Oper Unit, Dept and Account will be prefilled – Only make changed to Dept if authorized by manager
Fund Type- 221 (**this may be prefilled 211 and will cause an error**)
Source -240010
Function-410

Charges made to hotel room will not be reimbursed.

Registration Fees

Date: Enter start date of travel
Expense Type: Registration Fees
Description: Registration fee for 'Conference Name'
Amount: Enter amount
Payment Type: One Card/Prepaid – if you paid out of pocket this will be 'Out of Pocket'
Billing Type: One Card- (Will be T- In State or T-Out of State if paying out of pocket)
Location: Location – use search icon
Merchant: Conference Name
Org/Conf/Univ Name: Conference Name
Accounting details: Amount, GL Unit, Oper Unit, Dept and Account will be prefilled – Only make changed to Dept if authorized by manager
Fund Type- 221 (**this may be prefilled 211 and will cause an error**)
Source -240010

Airfare

Date: Enter date of travel

Expense Type: T-Airfare
Description: Round trip airfare DFW- 'Destination City'- Conference Name
Payment Type: One Card/Prepaid
Billing Type: One Card
Originating Location: Dallas, TX- use search icon
Travel to: Location- use search icon
Ticket Number: Leave blank
Merchant: Airline Name
Org/Conf/Univ Name: Conference Name
Accounting details: Amount, GL Unit, Oper Unit, Dept and Account will be prefilled – Only make changed to Dept if authorized by manager
Fund Type- 221 (**this may be prefilled 211 and will cause an error**)
Source -240010

Taxi/Uber- Airport-Hotel (use separate lines to arrival and departure)

Date: Date of usage
Expense Type: T-Taxi
Description: Taxi/Uber from airport to hotel
Payment Type: Out of Pocket
Amount: Enter amount
Billing Type: Out of Pocket
Location: Chicago, Illinois
Org/Conf/Univ Name: 2022 Pharmacy Leadership Conference
Accounting details: Amount, GL Unit, Oper Unit, Dept and Account will be prefilled – Only make changed to Dept if authorized by manager
Fund Type- 221 (**this may be prefilled 211 and will cause an error**)
Source -240010

Meals

Date: Enter date (each day MUST be submitted on a separate line)
Expense Type: T-Travel Meals
Description: Meals for 'enter date'
Payment Type: Out of Pocket
Amount: Your manager will determine the allowable amount ex: \$100
Billing Type: Out of Pocket
Location: Location – use search icon
Org/Conf/Univ Name: Conference Name
Accounting details: Amount, GL Unit, Oper Unit, Dept and Account will be prefilled – Only make changed to Dept if authorized by manager
Fund Type- 221 (**this may be prefilled 211 and will cause an error**)
Source -240010

Do not add alcohol to your meal receipt. Please have this added to a separate tab.

Gratuity is allowed up to 20% and **is included** in the daily meal limit

Do not combine meal checks, each person must submit their own meal receipts.

Meals are only reimbursable while on trip. Local meals before and after trip will not be reimbursed.

All receipts must be itemized. Please indicate meal type and date on each receipt.

Max per meal (gratuuity included): Breakfast \$50, Lunch \$50, Dinner \$100- amounts cannot be 'rolled over' to next meal

Once all information has been entered and saved click on 'Summary and Submit'.

Benefit/Comments

Enter the justification from the ITT form. Save.

Print. Click on the 'View printable version' icon and print your TA. This form only requires your signature since the ITT has been signed by your manager.

Supporting Documents- remember to save

You will need to upload the following documents to the TA.

Airfare- estimate only
Hotel Reservation receipt
Registration Fee receipt
Conference Agenda- must include dates
Intent to Travel form- signed by you and manager
Travel authorization form- signed by you
Uber/Taxi estimate to and from airport
Save.

Once you have completed all required steps, you can submit your TA. You can check the status by using the 'View Travel Authorization' in the Travel and Expense Center. You will receive an email when it is approved or needs corrections.

Delegating Authority- used to book airfare

Travel and Expense Center> Delegate Authority>Click Add>Search by using Icon

Expense Report- Actual Expenses- Completed upon return

People Soft> Travel and Expense Center> Expense Reports>Create and modify>New

Using the quick start menu drop down arrow on the right hand corner of the Expense report, click on 'A Travel Authorization'. Click go.

From the pop-up window, select the appropriate travel authorization. This will import the information regarding your trip.

Modify any amounts as needed. For meals, calculate the totals for the day and enter in each line.

Save.

Click on 'Benefit/Comments' and add conference information. Save.

Print the expense report. ER's must be signed by you and manager.

Once complete, you will upload actual receipts for each expense.

Conference receipt

- Hotel receipt
- Taxi/Uber receipt
- Airline receipt
- Signed expense report
- Agenda
- Meal receipts sorted by day – example below

After all documents have been uploaded, double check all entries and

Lunch- 9/21



McCarran International Airport
5757 Wayne Newton Blvd,
Las Vegas, NV 89119

SALE TRANSACTION

4348927	OBERTO BACON JERK	\$12.99
2168971	Bugles Nacho 3oz	\$6.99
3568352	GLACEAU SMART WAT	\$5.09

Items in Transaction:3

Balance to pay	\$25.07
MasterCard	\$25.07

TYPE: Sale

Absence Request - Intent to Travel

Traveler's Name and ID # Name (S*****)	Date Submitted
---	-----------------------

Dates of Travel			
Beginning Date		Start Time	
Ending Date		End Time	
			Total Days Requested

Vacation Days To Be Taken			
Beginning Date		Start Time	
Ending Date		End Time	
			Total Days Requested (not including weekend days/normally off)

Date of Birth	Domestic Travel City: State:	International Travel Country: N/A
Benefit to UT Southwestern		

Business Related Leave	
<input checked="" type="checkbox"/> Conference:	
Conference Dates:	
Web Address of Conference:	
<input type="checkbox"/> Invited Speaker/Visiting Professor	
<input type="checkbox"/> Host Paid Amount: \$ _____ Host Name: _____	
<input type="checkbox"/> Honorarium Paid Amount: \$ _____ Honorarium Name: _____	
<input type="checkbox"/> Scientific Committee/Review Board	
<input type="checkbox"/> Research Related	Other Business Related: _____

Traveler's Signature	
I certify that the information provided by me in this document is, to the best of my knowledge, true and correct.	
Signature _____	Date _____
Printed Name: Resident Name	

Manager's Signature	
Signature _____	Date _____
Printed Name: Oanh Nguyen	

Director's Signature	
Signature _____	Date _____
Printed Name: Brian Cohen	

Approximate Cost: \$

Air Fare, Taxi, Shuttle, Rental	Meals	Lodging	Registration	Incidentals	TOTAL
mileage: __ x 0.56	\$	\$	\$	\$	\$

Residency MUE and Resident Projects

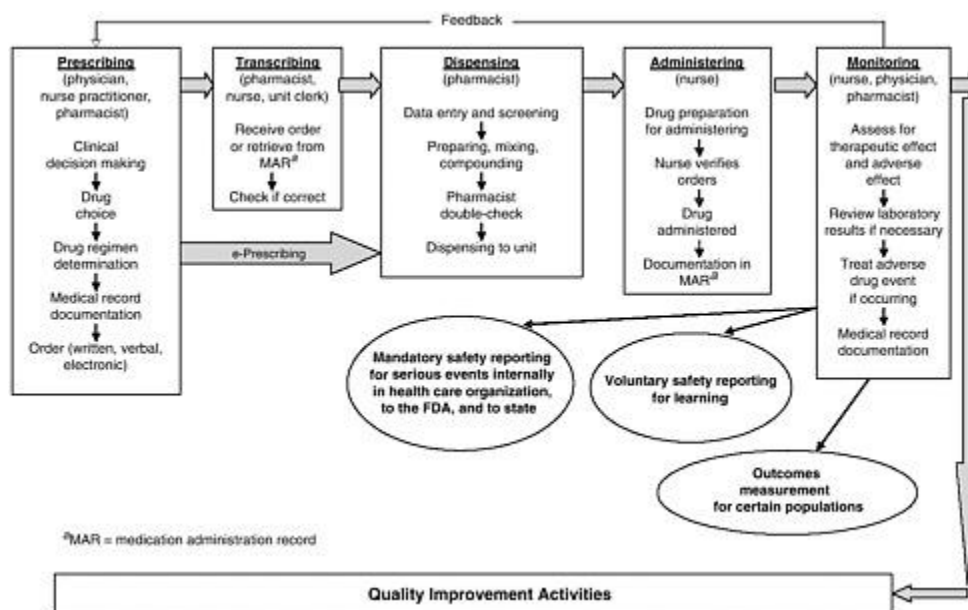
Background

The resident project is a longitudinal and more intense project aiding in residents' ability to apply research and methodology as well as medication use evaluation skills to enhance the overall operational, safety, and quality of services provided at UT Southwestern Medical Center. The medication use evaluation project is a minor project also used to enhance patient care services within the health system.

Medication-use evaluation (MUE) is a performance improvement initiative focused on evaluating and improving medication-use processes. MUEs may be applied to specific medications, drug classes, disease states or conditions, parts of the medication-use system, policies and procedures, or outcome measures. The overall goal of both projects, and essentially how the success of the projects should be measured, is improved patient outcomes. To achieve this goal, follow-up actions in the process should consist of a multifaceted approach, involving the departments and medical service responsible for providing care, implementing change, and improving the medication-use process.

The process is divided into two phases. The first involves the project design, data collection, and analysis portion of the process. Once complete, the residents will present their results and potential areas for intervention within the medication-use system to the department of pharmacy in addition to various committees including the Pharmacy and Therapeutics Committee. Results are frequently shared and potential improvement strategies discussed with other organizational committees, as appropriate. In the second phase, residents can work with their respective project teams to implement any process changes that would help to improve the quality of medication use for the population studied. Areas for intervention include all steps of the medication-use system--prescribing, dispensing, administration, and monitoring. Residents are encouraged to analyze each step in the system by considering all the individual people, actions, and steps involved with the specified part of the process. Through the research and methodology process, residents can make meaningful and lasting contributions to the institution. The one-year timeline facilitates the resident's potential to act on opportunities for improvement that they have identified within the medication-use system and to directly observe the benefits of their work.

At UT Southwestern, all the pharmacy residents are involved in supporting the organization's pharmacy processes. Residents work under the oversight of a project team. The process begins in July of each new academic year and continues throughout the year, following the timeline described below.



Project Idea Generation

In April of each year, preceptors will be surveyed to generate a list of ideas for potential resident and MUE projects. Each idea submitted will require the following information from the preceptor:

1. Project advisor(s)
2. Title of the project: one sentence
3. Brief description of the proposed project (including data source, methods)
4. Benefit to the Department/organization
5. Proposed members of the project committee

Project Idea Selection

Proposed projects must align with the ASHP definition of an MUE and must support the strategic plan of the Department of Pharmacy. Members of the Research Residency Advisory Committee approve all projects prior to the resident initiating work on the project. A list of approved projects will be distributed to residents

Residents should speak with potential project advisors about ideas they are interested in prior to selecting a project. If the resident would like to select a project that is not on the approved project list, residents may work with preceptors to submit additional project ideas. These projects ideas will need to be reviewed by the Research Residency Advisory Committee (RAC) and approved prior to the resident selecting this project as their MUE

Research Residency Advisory Committee (Research RAC) Selection

The resident will work with their project advisor to choose a project committee. This committee is often multi-disciplinary. If the MUE includes multiple sites within UT Southwestern Medical Center, the project committee should include representation from each site included in the project

Project Proposal

The resident will be responsible for developing a formal project proposal, which will then be reviewed by the project advisor. The project proposal will generally have the following sections: objectives, background, methods, data analysis, benefit to the department/organization, references. Each resident is required to gain approval of the project proposal from their committee and the Research Residency Advisory Committee

The proposal will be reviewed and presented to the Resident Advisory Research Committee project committee during July-August. These meetings should serve to provide a broad overview of the goal(s) of the project, assess the likelihood of completing the project, and to identify any miscellaneous suggestions from the project committee

In August-September, the resident makes a more formal presentation to the Research Residency Advisory Committee

Project Proposal Approval

Each resident is required to gain approval of the project proposal from their committee and the Research RAC

The proposal will be presented to their project committee at a preliminary project meeting. The meetings will occur in August and are to identify a broad overview of the goal(s) of the project, assess the likelihood of completing the project, and to identify any miscellaneous suggestions from the project committee

In September/October, the resident makes a more formal presentation to the Research RAC. Residents will be required to submit the proposal ahead of time for the committee to review. The potential outcomes of this

meeting are either the project is approved to move forward, or the idea requires major modification, and a subsequent meeting must be re-scheduled

Project Results Presentation

The results of the resident project will be presented as a platform presentation, either at the TSHP Alcalde Southwest Leadership Conference or another professional meeting. Practice sessions for project presentations will be scheduled at least 3 weeks before the conference. MUE projects may be presented in a different venue and/or respective necessary groups

Project Manuscript Submission

A manuscript suitable for publication in peer-reviewed literature summarizing the findings of the project will be developed. Approval of the final version of the manuscript will be the responsibility of the program director and the project advisor. The resident will also submit a final, approved version of this manuscript with the residency manuscript to the project advisor, their program coordinator, and their program director.

Project Advisor

In most instances, the project advisor will be the person who recommended the topic of study. For the specialty residents, the program directors are usually project advisors. The preceptor serving as the project advisor will also serve as the mentor. The project advisor will serve as the primary contact for the resident throughout the completion of the project.

The project advisor will guide the resident through the proposal writing process and help the resident select a committee. The project advisor will be responsible for assuring progress is being made and the project is being done in a scholarly manner

Resident

The resident will be responsible for investing their time and problem-solving skills into the project. The residents will keep their project advisor and committee apprised of progress. The resident will be responsible for carrying on the project in a scholarly manner.

Project Committee Members

Project committee members will be responsible for participating in the project as requested by the resident or project advisor. They should also attend regular meetings to discuss progress and assist as needed. Committee members are also responsible for the finished product for presentation at the residency conference.

Residency Project Timeline

July-August

- Select project idea/advisor
- With the advice of the project advisor, assemble a project committee
- Develop a project proposal in conjunction with the project committee for approval
- Present written proposal to the Research RAC and obtain approval from the Research RAC to proceed with project. Once approval is received, the resident and project can proceed with IRB approval

September-October

- Ensure IRB paperwork is submitted for approval

November-February

- Resident work with their respective project team to implement changes in the medication-use process based on findings
- Continue to collect, analyze, and organize data
- Submit an abstract to Alcalde Southwest Leadership Conference with approval of project advisor

March

- With the help of the project committee, develop a presentation suitable for presentation Alcalde Southwest Leadership Conference or other leadership-deemed conference*
- The committee should use this time to assist the resident in his/her progress towards a formal presentation

April

- Formal presentation to the Research RAC and project committee (excluding the PGY2 Critical Care Resident who will present in front of the Critical Care RAC)

April/May

- Present project at the Alcalde Southwest Leadership Conference
- Review Alcalde evaluation with project advisor
- Submit preliminary manuscript

June

- Obtain approval from project advisor of final project manuscript. Project manuscript should adopt formatting recommended by AJHP or the journal to which the resident intends to submit
- Submit approved manuscript and final action plan by June 15
- The project advisor and resident should discuss additional publication or presentation opportunities

** For PGY2 Critical Care Program the resident will present their resident research project at a local, regional, and/or national conference as depicted by the residency checklist*

Project IRB Process

- UTSW IRB Link: [IRB: Human Research Protection Program \(HRPP\) - UT Southwestern, Dallas, TX](#)
- Choose “Research Activity – IRB Review” for these helpful topics:
 - Is it human subject research?
 - DHHS & FDA have different criteria; both may apply to a single project.
 - Exempt, Expedited, Convened Review
 - Research Determination Worksheet
 - This is an optional form to complete to help figure out whether project is human subjects research
- Because you will want to publish results, project is not QA/QI.
 - When research is published, the author is generally asked if it received IRB review. The answer can be that it did and was found to be exempt, or that it did and received expedited review
 - It will likely be exempt, or possibly expedited
 - You do not make this determination; the IRB does
- Exempt research
 - Applies to data without identifiers

- May not start collecting data until the IRB tells you that your project is exempt
 - Any data obtained before this time cannot be used
- Expedited research
 - This does not refer to the speed of IRB review
 - Applies to minimal risk studies
 - There is a specific list of procedures considered to be minimal risk
 - May not start collecting data until the IRB tells you that your project is approved
 - Any data obtained before this time cannot be used
- Convened research
 - For research projects which expose human subjects to more than minimal risk
 - Resident projects almost never fall into this category, but if they do, the IRB will notify the principal investigator

Drug Monograph

The resident led monographs support the development and maintenance of an integrated formulary for UT Southwestern (UTSW). This is achieved through the review of documents containing the medication properties, studies associated with its FDA approval, and the estimated cost impact on the UTSW system.

The drug monograph includes assessment of indications, clinical pharmacology special populations, clinical study evaluations, relevant guideline recommendations, warnings and precautions, drug interactions, adverse reactions, dosing and administration dosing adjustments, product availability, storage information, pharmacoeconomic or cost, site of care restrictions, operational considerations medication error potential; failure, mode, and effects analysis (FMEA), and formulary status recommendations. Residents work independently under the oversight of a preceptor. Residents are providing templates, data, and guidance for this project. Residents are encouraged to analyze each step in the system by considering all the individual people, actions, and steps involved with that part of the process. Residents will develop formulary recommendations which will be shared with the Pharmacy and Therapeutics Committee where a health system formulary decision will be made. Through this process, residents can make meaningful and lasting contributions to the institution. The drug monograph template is located within the appendices of the manual.

(Note: The drug monograph deliverable only applies to the PGY1 Pharmacy & Critical Care Residency Program)

Drug Class Review

The resident led drug class reviews support the development and maintenance of an integrated formulary for UT Southwestern (UTSW). This is achieved through the development of medication management strategies by assessing therapeutic merits, safety, efficacy, and the estimated cost impact on the UTSW system.

The class reviews include assessment of medications available, indications, clinical pharmacology, pharmacokinetics, comparative efficacy, contraindications/warnings, pregnancy category, adverse reactions, interactions, dosing and administration, cost comparison and use data, and formulary status recommendations. Residents work independently under the oversight of a drug class review advisor(s) and a health system project team. Residents are provided templates, data, and guidance for this project. Residents are encouraged to analyze each step in the system by considering all the individual people, actions, and steps involved with that part of the process. Residents will develop formulary recommendations which will be shared with the Pharmacy and Therapeutics Committee where a health system formulary decision will be made. Through this process, residents can make meaningful and lasting contributions to the institution. The drug class review template is located within the appendices of the manual.

(Note: The drug class review deliverable only applies to the PGY2 Critical Care Program)

Drug Information

Throughout the residency year, PGY1 residents must provide drug information to healthcare professionals and community members. The longitudinal Drug Information rotation is intended to hone the residents' skills in providing pharmaceutical and drug therapy information to medical, nursing, and allied health professionals, patients and the community as needed. A major responsibility of the resident is to provide concise, applicable, and timely responses to our staff and to work in concert with them to resolve problems related to drug therapy. Residents will work with preceptors in their existing rotations to identify drug information questions/requests

throughout the year. Residents will record drug information requests and responses on the Drug Information form/template. The drug information questions and answers are reviewed by a UTSW pharmacist for quality before being accepted. The vetted DI questions and answers are stored and retrievable on the G-Share drive-->Pharmacy-->Drug Information.

(Note: The drug information deliverable only applies to the PGY1 Pharmacy Residency Program)

Departmental Newsletter Policy

Vision

To publish a valuable newsletter, which can be read and referenced by all pharmacy staff and additional stakeholders

Mission

The UT Southwestern Medical Center Department of Pharmacy recognizes the importance of intra- and interdepartmental communication. The departmental newsletter parallels the UT Southwestern Medical Center mission of promoting health and a healthy society enabling individuals to achieve their full potential through education, discovery, and healing. This publication, which is managed by the pharmacy residents, serves as a vehicle for communication of pharmacy-directed initiatives, emerging medication issues, pharmacy-related events, and employee recognition. In such, it serves as a platform for:

- Conveying clinical knowledge influencing patient care
- Educating readers on various pharmacy-related topics
- Recognizing the achievements and contributions of departmental employees

Resident Goals

1. To describe the strategy of using a departmental newsletter to promote intra- and interdepartmental communication and make recommendations to optimize internal communication
2. To collaborate with colleagues to complete a project meeting the stated objectives and is completed on time
3. To develop editorial skills and outline the process of publishing a newsletter
4. To assume a leadership role in developing a departmental newsletter
5. To submit an article for publication in the departmental newsletter

Quarterly Editor Responsibilities

1. Ensure the quality and relevance of the submitted content by reviewing/editing articles and ensuring the appropriate content reviewer has approved the submitted article
2. Place the submitted articles in newsletter format in accordance with UT Southwestern policies for branding and update recurring newsletter sections, such as departmental presentations and birthday calendar
3. Ensure the newsletter is submitted to the Director of Quality, Safety, and Education by designated deadlines

Chief Editor(s) Responsibilities

1. Solicit content for the newsletter according to procedures outlined in this policy
2. Manage and direct all activities associated with the newsletter, which includes quarterly editor training and guidance, creative direction initiatives, and addressing miscellaneous issues upon occurrence
3. Ensure all material included in the newsletter is appropriate, correct, and has been reviewed by the appropriate individuals as outlined in this policy

4. Send final draft of the Department newsletter to the Assistant Vice President and all Directors of Pharmacy in the department

Format

1. Newsletter formatting should conform with the UTSW Policies for Branding [[Our Brand ... and You | UT Southwestern Medical Center \(utswmed.org\)](#)]
2. Responsibility: UTSW Pharmacy Residents (PGY1 Monthly Editors)
3. Frequency: Quarterly
4. Software: Microsoft Publisher
5. Distribution: Electronic copy as Adobe PDF file to Pharmacy All
6. History: Archived at G:→Pharmacy→Residents→Newsletter→*Corresponding residency year*

Content

Content for the newsletter will include, but not limited to the following:

- Events (birthdays, promotion / new hire information, parties, publications by staff, etc.)
- New drug approvals and/or medication formulary changes
- Workflow changes
- Updates from the Assistant Vice President (AVP) of Pharmacy along with each Director of Pharmacy will be included. Residents will request updates from the AVP of Pharmacy and DOP at least 2-3 weeks before publication to allow adequate response time.

Brief Column Descriptions (article lengths will vary depending on available space)

If there is difficulty obtaining an article for one of the above specified columns, articles featuring current issues and activities related to pharmacy practice may be used including, but not limited to: operations issues, new polices/procedures, clinical services updates, pipeline drug update/investigational drug service, or drug shortages

Newsletter Timeline & Responsible Parties

The newsletter will be published on a quarterly basis by each residency class. Each class will be responsible for 4 newsletters with the following publication/distribution dates:

1. September 1st
2. December 1st
3. March 1st
4. June 1st

At the beginning of the residency year, the incoming residents will be responsible for determining who is responsible for each newsletter. The residents should ensure that the responsibilities are evenly divided and that no resident is responsible for most newsletter tasks. Further explanation of responsibilities are listed above in the “Quarterly Editor Responsibilities” and “Chief Editor(s) Responsibilities” sections.

Formal presentation to the Research RAC and project committee (excluding the PGY2 Critical Care Resident who will present in front of the Critical Care RAC)

(Note: The newsletter deliverable only applies to the PGY1 Pharmacy Residency Program)

Chief Resident Policy

The Chief Pharmacy Residents will be two pharmacy residents, the PGY2 HSPAL resident and a rotating PGY1 resident. The primary role of this position is to facilitate communication between the residents, RPC (Residency Program Coordinator) and the RPD (Residency Program Director). Secondary responsibilities include organizing and leading special projects and group activities.

There is no formal nomination process required for the designation of Chief Resident.

Responsibilities

The Chief Residents will be responsible for the following activities:

- Disseminate information from residents to program directors and vice versa
- Updating the preceptor rounds forms to include updated due dates and sharing with incoming PGY1s
- Coordinate with incoming residents to ensure personal headshot is scheduled
- Facilitate with program directors to update residency website pages
- Registration for Midyear Clinical Meeting and Personnel Placement Service booths
- Committee involvement:
 - Complete Pharmacy and Therapeutics meeting minutes and MEC summary
 - At the beginning of residency year, ensure all incoming residents join based on preferences
- Collaborate with weekend staffing scheduling chairs to ensure minimization of conflicts
- Assist Co-Chief Resident in fulfilling their responsibilities
- Serve as secretary for the UTSW Pharmacy and Therapeutics Committee
- Assist in other educational coordination programs

Co-Chief Residents will be responsible for the following activities depending on time of the year:

- Preparation for Residency Showcase for the Dallas Metroplex, ASHP (American Society of Health System Pharmacists) Midyear Clinical Meeting (MCM), Texas Society of Health Systems Pharmacist Meeting including:
 - Preparing recruiting materials
 - Transporting/shipping recruiting materials and the display for showcase, if necessary.
 - Arranging for full coverage of the showcase by residents and other staff
 - Setting up, tearing down, and returning materials post-showcase
- Coordination for participation in Pharmacy Week activities
- Coordination of fellow residents' participation in residency interview process, including:
 - Coordinating candidate tour of the department and hospital
 - Coordinating candidate informal time with residents
- Coordinating abstract submission, presentation preparation, and travel for the Texas Society of Health Systems Pharmacist (TSHP) ALCALDE regional residency conference
- Serve as secretary for the UTSW Pharmacy and Therapeutics Committee
- Other duties as assigned (i.e., update residency handbook for the next year)
- Participate in preparation for close out presentations and activities

Summary of Committee Participation and Involvement

Background

A committee can be one of the most productive tools within an organization. Whether you are chairing a committee or are a committee member, you face the challenge of getting involved in the work the committee was formed to accomplish. Your contribution and your participation on the committee help determine its success or failure. This is a great opportunity within the residency program as it will further solidify leadership principles and engage other members internally and externally from the department.

Committee Functions

The primary function of a committee is to contribute to the efficient operation of an organization, department or entity. In most cases, a committee is concerned with the communication of information and with assisting leadership in the decision-making process by providing information. Typically, organizations have two types of committees:

- **Standing committees** perform a continuing function necessary for the on-going operation of the department or entity they serve
- **Special or “ad hoc” committees** are generally formed to accomplish a specific objective. Their existence stems from a new or current problem or project the organization is facing. As a result, a special committee is formed to consider or handle a subject. When the issue is resolved, the information gathered, or the project completed, the committee will disband. The ‘life’ of the special committee may be no longer than a few days or may span a considerable period.

During the residency year residents will attend and participate in many committees and small work groups. Attendance at meetings will allow the resident to observe the work of the committee and gain insight in terms of how to manage the work of the group and how issues are resolved. Topics and issues, related to the operation of a committee (standing or special) include, but are not necessarily limited to:

- Guidelines for chairing a committee
- Selection of committee members
- Guidelines for committee members
- Preparing for a committee meeting
- Agenda preparation
- Time, location, facilities for the meeting
- Structure of the meeting
- Minute preparation and distribution
- Committee size

A residency experience, unlike a student rotation, is typically not an observational activity. It is expected residents would not only attend and observe committees but would become involved in the work of the committee and contribute to the resolution of the work of the committee. In an effort to support the resident’s involvement both PGY1 and PGY2 residents will be assigned to specific committees for longer periods of time to facilitate a better understanding of the issues being considered and to contribute in a meaningful manner. In some instances, the assignment will be based on the type of residency program and this decision will be made by the Residency Program Director. This may be a more common occurrence for PGY2 programs. PGY1 Pharmacy Residents will more likely be asked to prioritize their interests and the Residency Program Director will make assignments to match the interest and opportunity whenever possible.

The following description is representative of the process for both PGY1 and PGY2 Pharmacy Residents:

PGY1 Pharmacy Residents

- PGY1 residents will be provided with a list and summary of committees during orientation. The summary will provide an overview of the functions of the committee and membership. In those instances when a summary of the committee is not available, additional information may be obtained from the resident's advisor and/or Residency Program Director.
- PGY1 residents will rank three committees based on interest
- Every effort will be made to match the resident to the committee that ranks highest in terms of interest
- PGY1 residents will typically be assigned to a committee for a 12-month period. (July to June). When a resident has been assigned to a committee; the resident will meet with the committee chair or designee to obtain copies of minutes from the last two meetings as well as background information on pending agenda items

PGY2 Specialty Residents

- PGY2 specialty residents are in some instance assigned to a committee consistent with the goals and objectives of the residency program. In several instances these are standing committees of the hospital and the resident's role maybe observational or as a member
- Additionally, PGY2 residents will be provided with a list and summary of committees during orientation. The summary will provide an overview of the functions of the committee and membership
- PGY2 residents, in concert with their Residency Program Director, will rank three committees based on order of interest
- Every effort will be made to match the resident to the committee that ranks highest in terms of interest
- PGY2 residents will typically be assigned to a committee for a 12-month period (July to June)
- When a resident has been assigned to a committee, the resident will meet with the committee chair or designee to copies of minutes from last two meetings as well as background information on pending agenda items

Note: PGY1 Pharmacy Residents and PGY2 Specialty Residents may have committee assignments and involvement as part of the residency experience beyond those identified with this section of the residency manual

UTSW Pharmacy Department Committees

- Central Pharmacy Team
- Data Safety Monitoring Committee
- Investigational Drugs and Research Residency Advisory Committee
- Investigational Drug Service System Oversight Committee
- IV Room Team
- OR Pharmacy Team
- PGY2 Oncology Residency Advisory Committee
- Pharmacy Clinical Quality Team
- Pharmacy Leadership Cabinet
- Pharmacy Narcotic Technician Team
- Pharmacy Operation Quality Team
- Pharmacy Purchasing Committee

- Pharmacy Schedule Team
- Pharmacy Staff Council
- Pharmacy Staffing and Scheduling Subcommittee
- Pharmacy Weekly Drug Shortage Meeting
- Preceptor Advisory Council
- Quality Management Committee-Specialty Pharmacy
- Residency Advisory Committee

UTSW Health System Committees

- Ambulatory Medication Oversight Committee
- Anticoagulation Subcommittee
- Antimicrobial Stewardship Subcommittee
- Bone Marrow Transplant Program Quality Management Meeting
- Bone Marrow Transplant Program's Monthly Multidisciplinary
- Cardiac Collaborative Care Team
- Clinical Cancer Research Committee
- Code Blue Committee
- Controlled Substance Diversion Committee
- Controlled Substance Investigation Team
- Controlled Substance Oversight Committee
- Critical Care QAPI Committee
- Director's Operations Meeting - Cancer Center
- ECMO (extracorporeal membrane oxygenation) Center for Excellence
- ED Clinical Operations
- ED Sepsis Team
- Ethics Committee
- Feasibility Committee - Cancer Center Clinical Research
- Geriatric ED Committee
- Hazardous Materials and Hazardous Waste Subcommittee of the Environmental of Care
- Heart Transplant Selection Committee
- Hem-Onc P&T Subcommittee
- Inpatient Diabetes Steering Committee
- Investigational Review Board
- Joint Care Program Best Practice Committee
- Kidney Operations and Protocol Committee
- Kidney Transplant PI and Patient Safety Review
- Kidney Transplant Selection Committee
- Liver Operations and Protocol Committee
- Liver Transplant Selection Committee
- Lung Transplant Selection Committee
- Medication Alert Subcommittee
- Medication Safety Committee
- Multidisciplinary Pain Management and Opioid Stewardship Committee
- Neurocritical Care Quality Improvement
- NOMAD (Navigating Our Multifaceted Acute Distress)
- Order Set Committee
- Outpatient Anticoagulation Workgroup

- Patient Flow in Cancer Clinics Team
- Pharmacy & Therapeutics Committee
- Pharmacy/Information Resources Meeting
- Physical Medicine Rehab Intrathecal Management and Safety Committee
- Policy & Procedure Committee - Cancer Center
- Professional Liability Committee
- Protocol Review and Monitoring Committee
- Rapid Response Team - Cancer Center
- Reportable Events Subcommittee of IRB
- Safety Committee - Cancer Center
- Stroke Best Practice Committee
- TJC Medication Manager Chapter
- Waste Management Committee

Local, State, and National Pharmacy Associations and Committees

- American Society of Health System Pharmacists (ASHP)
- Texas Society of Health System Pharmacists (TSHP)
- Metroplex Society of Health System Pharmacists (MSHP)
- Vizient Pharmacy Network
- Texas Pharmacist's Association (TPA)
- American College of Clinical Pharmacy (ACCP)
- Dallas/Fort Worth Chapter of American College of Clinical Pharmacy (DFW-ACCP)
- Society of Critical Care Medicine (SCCM)
- Society of Critical Care Medicine – Texas Chapter (SCCM-TX)
- Hematology/Oncology Pharmacy Association (HOPA)

Residency Applicant Assessment Procedure

ASHP Accreditation Standard 1 states residency applicant qualifications will be evaluated by the Residency Program Director or designee through a documented, formal procedure and the criteria used to evaluate applicants must be documented and understood by all involved in the evaluation and ranking process.

Residency applicants are to submit the following materials through PhORCAS to the respective Residency Program Director (RPD) by the first Monday of January: letter of interest; curriculum vitae; three letters of recommendation; pharmacy school transcript.

For the PGY1 Pharmacy Program, each application will be reviewed and scored by two preceptors or one resident plus one preceptor, using the Applicant Screening Worksheet. The Applicant Screening Worksheet lists various categories to be scored and evaluated. The categories include: (1) Grade Point Average, (2) Pharmacy Work Experience, (3) Organization/Leadership Experience, (4) Presentations, (5) Publications, (6) Rotation Experience, and (7) Additional Skills/Certifications.

Criteria have been established for each of the categories being evaluated and the associated “point value”. This is provided in the Applicant Screening Worksheet. Under each category, criteria and associated point values are listed. Reviewers are encouraged to use their judgment when scoring applications, as the scores are guidelines only. Reviewers submit point values to the RPD.

Prior to review of applications, the RPD will solicit comments from preceptors regarding students having completed rotations at UT Southwestern Medical Center (UTSW). These comments will be included in the applicant’s file so reviewers have additional information to assist with the review of the application.

Applicant scores will be tallied on the Applicant Screening Worksheet. A preliminary ranking of applicants, along with additional comments from preceptors and residents will be reviewed by the RPD/RPC and RAC, at which time the final decision as to whom to invite for on-site interviews will be made.

For the PGY2 Critical Care Program, RPD and RPC will conduct the initial screen of all applicants to ensure meet qualifications. Candidates are screened and selected for interviews and residency through an established, formal procedure based on pre-determined criteria approved by the PGY-2 Residency Advisory Committee that includes an assessment of the applicant’s ability to achieve the educational goals and objectives of the residency program. RPD, RPC along with preceptors on the RAC will ensure that applicants meet the minimum qualifications. They will review all application materials from qualified candidates with final approval of candidates for interviews. In collaboration with the PGY-2 Residency Advisory Committee (RAC), the RPD and RPC will conduct an on-site or virtual interview with qualified candidates.

This process is reviewed yearly with preceptors at the November Residency Advisory Committee Meeting and at an RPD/RPC Meeting with the current residents. PGY2 Program Directors review their program’s process with their program’s respective preceptors and residents at a meeting in November or December.

Interview Process

In December, dates for interviews for PGY1 and PGY2 candidates will be determined. Up to eight candidates will be interviewed for each residency position.

- On-site/virtual platform interviews will be offered via email to qualifying candidates who have completed applications within or before the application deadline
- Once interview dates are confirmed, candidates will receive the residency manual, which includes the policies and procedures through email prior to their interview date/time
- Once interview dates are confirmed, candidates will receive an email confirming the interview date along with an itinerary for the day. Candidates who are not offered an interview will also be notified via email
- Interviews will be conducted on site in groups of up to eight (8) candidates. Each interviewer will submit an evaluation of the candidate using a standardized rubric
 - The interview and presentation will include representation from:
 - Residency leadership
 - Department leadership
 - Preceptors
 - Current residents
 - The interview itinerary will include:
 - RPD/RPC Introduction, Program Introduction, Facility Tour (virtual/in-person)
 - Interview session
 - Candidate presentation and/or case review
 - Wrap-up with candidate/question and answer session

Residency Candidate Ranking Procedure

Selected residency applicants will be interviewed during January and February. Those candidates will be invited via email and/or telephone call by the respective RPD/RPC. Candidates will have a full day interview, where they will meet with the majority of the programs' preceptors and residents. PGY1/PGY2 Health System Pharmacy Administration and Leadership Residency candidates, only, will have dinner the night before the interview with residents and/or Residency Program Director or preceptors.

For the PGY1 Pharmacy Program, candidate application materials will be available in a secure folder on the department's Microsoft Teams. A hard copy of the materials may be requested. At the end of each interview day, interviewers will receive a link to a Microsoft form to enter each candidate's score. The link will only be available until the day after the interview, so scores should be entered promptly. The following scale is to be used for scoring candidates:

- 3 = Exceptional candidate. A great match for the program.
- 2 = Good candidate. A good match for the program and will do well
- 1 = An acceptable candidate but some concerns with fit for the program
- 0 = Do not match

The PGY1 Program Director will average the scores of each candidate and will compile an initial ranking. Prior to the deadline for submission of rankings to the National Matching Service, a meeting is held with all preceptors and residents involved in the interview process. The initial ranking is reviewed and used as a starting point for discussion of final rank order of candidates. There is discussion about each candidate and an opportunity is

provided for interviewers to discuss issues that might not be apparent in the numerical scores. The final decision of rank order rests with the respective Residency Program Director and the Assistant Vice President of Pharmacy Services.

For the PGY2 Pharmacy Program, the preceptors conducting interviews are required to complete an evaluation of all candidates who interview. Interviewers are required to use the on-line interview evaluation form. RAC will meet at least 7 days before the match deadline to discuss all candidates and develop a final rank list. The RPD will submit the final rank list into the National Matching Service database within two working days of the final rank meeting.

If no candidate is matched in Phase 1, the RPD and RAC will decide if the program will enter Phase 2 of the match process. If Phase 2 is agreed upon, the review process will be like that outlined above for Phase 1. This includes candidates submitting a formal application through PhORCAS. Evaluation of candidates in Phase 2 will follow the same scoring and ranking process. At a minimum, all candidates considered through phase II of the match must complete a virtual interview (e.g., phone, Microsoft Teams, etc.), with the structure being determined by the program's RPD. Depending on the number and quality of candidates, applicants may be invited to complete an on-site interview as described previously. RAC and RPD will determine an appropriate number of candidates to be considered. RPD will adhere to all rules of the matching process as set forth by the National Matching Service and ASHP. If no match is made in Phase 2, the RPD and RAC will decide if the program will enter the scramble process. If participating in the scramble process, a similar process to Phase 2 will be followed.

This process is reviewed yearly with preceptors at the November Preceptor Committee Meeting and at an RPD/RPC Meeting with the current residents. PGY2 Program Directors review their program's process with their program's respective preceptors and residents at a meeting in November or December.

Applicant Review and Interview Process

ASHP Accreditation Standards states residency applicant qualifications will be evaluated by the Residency Program Director through an established, formal procedure and that the criteria used to evaluate the applicants must be documented and understood by all involved in the evaluation and ranking process.

October

- Review advertising materials for the residency program and update accordingly – stipend, residency requirements, and updates on information about the hospital and the respective program

November

- Sign-up for PPS/CareerPharm (ASHP) and correspond with residency candidates for potential interview opportunities at the Midyear Clinical Meeting for the PGY2 residency programs. Correspondence and interview scheduling is a shared responsibilities for the program director

December

- Residency applications are collected and reviewed by the Program Director
 - Applicants are to submit the following materials through PhORCAS to the residency program director by the first Monday of January: Letter of intent; CV; three letters of recommendation; pharmacy school transcripts

- Each application is scored based on a standardized format by preceptors independently using an applicant screening worksheet with predetermined criteria and associated point values
- If the candidate participated in a PPS interview, the feedback from the interview session is incorporated into the evaluation
- Scores are reviewed and up to 8 candidates per available position are invited for interview

February

- Interviews are conducted primarily in the months of January and February, but may extend into January or March
- Resident candidates complete a full day interview. Resident candidates have the opportunity throughout the day to meet with preceptors from both required and elective rotation experiences based on availability
- All participants in the interview process are asked to complete a standardized evaluation form

March/April

- Evaluation forms are reviewed, and rank list is compiled
- Preceptors from the program are asked for feedback regarding the rank list prior to submission to the ASHP Match program
- Submissions to the match are completed by the respective deadline
- A formal letter of offer with residency requirements is sent no later than 30 days after match results are posted
 - The letter describes:
 - The residency start date and end date of residency
 - Requirements for completion
 - Residency stipend
 - Next steps in the employment process
 - The letter must be signed and returned by the resident candidate by a pre-specified date for acceptance. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position
 - Upon match, the resident will be supplied by the RPD or RPC with a copy of the residency manual
 - Residents will start the program in July of each year. Required documents prior to initiation of residency include IV certification/letter, PharmD diploma, BLS certificate and PGY1 Certificate of completion for the PGY2 residency programs

The University of Texas Southwestern Medical Center

Department of Pharmacy Residency Programs

PGY1 Pharmacy Residency Program

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.

Program Description

The PGY1 Pharmacy Residency at UTSW provides the resident with the skills and knowledge required to become a competent pharmacy practitioner. The program is a twelve-month, postgraduate training experience composed of four competency areas: 1) patient care; 2) advancing practice and improving patient care; 3) leadership and management; and 4) teaching, education, and dissemination of knowledge.

The specific program for each resident varies based upon the residents' goals, interests, and previous experience. However, all residents are required to complete rotations in core subject areas considered to be essential to the pharmacy practitioner. A broad range of elective rotations are available to permit the resident flexibility in pursuing individual goals. Residents may select 4 elective rotations to meet their professional goals in addition to the practice and operations orientation related to the required experiences in acute care, critical care, infectious disease, cardiology, pharmacy administration/management and staffing. After training in acute care, ambulatory care, and practice management, residents should develop the knowledge and skills needed to enable them to provide a high level of clinical service and pharmaceutical care throughout their careers as well-rounded practitioners and practice leaders.

Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major project related to pharmacy practice, development of oral and written communication skills, patient education, participation in various departmental administrative committees, and practice in various pharmacy areas throughout the institution. Upon successful completion of the program, trainees are awarded a residency certificate.

Residents will be taught and evaluated based on the below links to the PGY1 Pharmacy Residency required and/or elective competency areas, goals and objectives

- [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy Residency](#)
- [Elective Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy Residency](#)

Program Structure

Required Rotations

The first learning experience for PGY1 residents as well as any new PGY2 specialty resident (except for the PGY1/2 combined program) is acute care/area orientation. This experience will be completed during the month of July. As the residency learning experience schedules are prepared, the residents may not complete more

than 1/3 of their training experiences (including required and electives rotations) in the same patient population. The following 4 weeks core rotations, unless otherwise stated, are required by PGY1 pharmacy residents:

- Orientation (4 weeks in July)
- Advanced Staffing (4 weeks)
- Adult Infectious Diseases Consult (4 weeks)
- Cardiology (4 weeks) with a choice of:
 - General Cardiology or
 - Cardiology Intensive Care
- Critical Care (4 weeks) with a choice of:
 - Medical Intensive Care or
 - Surgical Critical Care
- Internal Medicine (4 weeks)
- Pharmacy Administration
 - Pharmacy Administration/Medication Safety (4 weeks) *
 - Finance/Budgeting I (4 weeks) †
 - Inpatient Operations I (4 weeks) †
- Longitudinal Ambulatory Care (11-month longitudinal experience)
- Projects and Professional Practice Longitudinal Rotation (12-month longitudinal experience)
- Longitudinal Professional Development (11-month longitudinal experience)
- Longitudinal Teaching and Learning Certificate Program (12-month longitudinal experience)
- Longitudinal Medical Emergencies Learning Experience (12-month longitudinal experience)
- Clinical Practice (Staffing) Longitudinal Rotation

Elective Rotations

The following 4-week elective rotations are available:

- Cardiovascular Intensive Care Unit
- Cardiology Intensive Care
- Medical Intensive Care Elective (if not completed as a required rotation for Critical Care)
- Neonatal Intensive Care Unit
- Neurocritical Care
- Surgical Critical Care Elective (if not completed as a required rotation for Critical Care)
- Advanced Internal Medicine
- Advanced Internal Medicine/Physical Medicine & Rehabilitation
- Bone Marrow Transplant
- Ambulatory Bone Marrow Transplant/Hematology
- Clinical Administration
- Emergency Medicine
- Investigational Drug Services (IDS)
- Hematology/Oncology
- Pain & Palliative Care
- Pharmacy Informatics Rotation
- Solid Organ Transplant

Rotations and Preceptors

Rotations	Preceptors
PGY1 Required Rotations (4-week rotations)	
Orientation	<ul style="list-style-type: none"> • Cameron Durlacher, Pharm, MS, BCPS • Candace Sutton, Pharm, BCPS, BCGP • Iris Lee, PharmD, BCPS • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP
Advanced Staffing	<ul style="list-style-type: none"> • Candace Sutton, Pharm, BCPS, BCGP • Iris Lee, PharmD, BCPS
Adult Infectious Diseases Consult	<ul style="list-style-type: none"> • Marguerite Monogue, PharmD, BCIDP • Esther Bae, PharmD, BCIDP • James Sanders, PharmD, PhD, BCIDP, AAHIVP
Cardiology (4 weeks) with a choice of: <ul style="list-style-type: none"> • General Cardiology or • Cardiology Intensive Care 	<ul style="list-style-type: none"> • Khoa Truong, PharmD, BCPS • Kathryn Cox, PharmD, BCPS (AQ Cardiology), BCCP, BCCCP
Critical Care (4 weeks) with a choice of: <ul style="list-style-type: none"> • Medical Intensive Care • Surgical Critical Care 	<ul style="list-style-type: none"> • Klay Ryman, PharmD, BCCCP • Jennifer Tawwater, PharmD, BCPS, BCCCP • Whitney Chaney, PharmD, BCPS, BCCCP
Internal Medicine	<ul style="list-style-type: none"> • Jordan Light, PharmD, BCPS • Jennie Mathew, PharmD, BCPS • Bhavyata Parag, PharmD, BCPS
Pharmacy Administration <ul style="list-style-type: none"> • Pharmacy Administration/Medication Safety * • Finance/Budgeting I † • Inpatient Operations I † *For PGY1 Pharmacy Residents †For PGY1 Health System Pharmacy Administration & Leadership Residents	<ul style="list-style-type: none"> • Oanh Nguyen, PharmD, BCPS, BCCCP * • Todd Connor, PharmD, MS † • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP*
PGY1 Elective Rotations (4-week rotations)	
Cardiovascular Intensive Care Unit	<ul style="list-style-type: none"> • Lisa Skariah, PharmD, BCPS
Medical Intensive Care Elective	<ul style="list-style-type: none"> • Jennifer Tawwater, PharmD, BCPS, BCCCP • Klay Ryman, PharmD, BCCCP
Neonatal Intensive Care Unit	<ul style="list-style-type: none"> • Chephra McKee, PharmD, BCPS
Neurocritical Care	<ul style="list-style-type: none"> • Josephine Tenii, PharmD, BCPS, BCCCP
Surgical Critical Care Elective	<ul style="list-style-type: none"> • Whitney Chaney, PharmD, BCPS, BCCCP
Antimicrobial Stewardship	<ul style="list-style-type: none"> • Marguerite Monogue, PharmD, BCIDP • Esther Bae, PharmD, BCIDP • James Sanders, PharmD, PhD, Pharm, BCIDP, AAHIVP

Advanced Internal Medicine/Physical Medicine & Rehabilitation	<ul style="list-style-type: none"> • Latresa Billings, PharmD, BCPS
Advanced Internal Medicine	<ul style="list-style-type: none"> • Bhavyata Parag, PharmD, BCPS
Bone Marrow Transplant	<ul style="list-style-type: none"> • Alicia Yn, PharmD, BCOP
Ambulatory Bone Marrow Transplant/Hematology	<ul style="list-style-type: none"> • Pearl Abraham, PharmD, BCPS, BCOP
Clinical Administration	<ul style="list-style-type: none"> • Meagan Johns, PharmD, MBA, BCCCP, BCPS, BCNSP
Emergency Medicine	<ul style="list-style-type: none"> • Lindsay Jacobs, PharmD, MPH, BCCCP
Investigational Drug Services (IDS)	<ul style="list-style-type: none"> • Stefanie Conley, PharmD, BCOP • Sonia Gonzales, PharmD, BCOP
Hematology/Oncology	<ul style="list-style-type: none"> • Chris Selby, PharmD, BCOP • Katie Rascon, PharmD
Pain & Palliative Care	<ul style="list-style-type: none"> • Eden Mae Rodriguez, PharmD, BCPS
Pharmacy Informatics Rotation	<ul style="list-style-type: none"> • Oanh Nguyen, PharmD, BCPS, BCCCP
Solid Organ Transplant	<ul style="list-style-type: none"> • Van Ngo, PharmD, BCPS • Mary Olumesi, PharmD, BCPS, BCCCP • Raelene Trudeau, PharmD, BCPS. • Jessica Francois Whitt, PharmD
Longitudinal Rotation	
Longitudinal Ambulatory Care (11-month longitudinal experience)	<ul style="list-style-type: none"> • Erin Davidson, PharmD, MS, BCACP • Chinyere Nkwocha, PharmD, BCACP • Saba Mohiuddin, PharmD, BCACP – Rheumatology • Noelle Cordova, PharmD, BCACP – Digestive Diseases • Jolly Raju, PharmD, CACP – Anticoagulation Services
Project and Professional Practice Longitudinal Rotation (12-month longitudinal experience)	<ul style="list-style-type: none"> • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP
Longitudinal Medical Emergencies Learning Experience (12-month longitudinal experience)	<ul style="list-style-type: none"> • Iris Lee, PharmD, BCPS • Candace Sutton, BCPS, BCGP • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP
Clinical Practice (Staffing) Longitudinal (12-month longitudinal experience)	<ul style="list-style-type: none"> • Iris Lee, PharmD, BCPS • Candace Sutton, BCPS, BCGP
Professional Development (11-month longitudinal experience)	<ul style="list-style-type: none"> • Joshua Blackwell, PharmD, MS • Anthony Giazzon, PharmD, MS
Longitudinal Teaching and Learning Certificate Program (12-month longitudinal experience)	<ul style="list-style-type: none"> • Instructors at TTUHSC • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP

Program Leadership

Program Director

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PGY1/PGY2 Health System Pharmacy Administration & Leadership Residency with Masters (Master of Business Administration in Healthcare Management)

Program Purpose

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

Program Description

The specialized residency in Health System Pharmacy Administration and Leadership (HSPAL) with Masters is defined as an organized, directed postgraduate program of practical experience in pharmacy practice leadership. The residency is organized and conducted to develop expert skills and competency in pharmacy practice leadership. The program is designed as a two-year experience and combined with a Master of Business Administration (MBA) program with a specialization in Health Care Management from The University of Texas at Dallas Naveen Jindal School of Management.

The MBA programs were created and structured specifically for medical professionals including physicians, nurses, pharmacists, other clinicians, senior health care administrators, and medical practice managers. Participants gain the business tools and knowledge to understand and analyze the changing nature of today's complex medical delivery systems, plus the resources and savvy to anticipate and respond to those changes.

To support the development of leaders for the pharmacy profession, the Department of Pharmacy offers this two-year Health System Pharmacy Administration and Leadership residency combined with academic course work leading to the MBA from The University of Texas at Dallas Naveen Jindal School of Management. The primary objective of the program is to prepare pharmacists to assume leadership positions in hospitals and integrated health care systems. Graduates of the program will have a higher level of competency in assessing and resolving the health needs of the public as it relates to the safe and effective use of medication and will be expected to assume a leadership role in pharmacy practice.

Candidates interested in the combined pharmacy residency with concurrent MBA degree option must apply to each program separately and be accepted by both to participate. Candidates will first apply to the Health System Pharmacy Administration and Leadership residency program. The interview will include meetings with faculty from The University of Texas at Dallas. Based on the agreement between the Department of Pharmacy and The University of Texas at Dallas, candidates matching for the residency program are admitted to the MBA programs. The necessary paperwork for the MBA program will be completed after the match results have been received. Candidates must have graduated from an accredited college of pharmacy and have obtained the Doctor of Pharmacy (Pharm.D.) degree or equivalent.

Participants in the program will receive a stipend from the Department of Pharmacy for work completed within the Health-System Pharmacy Administration and Leadership specialty residency. Tuition expenses for the MBA program are fully supported via UT Southwestern Medical Center Department of Pharmacy. The MBA is a mandatory component of the residency program and must be completed to receive the PGY2 program certificate.

[The University of Texas at Dallas Naveen Jindal School of Management Link](#)

Upon completion of the residency requirements for each year, a Certificate of Residency Training from UT Southwestern Medical Center will be awarded at the end of the first year (PGY1 Pharmacy Residency) and the completion of the 2nd year (PGY2 HSPAL). The PGY1 residency certificate will be uploaded into PharmAcademic by the first Friday of the PGY2 program year to ensure verification of PGY1 completion and to be in compliance with the expectations of the program.

Program Structure

The combined degree in specialty residency is designed to provide the participant with a foundation in leadership with an emphasis in pharmacy services in integrated health systems. The primary objective of the program is to prepare pharmacists to assume leadership positions in organized health care settings. Participants completing the combined program will have a higher level of competency in assessing and resolving the health needs of the public as it relates to the safe and appropriate use of medication.

Participants will receive training in the following areas:

- Broad-based academic training in statistics, finance, negotiations, communication, and management theory with respect to public health and human services
- Interdisciplinary problem solving and decision-making skills
- Organization of integrated health care systems with the pharmacist as an essential component of the health care team
- Leadership and administrative skills to manage pharmaceutical care needs of patients
- Development of quality patient care by fostering the optimal and responsible use of drugs
- Programs and services emphasizing the health needs of the public with respect to the prevention and treatment of disease
- Knowledge and expertise in managing cost-effective drug utilization through the application of pharmacoeconomic principles
- Strategies in the prevention of medication errors and adverse events
- Knowledge to identify, analyze and evaluate health care trends and develop public policy
- Role of pharmacy in conducting and supporting drug research
- Integration of technology with pharmacy practice to provide clinically focused, safe, and efficient patient care
- Knowledge of national, state, and local regulations and the role of the Pharmacy Department to maintain the health-systems adherence

The residents will be taught and evaluated based on the [Required Competency Areas, Goals, and Objectives for Postgraduate Year Two \(PGY2\) Health-System Pharmacy Administration and Leadership Residencies](#)

Operational Considerations for the Combined Program

Program Length

- The combined program for the respective MBA programs must be completed in two years
- Academic work will be completed primarily as evening or weekend courses, depending on the selected course
- Academic work and pharmacy practice residency requirements are completed concurrently
- The practice leadership component of this residency should span a minimum of one year in length

Content of the Residency Program

The residency in pharmacy administration is predicated on the knowledge, skills, and abilities (KSA's) required for an expert level of pharmacy practice leadership. Goals are general, broad statements about the KSA's expected of program graduates. Sometimes referred to as outcome competencies, goal statements convey the philosophical base upon which the educational objectives are subsequently built. Educational objectives (terminal and enabling) specify observable, measurable behaviors. Terminal objectives are the basis for objectively assessing resident performance. The terminal objectives listed under each goal specify behaviors, in sum, ensure goal mastery and therefore must be formally assessed when a goal has been selected for active teaching and evaluation.

The pharmacy administration residency program for UT Southwestern Medical Center utilizes the learning system (Design and Conduct of the Residency Program) developed and supported by the American Society of Health-System Pharmacists. Goals, educational objectives, terminal objectives, and enabling objectives for the program are available in a separate document.

Qualifications of the Candidate: Health-System Pharmacy Administration and Leadership Residency

- Candidates must have completed the Doctor of Pharmacy (PharmD) degree from an ACPE accredited college of pharmacy. PGY1 Residency Certificate will be uploaded by the first Friday of the PGY2 year
- Candidates must be licensed, or eligible for licensure, in the State of Texas by October 1st
- Candidates must meet minimum academic, work experience, leadership, presentations, publications, community service, letters of reference, and letter of intent requirements
- Screening of candidates is the responsibility of designated preceptors and Pharmacy Leadership Team
- Final approval is the responsibility of the Residency Program Director and Assistant Vice President of Pharmacy

Summary of Residency Rotations, Training, and Coursework

Candidates entering the program as a first-year graduate (PGY1) will focus most of their time on clinical practice, structured in concert with the applicant's clinical interest. The program will transition to Pharmacy Administrative responsibilities in a structure designed to match the needs and interests of the resident. Throughout the residency, candidates will be required to participate in core Pharmacy Administrative rotations to provide a foundation of roles and responsibilities. In addition, candidates will also have a variety of elective Pharmacy Administrative rotations to choose from to help gain additional experience. Longitudinal experiences are available and incorporate didactic work from the MBA program with real-life experiences within the Department of Pharmacy such as Strategic Planning and Finance/Budgeting II.

Rotations and Preceptors

Rotation	Preceptor
PGY1 Pharmacy Residency Rotations	See the PGY1 Pharmacy Residency Program for description of core and elective rotation opportunities. In addition to the core rotations, the PGY1 HSPAL resident has two additional four-week core rotations focused on administration including: Inpatient Operations I – Todd Connor, PharmD, MS Finance/Budgeting I - Brian Cohen, PharmD, MS, FASHP, FACHE
PGY2 Required Longitudinal Rotations (one year rotation, unless specified)	
Advanced Clinical Practice (Staffing)	Cameron Durlacher, PharmD, MS, BCPS
Human Resource Management and Leadership	Anthony Giazzon, PharmD, MS
Strategic Planning	Joshua Blackwell, PharmD, MS
Resident Research Project	<i>Preceptor dependent upon project</i>
Medication Use Evaluation Resident Project	<i>Preceptor dependent upon project</i>
ACPE Accredited Presentation (6 months)	<i>Preceptor dependent upon subject matter expert</i>
PGY2 Required Rotations (4 weeks rotation)	
Inpatient Operations II/Medication Use Systems	Todd Connor, PharmD, MS
Clinical Services Management	Megan Johns, PharmD, MBA, BCCCP, BCPS, BCNSP
Ambulatory Services Management	Joshua Blackwell, PharmD, MS
Hematology/Oncology Operations	Christine Hong, PharmD, MBA, BCOP
Quality and Medication Safety Management	Oanh Nguyen, PharmD, BCPS, BCCCP
Executive Pharmacy Leadership	Brian Cohen, PharmD, MS, FASHP, FACHE
Finance/Budgeting II	Brian Cohen, PharmD, MS, FASHP, FACHE
Pharmacy Informatics & Data Management	Brian Cohen, PharmD, MS, FASHP, FACHE
PGY2 Elective Rotations (4 weeks rotation)	
Association Management	American Society of Health System Pharmacists (ASHP) <i>Assigned by ASHP</i>
Apexus 340B	Apexus Chris Hatwig, PharmD, MS
Community Hospital Operations	Texas Health Hospital Rockwall Todd Connor, PharmD, MS
Investigational Drugs & Research Management	Stefanie Conley, PharmD, BCOP

Projects

Resident Research Project and Medication Use Evaluation (MUE)

During the residency year, the PGY2 Health System Pharmacy Administration & Leadership resident must complete a self-directed research or quality improvement project. The scope, magnitude, and type of project will vary according to individual interests but must be completed in a manner suitable for presentation (such as the Alcalde Southwest Leadership Conference for Pharmacy Residents and Preceptors) and completion of manuscript worthy of publication. The resident is also required to complete one medication use evaluation. Please see the “Residency MUE and Resident project” section of the manual for additional information

Business Plan

The PGY2 Health System Pharmacy Administration & Leadership resident must complete and present a business plan to the leadership of the department of pharmacy as well as any health system leader designated by the business plan preceptor. The scope, magnitude, and type of business plan will vary to department needs as well as resident interest. The business plan must include a return on investment and marketing analysis to determine the success of implementation and evaluation of service or product

Committee Involvement

The PGY2 Health System Pharmacy Administration & Leadership resident will be assigned to departmental, hospital, or health-system committee(s) over the course over the year which address pharmacy issues as part of the provision of leadership and administration. This will provide opportunities to impact department operations, medication systems and use improvements, as well as drug policy as a longitudinal learning experience. Possibilities include but are not limited to: Pharmacy Cabinet Meeting, Ambulatory Standing Medical Order Committee, Medication Safety and Quality Committee, and Pharmacy and Therapeutics Committee.

Teaching Opportunities

The PGY2 Health System Pharmacy Administration & Leadership resident will participate in both formal and informal instruction of pharmacy staff, fellow pharmacy residents, medical staff, and other healthcare professionals. Opportunities for didactic teaching will be considered based on availability and resident interest. Teaching certificate is required and will be completed during the PGY1 residency year.

ACPE Accredited Presentation

The resident will provide a 1-hour ACPE accredited continuing education presentation to the UT Southwestern Department of Pharmacy (see Department ACPE Presentation for additional information).

Advanced Clinical Practice (Staffing)

The PGY2 will staff within central operations and/or decentralized operations every third weekend for a minimum of 208 hours throughout the residency year

- A resident who needs to call off on a weekend due to illness or emergency should follow the call off procedure in the Pharmacy PTO policy
- PTO may not be requested for the assigned staffing weekends. Any PTO request during a staffing weekend may be pre-approved on a case-by-case basis by the RPD and the Department of Pharmacy schedule team per Department of Pharmacy PTO policy

Resident Leadership Responsibilities

- In conjunction with UTSW Pharmacy Staff Council, coordinate the department's National Health-System Pharmacy Week activities including department gifts, meals, and department programming
- Assist in the organization of portions of UTSW residency on-site interview for residency applicants including creating the schedule, coordination of calendars, and dinners for candidates
- Serve as Chief Resident for the entire PGY2 residency year in conjunction with the PGY1 resident (see Chief Resident Policy)
- Assist with planning the orientation and on-boarding activities for the next administrative resident, including materials deemed helpful to starting the program
- Coordinate pharmacy intern program including but not limited to performing intern performance evaluations, scheduling meetings with the interns, identifying and creating learning opportunities, intern retreat/graduation, and providing an agenda for each meeting

Residency Required Meetings

The Department of Pharmacy will support the resident (expenses and leave time) to attend the ASHP Midyear Clinical Meeting, ASHP Leaders Conference, and the Alcalde Southwestern Leadership Conference/TSHP Annual Seminar for Pharmacy Residents and Preceptors. Any additional travel to be supported by the Department will be evaluated on a case-by-case basis.

For additional information about the operations of the pharmacy administration residency program, refer to the operations sections of the pharmacy practice residency program. In addition to the above information, the requirements for successful completion of the respective residency years are within the following appendices (see PGY1 Residency Checklist and PGY2 Health System Pharmacy Administration & Leadership Residency Checklist respectively).

Residency Program Leadership

Program Director

Todd Connor, PharmD, MS
Director of Pharmacy, Acute Care Services
Department of Pharmacy
6201 Harry Hines Blvd
Dallas, TX 75390

Program Coordinator

Joshua Blackwell, PharmD, MS
Clinical Pharmacy Manager, Ambulatory Services
Department of Pharmacy
2929 N Stemmons Fwy; XA 1.220
Dallas, TX 75390-8522

PGY2 Critical Care Pharmacy Residency

Program Purpose

The PGY2 Critical Care Pharmacy Residency Program will build upon Doctor of Pharmacy (PharmD) education and the PGY1 pharmacy residency program to contribute to the development of clinical pharmacists in critical care. The critical care residency provides the resident with opportunities to function independently as a practitioner by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. The resident who successfully completes an accredited PGY2 Critical Care Pharmacy Residency Program is prepared for advanced patient care, academic, or other specialized positions, along with board certification.

Program Description

The PGY2 Critical Care Pharmacy residency conducted at UT Southwestern Medical Center is a fifty-two week program with an accreditation candidate status with ASHP. The program's training and experience is based upon the ASHP Accreditation Standard for PGY2 Pharmacy Residency and the ASHP Required Competency Areas, Goals, and Objectives for PGY2 Critical Care Pharmacy Residency Programs. The program provides flexibility to meet the needs and interests of the individual resident while ensuring the achievement of foundational skills for high-quality critical care pharmacy practice.

Program Structure

Required Concentrated Learning Experiences

- Orientation (2-4 weeks)
- Cardiac ICU (4-6 weeks)
- Cardiovascular ICU (4-6 weeks)
- Medical ICU (4-6 weeks)
- Neurocritical Care (4-6 weeks)
- Surgical ICU (4-6 weeks)
- Infectious Diseases (4 weeks)

Required Longitudinal Experiences

- Pharmacy Staffing (52 weeks with 2, 8.5 hour shifts every 3rd weekend)
- Medical Emergencies (52 weeks)
- Practice Management (52 weeks)
- Research (52 weeks with 4-6 weeks of dedicated research time)

Elective Concentrated Learning Experiences

- Repeat of a required ICU Rotation (4 weeks)
- Trauma ICU –Off-site (4 weeks)
- Emergency Medicine (4 weeks)
- Critical Care Precepting (4-6 weeks)
- Nutrition Support (2-4 weeks)
- Toxicology (2 weeks)
- Palliative Care (2-4 weeks)
- Transplant Infectious Diseases (4 weeks)
- Bone Marrow Transplant (4 weeks)
- Solid Organ Transplant (4 weeks)
- Other elective experiences may be developed based on resident interest and preceptor availability

Optional Longitudinal Learning Experience

- Teaching Certificate (available if not completed as PGY1)

For comprehensive list of program requirements, see “UT Southwestern Medical Center Pharmacy PGY2 Critical Care Residency Checklist PGY2 Critical Care checklist”

Rotations and Preceptors

Rotations	Preceptors
Required Concentrated Learning Experiences	
Orientation	Jennifer Tawwater, PharmD, BCPS, BCCCP Lindsay Jacobs, PharmD, MPH, BCCCP
Cardiac ICU	Katy Cox, PharmD, BCPS (AQ Cardiology), BCCP, BCCCP
Cardiovascular ICU	Lisa Skariah, PharmD, BCPS
Medical ICU	Klay Ryman, PharmD, BCCCP Jennifer Tawwater, PharmD, BCPS, BCCCP
Neurocritical Care	Josephine Tenii, PharmD, BCPS, BCCCP
Surgical ICU	Whitney Chaney, PharmD, BCPS, BCCCP
Infectious Diseases	James Sanders, PharmD, PhD, PharmD, BCIDP, AAHIVP
Required Longitudinal Learning Experiences	
Pharmacy Staffing	Taylor Alexander, PharmD Cameron Durlacher, PharmD, MS, BCPS Wendi Guo, PharmD, BCPS, BCCCP Claire Klimko, PharmD, BCPS Khoa Truong, PharmD, BCPS
Medical Emergencies	Lindsay Jacobs, PharmD, MPH, BCCCP
Practice Management	Meagan Johns, PharmD, BCPS, BCCCP, BCNSP
Research	TBD based on topic selection
Elective Concentrated Learning Experiences	
Repeat of a required ICU Rotation	Whitney Chaney, PharmD, BCPS, BCCCP Katy Cox, PharmD, BCPS (AQ Cardiology), BCCP, BCCCP Klay Ryman, PharmD, BCPS, BCCCP Lisa Skariah, PharmD, BCPS Jennifer Tawwater, PharmD, BCPS, BCCCP Josephine Tenii, PharmD, BCPS, BCCCP
Trauma ICU	Brandon Boelts, PharmD (Parkland)
Emergency Medicine	Lindsay Jacobs, PharmD, MPH, BCCCP
Critical Care Precepting	Jennifer Tawwater, PharmD, BCPS, BCCCP
Nutrition Support	Whitney Chaney, PharmD, BCPS, BCCCP
Palliative Care	Eden Rodriguez, PharmD
Transplant Infectious Diseases	James Sanders, PharmD, PhD, PharmD, BCIDP, AAHIVP
Bone Marrow Transplant	Alicia Yn, PharmD, BCOP Michael (Bryan) Denbow, PharmD
Solid Organ Transplant	Raelene Trudeau, PharmD, BCPS
<i>Other elective experiences may be developed based on resident and interest and preceptor availability</i>	

Optional Longitudinal Learning Experience	
Teaching Certificate (if not completed as PGY1)	Jerry H. Hodge TTUHSC School of Pharmacy

Orientation to the Program

Orientation to the program will take place in July and will be conducted over two to four (2-4) weeks. It is the responsibility of the resident to ensure proper documentation is completed and turned into the RPD for all required orientation items for the hospital, department, and the residency program. The resident will ensure completion of the Residency Completion Checklist that pertains to orientation and turn in to the RPD by July 31st.

Orientation to the residency program and practice site will include:

- Overview of the residency program, residency purpose and residency manual
- ASHP standard and related competencies, goals and objectives
- Residency expectations and requirements including the PharmAcademic evaluation process, learning experience schedule and disease state tracker
- Description of required and elective learning experiences
- Hospital and pharmacy department orientation
 - Completion of TALEO and Elsevier Clinical Module training modules
- Organization's process for reporting issues around harassment and inappropriate behavior
- Strategies for maintaining well-being and resilience and available resources
- Selection of residency advisor
- Research Longitudinal Learning Experience Orientation
 - IRB (general introduction and submission process)
 - CITI Training
 - Research Project Selection and project proposal submitted to RPD and RPC
- Practice Management Longitudinal Learning Experience orientation
 - Medication Utilization Evaluation (MUE) selection and project proposal submitted to RPD and RPC
- Medical Emergencies Longitudinal Learning Experience orientation and check-off for code blue and code stroke response
- Central and IV Room Training
 - Verification of submission of Sterile Products Preparation Certification/letter
 - Pass a three-finger glove fingertip sampling test and media fill test
 - Adult nutrition support training and competency assessment
- Pharmacy pharmacokinetic training and competency assessment
- Selection of committees to join and actively participate in
- Completion of initial development plan (resident, RPD, RPC)

Qualifications of the Candidate

- Meets ASHP's and the program's qualifications for admittance into a PGY-2 residency program.
- Must be participating in, or have completed, an ASHP-accredited PGY-1 pharmacy residency program, or one in the ASHP accreditation process.

- Residents will participate in and adhere to the rules of the Resident Matching Program (RMP) process.
- Must be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy degree program and be eligible for licensure in the state of Texas.
- Eligible for or currently licensed as a registered pharmacist in the state of Texas.
- Supply all required application materials through PhORCAS, including letter of intent, curriculum vitae, academic transcripts, and letters of recommendation from faculty, preceptors and/or employers.

For paid time off (PTO), licensure requirements, and requirements for acceptance to the program, please see corresponding sections in the residency manual above

Residency Program Leadership

Program Director

Jennifer Tawwater, PharmD, BCPS, BCCCP

Clinical Pharmacy Specialist, Medical Intensive Care Unit

Office: 214-633-3444

Jennifer.Tawwater@utsouthwestern.edu

Program Coordinator

Lindsay Jacobs, PharmD, MPH, BCCCP

Clinical Pharmacy Specialist, Emergency Medicine

Office: 214-633-5431

Lindsay.Jacobs@utsouthwestern.edu

PGY2 Investigational Drugs and Research Residency Program

Program Purpose

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

Program Description

- Develop competent, independent, and highly qualified investigational drug service pharmacists with an advanced degree of proficiency and expertise who provides optimal care to clinical trial patients as fully integrated member of the interdisciplinary team in a variety of patient populations
- Develop investigational drug clinical and administrative pharmacy leaders who accept responsibility for developing a personal plan for professional development, provide education related to investigational drug therapy, contribute to the development of clinical research, and conduct their practice with a high level of professional maturity and integrity
- Provide opportunities for management of a wide variety of clinical research to ensure broad, foundational, investigational drug and research implementation knowledge and skills
- Provide opportunities to develop medical literature writing and evaluation skills
- Provide opportunities to develop skills necessary to conduct clinical pharmacy research
- Provide experiences which develop skills in teaching health care professionals and those in training to become healthcare professionals
- Provide experiences which develop skills to serve as a leader in investigational drug pharmacy practice within a health system
- Achieve the required ASHP and institution-specific competency areas, goals, and objectives

Program Structure

The *ASHP Required Competency Areas, Goals, and Objectives for PGY2 Investigational Drugs and Research Pharmacy Residency Programs* will guide residency training structure. A core set of required rotations will be completed. In addition, each PGY2 Investigational Drug and Research resident will have an individual customized training plan based on prior skill level and particular areas of interest.

Qualifications of the Candidate:

- Candidates must have completed the Doctor of Pharmacy (PharmD) degree from an ACPE accredited college of pharmacy
- Candidates must be licensed, or eligible for licensure, in the State of Texas
- Candidates must complete ASHP accredited PGY-1 pharmacy residency program
- Candidates must meet minimum academic, work experience, leadership, presentations, publications, community service, letters of reference, and letter of intent requirements

Core/Required Clinical Rotations

The residency consists of 10 core/required clinical learning experiences. The core clinical rotations will be comprised of a total of 39 weeks.

- Orientation (4 weeks)

- Investigational Drug Services Leadership & Management (5 weeks)
- Investigational Drug Service Oncology Pharmacy Operations I (4 weeks)
- Investigational Drug Service Oncology Pharmacy Operations II (4 weeks)
- Inpatient Investigational Drug Service (5 weeks)
- Outpatient Oncology (Solid Tumor): Direct Patient Care (4 weeks)
- Medication Safety and Quality (5 weeks)
- Clinical Research Office Oncology (4 weeks)
- Phase I Clinical Trial – Oncology (4 weeks)

Elective Learning Experiences

- Clinical Study Pharmacology (3 - 4 weeks)
- Informatics and Data Management (3 - 4 weeks)
- Outpatient Oncology (Heme-Malignancy): Direct Patient Care (4 weeks)

Longitudinal Learning Experiences

- IDS Longitudinal Research Project (52 weeks with 4-6 weeks of dedicated research time)
- IDS Longitudinal Staffing (52 weeks scheduled every third week or weekend)
- Institutional Review Board Longitudinal Rotation (3 – 4 months)
- Protocol Review and Monitoring Committee Longitudinal Rotation (6 months)

Projects

Quality Improvement Project

During the residency year, the PGY2 Investigational Drugs and Research resident must complete a self-directed research or quality improvement project. The scope, magnitude, and type of project will vary according to individual interests but must be completed in a manner suitable for presentation (such as the ALCALDE Southwest Leadership Conference for Pharmacy Residents and Preceptors) and publication. Please see the “Residency MUE Project” section of the manual for additional information

Completion of one (1) of the following:

Committee Involvement

The PGY2 Investigational Drugs and Research resident will be assigned to departmental, hospital, or health-system committee(s) over the course over the year which address pharmacy issues as part of the provision of clinical research. This will provide opportunities to impact drug policy as a longitudinal learning experience. Possibilities include but are not limited to: Institutional Review Board; Pharmacy and Therapeutics (P&T), Hematology-Oncology P&T, Protocol Review Monitoring Committee, Feasibility Committee, Data Safety and Monitoring Committee and IDS Oversight Committee. Resident will actively participate in the Investigational Drug Clinical Pharmacist meeting and will be responsible in taking minutes and leading some of the meetings

Teaching Opportunities

The PGY2 Investigational Drugs and Research resident will participate in both formal and informal instruction of pharmacy staff, fellow pharmacy residents, medical staff, and other healthcare professionals. Opportunities for didactic teaching will be considered based on availability and resident interest

Investigational Drugs and Research Topic Discussions

The resident will participate in pharmacy-based topic discussion, case presentations, and journal clubs on a regular basis. Other participants include investigational drugs and research residency preceptors, clinical pharmacists.

Professional Presentations

The resident will be required to present at the ASHP Midyear Clinical Meeting and ALCALDE Southwest Leadership Conference

ACPE Accredited Presentation

The resident will provide a 1-hour ACPE accredited continuing education presentation to the UT Southwestern Department of Pharmacy

Staffing

Staffing in the investigational drug services and oncology infusion services every third week

- A resident who needs to call off on a weekend due to illness or emergency should follow the call off procedure in the Pharmacy PTO policy
- PTO may not be requested for the assigned staffing weekends. Any PTO request during a staffing weekend may be pre-approved on a case-by-case basis by the RPD and the Department of Pharmacy schedule team per Department of Pharmacy PTO policy

Residency Required Meetings

The Department of Pharmacy will support the resident (expenses and leave time) to attend the ASHP Midyear Clinical Meeting and the ALCALDE Southwestern Leadership Conference for Pharmacy Residents and Preceptors. Any additional travel to be supported by the Department will be evaluated on a case-by-case basis

For paid time off (PTO), licensure requirements, and requirements for acceptance to the program, please see corresponding sections in the residency manual above

Rotations and Preceptors

Rotations	Preceptors
PGY2 Required Rotations	
Orientation	Christine Hong, PharmD, MBA, BCOP Stefanie Conley, PharmD, BCOP
Investigational Drug Services Leadership & Management	Christine Hong, PharmD, MBA, BCOP
Investigational Drug Service Oncology Pharmacy Operations I	Stefanie Conley, PharmD, BCOP
Investigational Drug Service Oncology Pharmacy Operations II	Stefanie Conley, PharmD, BCOP
Inpatient Investigational Drug Service	Sonia Gonzales, PharmD, BCOP
Outpatient Oncology (Solid-Tumor): Direct Patient Care	Tayebeh Monabbat, PharmD, BCOP
Medication Safety and Quality	Christine Hong, PharmD, MBA, BCOP
Clinical Research Office Oncology	Christine Hong, PharmD, MBA, BCOP Erin Williams, MBA
Phase I Clinical Trial - Oncology	Christine Hong, PharmD, MBA, BCOP Stefanie Conley, PharmD, BCOP
PGY2 Elective Rotations	
Clinical Study Pharmacology	Ronald Hall, PharmD, MSCS

Informatics and Data Management	Christine Hong, PharmD, MBA, BCOP Hieu Tran, PharmD, BCOP
Outpatient Oncology (Heme-Malignancy): Direct Patient Care	Kailee Gaines, PharmD, BCOP (Preceptor-in training) Hetalkumari Patel, PharmD, BCOP
Longitudinal Rotation	
IDS Longitudinal Research Project	Christine Hong, PharmD, MBA, BCOP Stefanie Conley, PharmD, BCOP
IDS Longitudinal Staffing	Stefanie Conley, PharmD, BCOP
Institutional Review Board Longitudinal Rotation	Latresa Billings, PharmD, BCPS
Protocol Review and Monitoring Committee Longitudinal Rotation	Stefanie Conley, PharmD, BCOP Tam Bui, PharmD, BCOP (Preceptor-in training)

Residency Program Leadership

Program Director

Christine Hong, PharmD, MBA, BCOP
 Director of Pharmacy, Oncology Services
 Department of Pharmacy
 6202 Harry Hines Blvd, Suite NM3.210
 Dallas, TX 75390
 Office: (214) 648-7412
Christine.Hong@utsouthwestern.edu

Program Coordinator

Stefanie Conley, PharmD, BCOP
 Clinical Pharmacy Coordinator, Oncology Investigational Drug Services
 Department of Pharmacy
 6202 Harry Hines Blvd, Suite NM3.210
 Dallas, TX 75390
 Office: (214) 645-8278
Stefanie.Conley@utsouthwestern.edu

Signature Page

I recognize and value the Department of Pharmacy Services Residency Program, I agree to the expectations set forth:

- I have read and agree to adhere to the policies, procedures, and professional practice principles contained in the UT Southwestern Medical Center Pharmacy Residency Program Manual
- Obtain licensure to practice pharmacy in the state of Texas within 90 days of beginning the program, if not already received
- My standing within the program is contingent on successful completion of the University's employee screening, background checks, clearance from Occupational Health requirements and completion of any other required forms such as the USCIS I-9 employment eligibility verification form
- Make active use of the constructive feedback provided by the program's preceptors to improve upon, such as, but not limited to professional knowledge, skills, and other related requirements
- I understand upon completion of the residency program, there is no guarantee of employment

Resident Name (Printed)

Resident Signature

Date

Residency Program Director Name (Printed)

Residency Program Director Signature

Date

Appendices

Appendix A: Residency Checklists

UT Southwestern Medical Center Pharmacy PGY1 Residency Checklist

Pre-Residency		<i>Date(s) Completed</i>
	Pre-residency surveys (Initial assessment & PharmAcademic)	
	Reviewed the UT Southwestern Pharmacy Residency Program Handbook and returned residency agreement letter	
Orientation		
	UTSW Hospital/Health System Orientation	
	Completion of Taleo modules & Elsevier trainings	
	BLS certification	
	ACLS certification	
	Passing of 3 glove fingertip sampling test and media fill test in the IV room	
Licensure		
	Obtainment of Texas Registered Pharmacist License (within 90 days of start of residency)	
Rotations		
<i>Required Rotations</i>		
	Orientation (July)	
	Advanced Staffing	
	Adult Infectious Diseases Consult	
	Cardiology	
	Critical Care	
	Internal Medicine	
	Pharmacy Administration and Medication Safety	
<i>Elective Rotations</i>		
	Elective One	

	Elective Two	
	Elective Three	
	Elective Four	
Longitudinal Requirements		
	Ambulatory Care (once weekly, 11 months)	
	Longitudinal Teaching and Learning Certificate Program (12 months)	
	Longitudinal Medical Emergencies (12 months)	
	Professional Development (twice monthly, 11 months)	
	Project and Professional Practice (12 months)	
	Staffing (every third weekend)	
Experiences and Activities		
	Service as Assistant Chief Resident	<i>(Chief Resident Responsibilities postponed to PGY2 year)</i>
	Patient case presentations (minimum 2/year any clinical rotation, required or elective)	
	Journal clubs (1 per each core/required clinical rotation, minimum 4/year)	
	Quarterly pharmacy newsletters (drafting and publication) (4)	
	Participation at P&T committee & Minutes (2 to 3 meeting minutes each)	
	Participation at Dallas Residency Showcase	
	Planning and organization of Pharmacy Week with Pharmacy Staff Council (PSC)	
	Medication Use Evaluation	
	Monograph	
	Drug Information Coverage	
	Major Project presentation at ASHP Midyear Clinical Meeting & Vizient	
	Service as pharmacy student preceptor	

	Platform Presentation at Residency Leadership Conference (ALCADE)	
	ACPE-eligible presentation (minimum 1)	
	Completion of Residency Major Project and publication format final manuscript	
Final PharmAcademic requirements		
	Completion of all evaluations and cosignatory requirements	
	Post-residency survey	
	Rating of "Achieved for Residency" (ACHR) on at least 80% of objectives	
Quarterly Evaluation/Review of Item Completion		

RPD signature

Date

Resident signature

Date

UT Southwestern Medical Center Pharmacy PGY2 Health System Pharmacy Administration & Leadership Residency Checklist

Pre-Residency		<i>Date(s) Completed</i>
	Review the UT Southwestern Pharmacy Residency Program Manual and returned residency agreement letter	
	Submit a copy of ASHP-accredited PGY1 Residency Certificate	
	Ensure copies of updated BLS and ACLS Certification are within UTSW system (PeopleSoft)	
Orientation (2 weeks)		
	Submit Entering Resident Self-Assessment Form	
	Meet with RPD and RPC to review the following: <ul style="list-style-type: none"> • PGY2 Residency Program Overview • PGY2 Completion Requirements • PGY2 Standards, Goals, and Objectives • Resident Rotation Schedule • Resident Staffing Schedule • Review PharmAcademic™ Evaluation Process • Initial Development Plan 	
	Select Research Project and set-up initial meeting with project advisor	
	Select MUE Project and set-up initial meeting with project advisor	
	Select UTSW Committee (Medication Safety & System P&T Meetings)	
	Complete CITI training & assigned Taleo and Elsevier modules	
Rotations (required and elective rotations' duration, 4 weeks rotations)		
<i>Required Rotations</i>		
	Inpatient Operations II/Medication Use Systems	
	Clinical Services Management	
	Ambulatory Services Management	
	Hematology/Oncology Operations	
	Pharmacy Informatics & Data Management	

	Quality & Medication Safety Management	
	Executive Pharmacy Leadership	
	Finance/Budgeting II	
<i>Elective Rotations</i>		
	ASHP Association Management	
	340B Operations	
	Community Hospital Operations (Texas Health Resources)	
	Investigational Drugs & Research Management	
Longitudinal Requirements		
	Strategic Planning, 50 weeks	
	Human Resource Management & Leadership (including a minimum 10 on-call weeks), 50 weeks	
	Advanced Clinical Practice (Staffing) (every third weekend, minimum of 208 staffing hours), 50 weeks	
	Successful Completion of UT Dallas Master of Business Administration Degree, 90 weeks (including PGY1 residency year)	
Expectations & Required Activities		
	Serve as Chief Pharmacy Resident	
	Serve as Supporting Manager of UTSW Internship Program	
	Serve as Co-Secretary in P&T committee (minimum of 4 months)	
	Create One Business Plan	
	Complete One Medication Use Evaluation Project	
	Complete One Residency Project and the following: <ul style="list-style-type: none"> • Provide Poster Presentation at December Vizient Meeting • Provide Platform Presentation at Alcalde Southwestern Residency Leadership Conference • Prepare and Submit Manuscript Suitable for Publication 	
	Provide One-hour ACPE-accredited CE Presentation (<i>Include audience assessment questions in residency portfolio</i>)	
Final PharmAcademic Requirements		
	Completion of all evaluations and cosignatory requirements	

	Post-residency survey	
	Rating of "Achieved for Residency (ACHR)" on at least 80% of the objectives for the ASHP Postgraduate Year 2 (PGY2) Health System Pharmacy Administration & Leadership Residency	

Quarterly Evaluation/Review of Item Completion

RPD signature

Date

Resident signature

Date

UT Southwestern Medical Center Pharmacy PGY2 Critical Care Residency Checklist

Pre-Residency	<i>Date(s) Completed</i>
Review UT Southwestern Pharmacy Residency Program Manual and return residency agreement	
Submit copy of ASHP-accredited or candidate-status PGY1 residency certificate	
Submit copies of BLS and ACLS certification	
Submit IV Room Certificate/Letter Verification	
Orientation	
Submit Entering Resident Self-Assessment Form	
Attend UTSW Hospital/Health System Orientation <i>(Early commit residents exempt)</i>	
Meet with RPD and RPC to review the following: <ul style="list-style-type: none"> • PGY2 Residency Program Overview • PGY2 Completion Requirements • PGY2 Standards, Goals and Objectives • Disease State Tracker • Resident Rotation Schedule • Resident Staffing Schedule • PharmAcademic™ Evaluation Process • Initial Development Plan 	
Select Residency Advisor and set-up initial meeting	
Select research project and set-up initial meeting with project advisor	
Complete CITI training & assigned Taleo and Elsevier modules	
Select MUE Project	
Assign committee involvement (SWAT, CQT, Medication Safety, Nutrition Support, P&T meetings)	

Pass 3 glove fingertip sampling test and media fill test in the IV room	
Licensure	
Obtain and submit proof of Texas Registered Pharmacist License (within 90 days of start of residency)	
Learning Experiences	
Required Concentrated Learning Experiences	
Orientation (2-4 weeks)	
Cardiac ICU (4-6 weeks)	
Cardiovascular ICU (4-6 weeks)	
Medical ICU (4-6 weeks)	
Neurocritical Care (4-6 weeks)	
Surgical ICU (4-6 weeks)	
Infectious Diseases (4 weeks)	
Elective Concentrated Learning Experiences	
Repeat of a required ICU Rotation (4 weeks)	
Trauma ICU – off-site (4 weeks)	
Emergency Medicine (4 weeks)	
Critical Care Precepting (6 weeks)	
Nutrition Support (2-4 weeks)	
Palliative Care (2-4 weeks)	
Toxicology (2 weeks)	
Transplant Infectious Diseases (4 weeks)	

Bone Marrow Transplant (4 weeks)	
Solid Organ Transplant (4 weeks)	
Other elective experiences may be developed based on resident interest and preceptor availability	
Required Longitudinal Learning Experiences	
Pharmacy Staffing (52 weeks with 2, 8.5 hour shifts every third weekend)	
Medical Emergencies (52 weeks)	
Practice Management (52 weeks)	
Research (52 weeks with 4-6 weeks of dedicated research time)	
Optional Longitudinal Learning Experience	
Teaching Certificate (if not completed as PGY1)	

Expectations and Required Activities	
Submission of all development plans by date requested and self-evaluations, learning experience and preceptor evaluations by due date.	
Present lecture to CVICU/SICU service every other month	
Completion of 1-hour ACPE accredited CE presentation	
Complete of medication use evaluation (<i>R2.1.2 - This should not be the major project but may be part of the project</i>)	
Completion of <u>one</u> of the following (<i>R2.1.1</i>):	
<ol style="list-style-type: none"> 1. Drug monograph 2. Drug class review 3. Treatment guideline or protocol 4. Proposal for medication safety or technology improvement. 	

<p>Completion of all the following at least one time (any of the below items may be repeated if competency not achieved):</p> <ol style="list-style-type: none"> 1. Patient case presentation 2. Journal club 3. Drug information response 4. In-service to pharmacy staff or other healthcare professionals 	
<p>Platform presentation or poster presentation of residency project at PGY2 RAC <u>AND</u> local, regional, or national conference</p>	
<p>Completion of resident major research project and submission of manuscript in publication format</p>	
<p>Participation on at least 1 but no more than 2 hospital committees. Committee assignment based on resident interest and institution needs.</p>	
<p>Participation in residency recruitment, as requested.</p>	
<p>Final PharmAcademic Requirements</p>	
<p>Completion of all evaluations and cosignatory requirements</p>	
<p>Post-residency survey</p>	
<p>Document and upload to PharmAcademic PGY2 Critical Care Disease State Tracker/Appendix with 100% completion</p>	
<p>Rating of "Achieved for Residency (ACHR)" on at least 80% of the objectives for the ASHP Postgraduate Year 2 (PGY2) Critical Care Pharmacy Residencies</p>	
<p>Quarterly Evaluation/Review of Item Completion</p>	

UT Southwestern Medical Center Pharmacy PGY2 Investigational Drugs & Research Residency Checklist

Pre-Residency		<i>Date(s) Completed</i>
	Review UT Southwestern Pharmacy Residency Program Manual and return residency agreement	
	Submit copy of ASHP-accredited or candidate-status PGY1 residency certificate	
	Submit copies of BLS and ACLS certification	
	Submit IV Room Certificate/Letter Verification	
Orientation		
	Submit Entering Resident Self-Assessment Form	
	Attend UTSW Hospital/Health System Orientation <i>(Early commit residents exempt)</i>	
	Meet with RPD and RPC to review the following: <ul style="list-style-type: none"> • PGY2 Residency Program Overview • PGY2 Completion Requirements • PGY2 Standards, Goals and Objectives • Resident Rotation Schedule • Resident Staffing Schedule • PharmAcademic™ Evaluation Process • Initial Development Plan 	
	Select Residency Advisor and set-up initial meeting	
	Select research project and set-up initial meeting with project advisor	
	Complete CITI training & assigned Taleo and Elsevier modules	
	Assign committee involvement (CQT, Medication Safety, Hematology/Oncology P&T, IDS System Oversight)	
	Pass 3 glove fingertip sampling test and media fill test in the IV room	
Licensure		
	Obtain and submit proof of Texas Registered Pharmacist License (within 90 days of start of residency)	
Learning Experiences		
Required Rotations		

	Orientation (4 weeks)	
	Investigational Drug Service Leadership & Management (5 weeks)	
	Investigational Drug Service Oncology Pharmacy Operations I (4 weeks)	
	Investigational Drug Service Oncology Pharmacy Operations II (4 weeks)	
	Inpatient Investigational Drug Service (5 weeks)	
	Outpatient Oncology (Solid-Tumor): Direct Patient Care (4 weeks)	
	Medication Safety and Quality (5 weeks)	
	Clinical Research Office Oncology (4 weeks)	
	Phase I Clinical Trial – Oncology (4 weeks)	
Elective Rotations		
	Clinical Study Pharmacology (3 - 4 weeks)	
	Informatics and Data Management (3 - 4 weeks)	
	Outpatient Oncology (Heme-Malignancy): Direct Patient Care (4 weeks)	
Longitudinal Rotations		
	IDS Longitudinal Research Project (52 weeks with 4-6 weeks of dedicated research time)	
	IDS Longitudinal Staffing (<u>52 weeks scheduled</u> every third week or weekend)	
	Institutional Review Board Longitudinal Rotation (<u>3 – 4 months</u>)	
	Protocol Review and Monitoring Committee Longitudinal Rotation (<u>6 months</u>)	
Optional Longitudinal Rotation		
	Teaching Certificate (if not completed as PGY1)	
Expectations & Required Activities		
	Serve as Facilitator of UTSW IDS System Oversight Committee	
	Participation in Hematology-Oncology P&T committee	
	Completion of one of the following: 1. Drug monograph or class review 2. Proposal for research medication safety or technology improvement and implementation 3. Standard Operation Procedure or Policy and Procedure	
	Platform Presentation at Residency Leadership Conference (ALCADE)	

	One-hour ACPE-accredited CE Presentation	
	Resident Project (Completion of resident major research project and submission of manuscript in publication format)	
Final PharmAcademic requirements		
	Completion of all evaluations and cosignatory requirements	
	Post-residency survey	
	Rating of "Achieved for Residency (ACHR)" on at least 80% of the objectives for the ASHP Postgraduate Year 2 (PGY2) Investigational Drugs and Research Residency	
Quarterly Evaluation/Review of Item Completion		

Appendix B: Forms & Templates

Resident-Advisor Program Understanding Agreement Form

To be completed at the first meeting of the resident and his / her advisor.

Resident:

I understand that my advisor is _____. I understand that I am expected to meet with my advisor at least once each month throughout my residency year and it is my responsibility to set up the times and dates for such meetings. I understand that I am expected to complete my monthly self-evaluation form and turn it in to my advisor at least 48 hours before my scheduled monthly meeting. I understand that this self-evaluation will be used in concert with information from my preceptors and project advisors to help guide and encourage my efforts throughout this year. I also understand that any problems I encounter throughout this year can be brought to my advisor without fear of repercussions. Any information I share with my advisor is confidential unless I give permission for information to be shared or unless I am informed in advance that information will be shared (excludes monthly self-evaluation which is used to update the RAC concerning my monthly progress).

Advisor:

I understand that my resident advisee is _____. I understand that I am expected to meet with my advisee at least once each month throughout his/her residency year. I understand that I am expected to have previously prepared for these monthly meetings by reading the advisee's self-evaluation form and seeking input as to the advisee's progress from his/her preceptors and project advisors. I also understand that I will be expected to use this information to help guide and encourage the efforts of the resident throughout the year. I understand that I will be expected to make myself available to my advisee when he/she encounters problems and understand that my advisee can come to me regarding any problems without fear of repercussions. Finally, I understand that information shared with me by my advisee is confidential unless the advisee gives me permission to share information with others or unless I first inform him / her of my intention to share information (excludes monthly self-evaluation).

Both:

I agree to the above. I understand that this agreement as stated above can only be terminated through the intervention of the RAC by petition to the Residency Program Director.

Resident _____ Date _____

Advisor _____ Date _____

Pharmacy Residency Preceptor Annual Self-Evaluation Form

Please indicate how consistently you demonstrate these valued preceptor behaviors to your residents on a scale of 5= Always to 1= Never

Modeling	
Acts in a positive manner during interpersonal interactions with others	1 2 3 4 5
Demonstrates expertise in practice area	1 2 3 4 5
Displays compassion for patients	1 2 3 4 5
Contributes to the decisions of the healthcare team	1 2 3 4 5
Advocates for patients and the profession	1 2 3 4 5
Teaching/Coaching	
Displays genuine interest in resident learning	1 2 3 4 5
Consistently available for resident questions and guidance	1 2 3 4 5
Stimulates dialogue that encourages discussion, critical thinking, and helps with problem resolution	1 2 3 4 5
Arranges time and resources to aid resident learning	1 2 3 4 5
Provides useful feedback and clear expectations	1 2 3 4 5
Seeks and is receptive to resident input into learning experience	1 2 3 4 5
Facilitating	
Tailors learning opportunities to meet resident needs and interests	1 2 3 4 5
Effectively organizes appropriate learning activities and revises where needed	1 2 3 4 5
Allows and encourages students to build independent practice skills	1 2 3 4 5
Creates and maintains a welcoming environment	1 2 3 4 5

List 2 strengths you have as a preceptor:

- 1)
- 2)

List any areas of opportunity for you as a preceptor:

- 1)
- 2)

Based on your self-assessment and identified areas of opportunity, describe one personal precepting goal for the upcoming residency year.

Based on this assessment, what areas of opportunity does our program have that can assist you in developing as a preceptor?

What topics would you like our program to focus on for preceptor development in the upcoming residency year?

What resources can the residency program or departmental leadership provide to support you as a preceptor?

Residency Preceptor Appointment / Re-Appointment Letter

[Date]

Subject: [Appointment or Re-appointment] Letter for the Role of Residency Preceptor

[Preceptor Name], [Title]

Dear Dr. [Preceptor Last Name]:

The Residency Advisory Committee is pleased to inform you that you have been selected for **[appointment or re-appointment]** for the role of residency preceptor for **[PGY1, PGY1/PGY2 HSPAL, PGY2 Critical Care, and/or PGY2 INVESTIGATIONAL DRUGS & RESEARCH]** at UT Southwestern Medical Center. You were selected to be an approved residency preceptor since you met all the ASHP preceptor criteria, qualifications, contribution to pharmacy practice, and professional engagement. You have been appointed or re-appointed for the residency calendar year starting July 1, 202X to June 30, 202X.

Sincerely,

[Name of Residency Program Director]

UTSW Pharmacy Residency Program Presentation Evaluation Form

Resident Name _____ Date _____

Evaluator _____ Start Time _____ End Time _____

CONTENT – Organization	Evaluation	Comments
Presentation flowed logically and was clear. Title matches presentation. Discussion precise and confined to topic.	Excellent	
Generally well organized; occasionally skipped around; occasionally wordy.	Good	
Hard to follow; more logical flow needed. Discussion not relevant to subject matter.	Poor	
Resident was knowledgeable about subject matter.	Excellent	
Resident somewhat knowledgeable about subject matter. Occasionally unable to clearly explain some concepts.	Good	
Resident was not knowledgeable about subject matter. Unable to clearly explain most concepts.	Poor	
CONTENT - Objectives (The resident should list a minimum of 3 learning objectives.)		
All objectives were stated and emphasized; all objectives were covered/met. Thorough elaborate discussion of topics and relevant recommendations.	Excellent	
Some objectives were not clearly stated; the discussion did not reflect the objectives. Minimal discussion with no extrapolation to relevant information.	Good	
Objectives were not stated and appeared to be not considered given design of discussion.	Poor	
CONTENT - Discussion of Disease States and Drug Therapy		
Thorough critique of drug therapy; all aspects of drug therapy reviewed as applicable (pharmacology, dosing, adverse effects, interactions, complications, appropriateness). Other therapeutic options discussed.	Excellent	
Good critique to drug therapy; some aspects of drug therapy reviewed. Several options discussed.	Good	
Drug therapy presented, but not critiqued; no options discussed.	Poor	
Disease state discussion relevant to presentation; good balance between disease state and drug therapy.	Excellent	

Disease state too broad and difficult to relate to presentation.	Good	
Not enough disease state information presented.	Poor	
CONTENT - Interpretation of Primary Literature		
Primary literature thoroughly reviewed and relevant to presentation. Appropriate literature reviewed.	Excellent	
Primary literature somewhat reviewed and relevant to presentation. Incomplete review of data.	Good	
Primary literature reviewed but not relevant to presentation and/or too many/few studies.	Poor	
Accurate and thorough interpretation of primary literature (comments on design, limitations, statistics, and applicability to patient population). Discussed strengths and weaknesses of studies and provided own opinion.	Excellent	
Partial assessment/interpretation of primary literature. Only presented investigator's conclusions. .	Good	
Did not interpret primary literature. No discussion of strengths and weaknesses of studies. Did not provide rational conclusions.	Poor	
	Evaluation	Comments
COMMUNICATION – Verbal		
Presenter easily heard (adequate volume/tone/enunciation). Easy to follow & listen to. Proper use of all terminology	Excellent	
Presenter with adequate volume, but some words lost to mumbling.	Good	
Presenter not easily heard from the back of the room. Demonstrated lack of interest in top and/or inappropriate medical terms.	Poor	
Efficient use of time, good pace.	Excellent	
Rate appropriate the majority of the time with some parts too fast or too slow.	Good	
Rate of delivery was too slow/too fast; inefficient use of time.	Poor	
COMMUNICATION - Non-Verbal		
No distracting mannerisms, gestures; exhibited polish, poise; maintained eye contact with audience; used notes infrequently	Excellent	
Mildly (1-4) distracting mannerisms or gestures; usually polished and poised. Read some of the presentation with some eye contact. Minimum use of stall words.	Good	

Many distracting mannerisms, detracted from the presentation. Did not speak with confidence. Read most of presentation with no eye contact.	Poor	
COMMUNICATION - AV Materials/Handouts		
Discussion of graphs/diagrams included; NO spelling errors; familiar w/AV equipment; appropriate number of slides used.	Excellent	
Some disorganization of slides, busy slide(s), too many/too few slides; few spelling errors.	Good	
Slides are very unorganized with multiple spelling/grammar errors; unfamiliar with AV equipment.	Poor	
Well organized handout that coincided with slides. Referenced summary includes comprehensive overview of discussion. NO spelling/grammatical errors.	Excellent	
Some disorganization of handout. Handout difficult to follow and/or was not an overview of the presentation. Few spelling/grammatical errors.	Good	
No handout provided OR handout provided is disorganized with multiple spelling/grammatical errors.	Poor	
COMMUNICATION - Ability to Answer Questions		
Resident able to respond to questions with confidence and knowledge. Appropriately anticipated audience questions. Demonstrates integration of material.	Excellent	
Resident somewhat able to respond to questions; was not able to respond without referring to notes. Provides pertinent information missed during presentation.	Good	
Resident not able to appropriately respond to questions; did not anticipate audience questions; did not appear prepared.	Poor	
Additional Comments:		

Drug Monograph Template

Generic (Brand™)

DATE OF P&T REVIEW	[DATE]
FDA APPROVAL DATE	[DATE]
PHYSICIAN REQUEST(S)	[PHYSICIANS]
EXECUTIVE SUMMARY [INSERT]	
RECOMMENDATION [INSERT]	
THERAPEUTIC INTERCHANGE [INSERT]	

GENERIC NAME [INSERT]

PROPRIETARY NAME [INSERT]

THERAPETUIC CLASS [INSERT]

SIMILAR DRUGS [INSERT]

INDICATIONS

[INSERT]

CLINICAL PHARMACOLOGY

[INSERT]

PHARMACOKINETICS

Distribution

[INSERT]

Elimination

[INSERT]

SPECIAL POPULATIONS

Age

[INSERT]

Renal Impairment

[INSERT]

Hepatic Impairment

[INSERT]

Pediatrics

[INSERT]

Geriatrics

[INSERT]

Pregnancy

[INSERT]

Lactation

[INSERT]

CLINICAL STUDIES

COMPARATOR EFFICACY

[INSERT]

RELEVANT GUIDELINE RECOMMENDATIONS

[INSERT]

CONTRAINDICATIONS

[INSERT]

WARNINGS AND PRECAUTIONS

Serious infections

[INSERT]

Hypersensitivity reactions including anaphylaxis

[INSERT]

Malignancy

[INSERT]

Immunizations

[INSERT]

Not recommended for concomitant use with other biologic therapies

[INSERT]

ADVERSE REACTIONS

[INSERT]

DRUG INTERACTIONS

[INSERT]

DOSING AND ADMINISTRATION

Adult dosing

[INSERT]

Administration

[INSERT]

DOSING ADJUSTMENTS

Renal impairment

[INSERT]

Hepatic impairment

[INSERT]

RECOMMENDED MONITORING

[INSERT]

PRODUCT AVAILABILITY

[INSERT]

STORAGE AND SPECIAL HANDLING

[INSERT]

NIOSH

[INSERT]

Special Classifications

[INSERT]

DEA Considerations

[INSERT]

PHARMACOECONOMICS/COST

Single Dose Vial (NDC: 00310-3040-00) Pharmacy Cost per wholesaler*

Healthcare Common Procedure Coding System (HCPCS)

Billable Unit

Recommended Treatment Cost Per Infusion[†]

Potential Reimbursement for 1 infusion[†]

Potential Reimbursement for 1 year of infusions per patient (13 infusions) ‡

SITE(S) OF CARE

Acute Care: [INSERT]

Clinic (Hospital-based/Ambulatory): [INSERT]

Infusion Center/Clinic: [INSERT]

OPERATIONAL CONSIDERATION

Epic Considerations

Admin instructions and BD IV Prep instructions (see below)

- Rate of infusion: [INSERT]

BD IV Prep[®]

- Active ingredient:
- Vehicle:
- Stability:
- Micron filter:
- QS build:
- Density:
- Vial size:
- Total volume of vial:
- Concentration of vial:
- Diluent:
- NDC:
- Manufacturer:

MEDICATION ERROR POTENTIAL

Look-alike/Sound-alike (LASA) Error Risk Potential:

Drug Safety/Risk Evaluation and Mitigation Strategies (REMS):

Black Box Warnings:

FAILURE, MODE AND EFFECTS ANALYSIS (FMEA)

Medication Management Step	Identified Risk	Steps for Prevention
Selection and procurement <ul style="list-style-type: none">• Therapeutic interchange?• Special ordering requirements?		
Storage <ul style="list-style-type: none">• LASA* - separation of stock		

<ul style="list-style-type: none"> • Special storage – refrigeration, protect from light, controlled substance, etc.? • Pharmacist/Technician education? 		
<p>Ordering & Prescribing</p> <ul style="list-style-type: none"> • Restriction to specific specialty, indication, or patient population? • Dosing Issues – i.e., renal, hepatic dosage adjustment, max dose warnings • Drug interactions? • Pregnancy? • Absolute contraindications? • Requires Order Set, Protocol, concomitant therapy with another drug? • LASA* - nomenclature issues? • Prescriber education? 		
<p>Processing, Preparing, & Dispensing</p> <ul style="list-style-type: none"> • High risk drug double check? • Drug interactions check in place? • LASA* - computer warnings • Administration notes for MAR (Med Admin Record) – handling, precautions, surrounding food or other drugs, etc.? • Packaging/labeling – i.e., prepacking, etc.? • Dispensing – auxiliary labeling, light protection, refrigeration, etc.? • Documentation required? (i.e., double check, worksheet, etc.) • Pharmacist/Technician education? 		
<p>Administration</p> <ul style="list-style-type: none"> • Handling precautions, high-risk double check, administration with/without food, interactions, incompatibilities, etc.? • Special delivery system – i.e., pump, etc.? • Documentation required? (i.e., double check, etc.) • Nurse education? 		
<p>Monitoring</p> <ul style="list-style-type: none"> • Interactions, adverse effects, efficacy, changes in renal function, etc.? • Follow-up laboratory tests? 		

- | | | |
|--------------|--|--|
| • Education? | | |
|--------------|--|--|

CONCLUSION

[INSERT]

RECOMMENDATION

[INSERT]

THERAPEUTIC INTERCHANGE

[INSERT]

REFERENCES

1. [INSERT]
2. [INSERT]

Drug Class Review Template

Drug Class Review: *****

P&T Committee Review Date:

Drug Class *** (AHFS Code ***)

Purpose

Evaluate/re-evaluate the formulary status of **** and analyze agents of the class *****

Institutional Place in Therapy:

Review history at UTSW

This is the first review of drug class ***. The last review was *** (month/year).

UTSW Committee Review(s) and Approval(s) (i.e. SWAT, Critical Care Committee, Anticoagulation Committee, etc.)

Table 1. Drug Class Overview

Drug Class *** (AHFS Code ***)					
Generic Name (Brand)	Indications	Normal Adult Dosage	Pharmacokinetics	Adverse Effects & Drug Interactions	Dosage Forms & Unit cost
Drug Class: *** (AHFS: ***)					
	FDA Approved Indications & Date Approved: Non-FDA Approved:		Absorption: Distribution: Metabolism: Excretion: <u>Dosage adjustments:</u>	Precautions/ Warnings: Special Monitoring Requirements:	Bottle/package size(s) & Cost: Unit dose package & Cost:

			Renal impairment		
			Hepatic impairment		
Drug Class: *** (AHFS: ***)					
Drug Class : *** (AHFS: ***)					
Drug Class : *** (AHFS: ***)					
Drug Class : *** (AHFS: ***)					

Abbreviations:

Table 2. Annual Utilization and Expenditure of Formulary Agents at UT Southwestern

Generic (Brand)	Number of Patient Orders or Number of Units Purchased in the Last Year (Date *** through Date ***)	Total Drug Expenditure in the Last Year (Date *** through Date ***)
Drug Class : *** (AHFS: ***)		

Dosage Form/Strength:

Dosage Form/Strength:

Dosage Form/Strength:

Dosage Form/Strength:

Drug Class : * (AHFS: ***)**

Dosage Form/Strength:

Dosage Form/Strength:

Dosage Form/Strength:

COMPARATIVE EFFICACY DATA/LITERATURE:

GUIDELINE RECOMMENDATIONS:

CONTRAINDICATIONS:

UNIQUE CHARACTERISTICS/CLINICAL PEARLS/MONITORING:

SPECIAL POPULATIONS:

FORMULARY STATUS RECOMMENDATION(S):

(specify formulary and non-formulary status of each drug in each class, if formulary product specify what strength(s)/tablet/capsules/package size(s) will be on formulary, & indicate any use criteria/restrictions if applicable for each product)

Drug Class/Drug Formulary Status Recommendation	Strength(s)/tablet/capsule/package size(s)	Use Criteria or Indications	Site(s) of Care (Hospitals and/or Clinic(s)/Infusions Center(s)) where Drug will be on Formulary
Drug Class *** (AHFS ****)			
***Formulary			
***Formulary			
***Non-Formulary			
Drug Class *** (AHFS ****)			
***Formulary			
***Formulary			
***Non-Formulary			
Drug Class *** (AHFS ****)			
***Formulary			
***Formulary			
***Non-Formulary			
Drug Class *** (AHFS ****)			
***Formulary			
***Formulary			
***Non-Formulary			

RECOMMENDED AUTOMATIC PHARMACY THERAPEUTIC SUBSTITUTION(S):

Table 4. Automatic Pharmacy Therapeutic Substitutions
(specify if the automatic therapeutic substitution will be applicable for the hospitals and/or the clinics)

Ordered Non-Formulary Agent (Drug/Dose/Route/Frequency)	Formulary Agent/Therapeutic Substitution (Drug/Dose/Route/Frequency)	Site(s) of Care (Hospitals and/or Clinic(s))
--	---	---

Table 3. Potential Cost Savings with Recommended Changes

Current Formulary Agent	New Formulary Recommendation/Therapeutic Substitution	Cost Difference	Annual Order Volume/Units Purchased	Annual estimated cost savings
		\$		\$

Total

EPIC CONSIDERATIONS FOR RECOMMENDED NEW FORMULARY MEDICATIONS

Drug:

- Recommended order questions for specific use criteria/inidications?
- Dose buttons: (dosing weight used if weight-based, i.e. adjusted, ideal, or dosing weight)
- Chemotherapy: yes/no
- Rounding: Yes, if yes, to what?
- Hazardous drug: yes/no
- Available routes for enteral dosage forms: (i.e. PO, OG, DHT, NG, J-tube, etc.)

Required Order Set(s) or Treatment Plan(s) that need to be updated with recommended changes:

CONCLUSION:

References:

Prepared on ** by *****

Drug Information Template/Form



Drug Information Question Form

▪ Date: *** at 1500

QUESTION CLASSIFICATION

- Adverse Drug Reaction
- Drug Compatibility / Stability
- Contraindication
- Drug Interaction
- Pharmacy TherapeuticDose of Drug Therapy
- Pharmacology
- Identification
- Availability
- Other

QUESTION

▪ TEXT

BACKGROUND INFORMATION

▪ TEXT

REQUESTOR NAME

▪ Name(s):

- Time of response needed: _____ hours/days (Immediate use should be handle by pharmacist staff)

ANSWER

▪

▪

REFERENCES: INDICATE IN LIST IF HELPFUL (H) OR UNHELPFUL (U)

1.

ANSWER COMPLETED BY:

Name: _____ Pharm.D.

Date of response: _____

PGY-1 Pharmacy Resident

Appendix C: UTSW Health System Policies

UT SOUTHWESTERN POLICY HANDBOOK

ETH-151 EQUAL OPPORTUNITY

CHAPTER 3: ETHICS, COMPLIANCE, AND STANDARDS OF BEHAVIOR

CONTENTS

Policy Link
Policy Rationale and Text
Scope
Procedures
Definitions
Related Statutes
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Institutional Equity & Access
Executive Sponsor: Executive Vice President for Institutional Advancement
Effective Date: 01/31/1998
Last Updated: 09/22/2022
Contact: policyoffice@utsouthwestern.edu

POLICY LINK

To ensure appropriate access when sharing or linking to this policy, *copy and paste* this URL:

<https://secure.compliance360.com/ext/fOpi3fvJ-isUDgVoq05QLA==>

POLICY RATIONALE AND TEXT

UT Southwestern is committed to providing equal opportunities to all members of the campus community and to maintaining an environment that is free from unlawful discrimination, harassment and retaliation. In accordance with the Board of Regents' *Rules and Regulations*, UT System policy, and applicable federal and state law, no individual will be excluded from participation in, denied the benefits of, or be subjected to discrimination in UT Southwestern services, programs, and activities on the basis of race, color, national origin, religion, sex, age, disability, genetic information, protected veteran status, citizenship status, sexual orientation, gender identity, or gender expression.

In accordance with this commitment, it is the policy of UT Southwestern to:

- Provide equal opportunities to qualified individuals in all areas of the employment relationship, including without limitation application, recruitment, promotion, compensation, benefits, and training.
- Provide equal opportunities to all qualified applicants, students, and residents in UT Southwestern's schools and training programs.
- Provide appropriate reasonable accommodations to disabled individuals to allow equal employment and educational opportunities and equal access to UT Southwestern services, programs, and activities.
- Provide appropriate reasonable accommodations for the sincerely held religious beliefs of employees, students, and residents.

- Prohibit retaliation against individuals who oppose a discriminatory practice, file a complaint or charge of discrimination, or testify for, assist in, or participate in an investigation or other proceeding relating to discrimination.
- Prohibit Title IX Sexual Harassment and respond to Formal Complaints in accordance with federal and state law. See [ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#).

UT Southwestern employees, students, and residents who engage in conduct prohibited by this policy are subject to disciplinary action, up to and including dismissal or non-renewal of appointment.

SCOPE

This policy applies to all full-time, part-time, and temporary employees; individuals holding a faculty appointment; students; residents; applicants for employment; applicants for admission to any UT Southwestern school or training program; and any individual participating in UT Southwestern services, programs, or activities, including but not limited to patients, visitors, volunteers, contractors, and vendors.

PROCEDURES

Mandatory Employee Reporting of Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, or Stalking

Responsible Employees must promptly report to the Title IX Coordinator or a Deputy Coordinator all information concerning any incident the employee reasonably believes constitutes sexual harassment, sexual assault, domestic violence, dating violence, stalking, or other sexual misconduct committed by or against a student, resident, or employee. If a Responsible Employee knowingly fails to promptly report as required, the employee is subject to disciplinary action, up to and including termination or non-renewal of appointment.

Confidential Employees, as defined below, who receive information regarding incidents of sexual harassment, sexual assault, domestic violence, dating violence, or stalking committed by or against a UT Southwestern student, resident, or employee are required to report the **type of incident** to the Title IX Coordinator or Deputy Coordinator. Confidential Employees may not include any information that would violate a student's or employee's expectation of privacy. The Confidential Employee's duty to report an incident under any other law also applies.

The UT Southwestern Deputy Title IX Coordinator for Employees is:

Travis Gill
 Assistant Vice President of Institutional Equity & Access
 Phone: 214-648-4343
 Email: TitleIX@utsouthwestern.edu

The UT Southwestern Title IX Coordinator is:

Charles Ginsburg, M.D.
 Vice Provost and Senior Associate Dean for Education
 Phone: 214-648-8597
 Email: charles.ginsburg@utsouthwestern.edu

For detailed information regarding employee reporting obligations and a complete description of the type of incidents which must be reported, please refer to [ETH-154 Sexual Harassment and Sexual Misconduct](#).

Reporting Other Forms of Discrimination, Harassment, or Retaliation to UT Southwestern

- Anyone who witnesses or is aware of any known or suspected incidents of discrimination, harassment, or retaliation in violation of UT Southwestern's equal opportunity policies is strongly encouraged to promptly report the incident to

UT Southwestern. Reports may be made to the Office of Institutional Equity & Access, the Compliance Hotline, or to any UT Southwestern official, administrator, or supervisor.

- Every UT Southwestern official, administrator, or supervisor is responsible for promptly reporting to the Office of Institutional Equity & Access any known or suspected incidents of discrimination, harassment, or retaliation that come to their attention.
- Employees who are not UT Southwestern officials, administrators, or supervisors are strongly encouraged to promptly report any known or suspected incidents of discrimination, harassment, or retaliation to the Office of Institutional Equity & Access.
- Reports should be made as soon as possible after the incident occurs. Delays in reporting can limit UT Southwestern's ability to take effective action to address potential violations of this policy.
- In no instance will any individual be required to report known or suspected incidents of discrimination, harassment, or retaliation to the alleged respondent.

Requesting Reasonable Accommodations Due to Disability

- Students and Applicants for Admission may request reasonable accommodations due to disability in accordance with [EDU-103 Reasonable Accommodations for Qualified Applicants and Learners with Disabilities](#).
- Employees and Applicants for Employment may request reasonable accommodations due to disability in accordance with [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#).
- Residents and Applicants for Residency may request reasonable accommodations due to disability by contacting the Program Director and the UT Southwestern Office of Graduate Medical Education. Non-UT Southwestern employed Residents should also follow the disability accommodation request policy of their employer.
- Members of the Public Participating in UT Southwestern Services, Programs, and Activities may request reasonable accommodations due to disability by contacting the Office of Institutional Equity & Access. If possible, requests should be submitted in writing as soon as practicable and prior to the time an accommodation may be needed. The availability of accommodations, if any, may be affected by the timing of the request and the necessary coordination of efforts. It is the requestor's responsibility to provide any supporting documentation required by the Office of Institutional Equity & Access.

Requesting a Religious Accommodation

- Employees may request a religious accommodation by submitting a request in writing to the Office of Institutional Equity & Access setting forth the sincerely held religious belief or practice and the requested adjustments to the work environment. The Office of Institutional Equity & Access will evaluate the request and will issue a written decision to the requestor within 30 calendar days. UT Southwestern will provide reasonable accommodations for the sincerely held religious beliefs or practices of employees and applicants for employment, unless doing so would cause more than a minimal burden on the operations of UT Southwestern.
- Students and Applicants for Admission may request a religious accommodation by contacting the Dean's Office of the applicable school.
- Residents and Applicants for Residency may request a religious accommodation by contacting their Program Director and Office of Graduate Medical Education. Non-UT Southwestern employed Residents should also follow the religious accommodation request policy of their employer.

Submitting an Equal Opportunity Complaint

Individuals may submit an Equal Opportunity complaint in accordance with the procedures shown in the following tables.

Students and Applicants for Admission:

Nature of Complaint	UT Southwestern Policy, Procedure, or Contact
Title IX Sexual Harassment.	Refer to ETH-153 Title IX Sexual Harassment: Formal Grievance Policy and contact the Title IX Coordinator.
Sexual harassment or other sexual misconduct that does not meet the definition of Title IX Sexual Harassment.	Contact the Office of Institutional Equity & Access and refer to the UT Southwestern General Catalog Policies Against Discrimination.
Discrimination, harassment, or retaliation on the basis of sex, race, color, national origin, religion, age, genetic information, citizenship status, protected veteran status, sexual orientation, gender identity, or gender expression.	Contact the Office of Institutional Equity & Access and refer to the UT Southwestern General Catalog Policies Against Discrimination: https://www.utsouthwestern.edu/education/utsw-catalog/general/student-info/academic-policies.html
Disability discrimination or retaliation.	Refer to EDU-103 Reasonable Accommodations for Qualified Applicants and Learners with Disabilities and contact the Learning Specialist in Student Academic Support Services.

Residents and Applicants for Residency:

Nature of Complaint	UT Southwestern Policy, Procedure, or Contact
Title IX Sexual Harassment.	Refer to ETH-153 Title IX Sexual Harassment: Formal Grievance Policy and contact the Title IX Coordinator.
Sexual harassment or other sexual misconduct that does not meet the definition of Title IX Sexual Harassment.	Refer to ETH-154 Sexual Harassment and Sexual Misconduct and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure.
Discrimination, harassment, or retaliation on the basis of sex, race, color, national origin, religion, age, disability, genetic information, citizenship status, protected veteran status, sexual orientation, gender identity, or gender expression.	Refer to ETH-151 Equal Opportunity, and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .

Employees and Applicants for Employment:

Nature of Complaint	UT Southwestern Policy, Procedure, or Contact
Title IX Sexual Harassment.	Refer to ETH-153 Title IX Sexual Harassment: Formal Grievance Policy and contact the Deputy Title IX Coordinator for Employees.
Sexual harassment or other sexual misconduct that does not meet the definition of Title IX Sexual Harassment.	Refer to ETH-154 Sexual Harassment and Sexual Misconduct and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .

Discrimination, harassment, or retaliation on the basis of sex, race, color, national origin, religion, age, genetic information, citizenship status, protected veteran status, sexual orientation, gender identity, or gender expression.	Refer to ETH-151 Equal Opportunity, and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .
Disability discrimination or retaliation.	Refer to ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .

Members of the Public Participating in UT Southwestern Services, Programs, or Activities:

Nature of Complaint	UT Southwestern Policy, Procedure, or Contact
Title IX Sexual Harassment.	Refer to ETH-153 Title IX Sexual Harassment: Formal Grievance Policy and contact the Title IX Coordinator.
Sexual harassment or other sexual misconduct that does not meet the definition of Title IX Sexual Harassment.	Refer to ETH-154 Sexual Harassment and Sexual Misconduct and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .
Discrimination, harassment, or retaliation on the basis of sex, race, color, national origin, religion, age, disability, genetic information, citizenship status, protected veteran status, sexual orientation, gender identity, or gender expression.	Refer to ETH-151 Equal Opportunity and contact the Office of Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .
Violation of Title II of the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act.	Refer to ETH-151 Equal Opportunity and submit a written complaint to the Institutional Equity & Access per ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure .

DEFINITIONS

Confidential Employees – counselors or other providers in Student Wellness and Counseling, the Resident Counseling and Wellness Center, and the Employee Assistance Program; members of the Student Assistance Committee (SAC) who learn information about an incident of sexual harassment, sexual assault, domestic violence, dating violence, stalking, or other sexual misconduct during confidential SAC proceedings; a health care provider in Student Health; and members of the clergy. Additionally, employees who receive information regarding an incident under circumstances that render the employee’s communications confidential or privileged under other law (such as attorneys and health care providers in the course of providing treatment) are also considered “Confidential Employees.”

Note: Under state law and UT Southwestern policy, Confidential Employees who receive information regarding incidents of sexual harassment, sexual assault, domestic violence, dating violence, stalking, or other sexual misconduct committed by or against a student, resident, or employee of the University, are required to report the **type of incident** to the Title IX Coordinator or a Deputy Coordinator.

Confidential Employees may not include any information that would violate a student's, resident's, or employee's reasonable expectation of privacy. The Confidential Employee's duty to report an incident under any other law also applies.

Discrimination – conduct directed at an individual or group of individuals that adversely affects their employment, education, training, or participation in UT Southwestern activities because of race, color, religion, sex, age, national origin, disability, genetic information, protected veteran status, citizenship status, sexual orientation, gender identity, or gender expression.

Genetic Information – information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual or an individual's family members (i.e., family medical history).

Harassment – a form of prohibited discrimination that involves unwelcome conduct directed at an individual or a group of individuals because of race, color, religion, sex, age, national origin, disability, genetic information, protected veteran status, citizenship status, sexual orientation, gender identity, or gender expression; and such conduct is sufficiently severe, pervasive, or persistent so as to interfere with academic or work performance or create an environment that would be intimidating, hostile, or offensive to a reasonable person.

Responsible Employee – a UT Southwestern employee who has the duty to report incidents of and information reasonably believed to be sexual harassment, sexual assault, domestic violence, dating violence, stalking, or other sexual misconduct committed by or against a student, resident, or employee to the Title IX Coordinator or Deputy Coordinator. All UT Southwestern employees are Responsible Employees except Confidential Employees, as defined above. Responsible Employees include all officials, administrators, faculty, staff, academic advisors, mentors, etc. Responsible Employees must promptly report all known information concerning the incident to the Title IX Coordinator or Deputy Coordinator, and must include whether a complainant has expressed a desire for confidentiality in reporting the incident. Responsible Employees do not include individuals who hold positions in which student or trainee status is a requirement for the position held (e.g., student employees, student interns, graduate student researchers, post-doctoral researchers, graduate medical education residents and fellows, or other individuals holding academic training titles); however, these individuals are strongly urged to report in accordance with this policy.

Retaliation – a form of prohibited discrimination that includes any action adversely impacting the employment, education, training, or institutional status of an individual, or in any other manner harassing or discriminating against an individual, because he or she opposed a discriminatory practice, filed a complaint or charge of discrimination, or testified for, assisted with, or participated in an investigation or other proceeding relating to discrimination. Based on the factual allegations, examples of retaliation may include, but are not limited to: denial of promotion; non-selection/refusal to hire; denial of job benefits; demotion; suspension; discharge; or other adverse treatment that is likely to deter reasonable people from complaining about discrimination. Adverse actions do not include petty slights and annoyances, such as stray negative comments in an otherwise positive or neutral evaluation, "snubbing" a colleague in a greeting, or negative comments that are justified by an employee's poor work performance or history.

Student – for the purposes of this policy, an individual who is enrolled and in attendance at the UT Southwestern Medical School, School of Health Professions, or Graduate School of Biomedical Sciences, including postdoctoral scholars appointed to academic training positions.

Resident – for the purposes of this policy, any physician in any Graduate Medical Education program at UT Southwestern, including interns, residents, fellows, non-ACGME clinical fellows, and subspecialty residents.

Title IX Sexual Harassment – Conduct on the basis of sex that satisfies one or more of the following:

- a. Quid pro quo: an employee conditioning the provision of an aid, benefit, or service of UT Southwestern on an individual's participation in unwelcome sexual conduct;
- b. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the UT Southwestern's education programs or activities; or

- c. “Sexual assault,” “dating violence,” “domestic violence,” or “stalking” as defined by [ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#).

Protected Veteran Status – refers to disabled veterans, recently separated veterans, Armed Forces service medal veterans, or other protected veteran as defined by Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

RELATED STATUTES, POLICIES, OR STANDARDS

UT System Board of Regents' *Rules and Regulations*, Rule 10701: Policy Against Discrimination

UT System Systemwide Policy UTS 105 Sexual Orientation Nondiscrimination Policy

UT System Systemwide Policy UTS 131 Protection from Retaliation for Reporting Suspected Wrongdoing

[EDU-103 Reasonable Accommodations for Qualified Applicants and Learners with Disabilities](#)

[ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure](#)

[ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#)

[ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#)

[ETH-154 Sexual Harassment and Sexual Misconduct](#)

[ETH-201 Protection from Retaliation for Reporting Suspected Wrongdoing](#)

[SEC-156 Violence on Campus](#)

Americans with Disabilities Act of 1990 (As Amended)

Age Discrimination Act of 1975 (As Amended)

Age Discrimination in Employment Act of 1967 (As Amended)

Texas Labor Code Chapter 21

Section 504 of the Rehabilitation Act of 1973

Title VII of the Civil Rights Act of 1964 (As Amended)

Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681

Immigration and Nationality Act (INA), 8 U.S.C. § 1324b

Vietnam Era Veterans' Readjustment Assistance Act of 1974 (As Amended)

Genetic Information Nondiscrimination Act of 2008

CONTACTS/FOR FURTHER INFORMATION

Office of Institutional Equity & Access 214-648-4343

Office of Institutional Compliance 214-648-6024

POLICY HISTORY

September 22, 2022: Updated Students and Applicants for Admission table to direct complaints to the Office of Institutional Equity & Access and added a row for “sexual harassment or other sexual misconduct that does not meet the definition of Title IX Sexual Harassment.

August 30, 2022: Aligned with updated UT System Model Policy on Sexual Misconduct, including clarifying language for failure to report a policy violation.

August 12, 2020: Revised to include new ETH-153 Title IX Sexual Harassment: Formal Grievance Policy; added definition of "Title IX Sexual Harassment," and removed definitions for "Other Inappropriate Sexual Conduct," "Sexual Misconduct," and "Stalking."

December 31, 2019: Completed scheduled review; updated policy as necessary.

September 1, 2019: Changed the Executive Sponsor from the Vice President of Community and Corporate Relations to the Executive Vice President of Institutional Advancement.

January 25, 2019: Updated references to the Division of Equal Opportunity to reflect its new name: Office of Institutional Equity & Access.

December 27, 2018: Updated references to the Office of Diversity & Inclusion and Equal Opportunity to reflect the department's new name: Office of Institutional Equity & Access.

June 5, 2015: Revised the procedures to clarify how to report known or suspected discrimination, harassment, retaliation, or sexual misconduct to UT Southwestern.

May 22, 2013: Transferred HR Policy Memorandum 1.080 Equal Opportunity to online *Handbook* as ETH-151 Equal Opportunity; superseded 5.12.1.

April 2, 2007: Revised HR Policy Memorandum 1.080 Equal Opportunity.

September 1, 1998: Posted HR Policy Memorandum 1.080 Equal Opportunity.

January 1998: Published as 5.12.1 Equal Opportunity Policy and Procedure.

UT SOUTHWESTERN POLICY HANDBOOK

PROCEDURE – ETH-151P-01

EQUAL OPPORTUNITY COMPLAINT INVESTIGATION AND RESOLUTION

Authorized by the following policies:

ETH-151 Equal Opportunity

ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities

ETH-154 Sexual Harassment and Sexual Misconduct

CONTENTS

Procedure Link

Applicability of Procedure

Steps of Procedure

Definitions

References

Contacts/For Further Information

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Institutional Equity & Access

Executive Sponsor: Executive Vice President for Institutional Advancement

Effective Date: 04/07/2015

Last Updated: 09/22/2022

Contact: policyoffice@utsouthwestern.edu

PROCEDURE LINK

To ensure appropriate access when sharing or linking to this procedure, *copy and paste* this URL:

<https://secure.compliance360.com/ext/fOpi3fvJ-itqZXxZZrvl5w==>

APPLICABILITY OF PROCEDURE

The purpose of this procedure is to set forth a timely and equitable process for resolving complaints alleging discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct in violation of UT Southwestern policies [ETH-151 Equal Opportunity](#), [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#), and/or [ETH-154 Sexual Harassment and Sexual Misconduct](#). This procedure applies to complaints brought by full-time, part-time, and temporary employees; individuals holding a faculty appointment; residents; applicants for employment; applicants for any UT Southwestern training program; and any individual participating in UT Southwestern services, programs, or activities, including but not limited to patients, visitors, volunteers, contractors, and vendors.

This procedure does not apply to Formal Complaints of Title IX Sexual Harassment. Title IX Sexual Harassment must be reported to the Title IX Coordinator or Deputy Title IX Coordinator, and Formal Complaints will be handled in accordance with [ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#).

This procedure also does not apply to complaints brought by students or applicants for any UT Southwestern school alleging discrimination, harassment, retaliation, or other sexual misconduct. Students or applicants for any UT Southwestern school with

complaints about discrimination should contact the Office of Institutional Equity & Access and refer to the UT Southwestern General Catalog Policies Against Discrimination:

<https://www.utsouthwestern.edu/education/utsw-catalog/general/student-info/academic-policies.html>.

STEPS OF PROCEDURE

Submitting a Complaint

1. An individual who believes that they have not been treated in compliance with [ETH-151 Equal Opportunity](#), [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#), or [ETH-154 Sexual Harassment and Sexual Misconduct](#) should submit a written complaint to the Office of Institutional Equity & Access as soon as possible after the conduct giving rise to the complaint, but no later than 300 calendar days after the last suspected act of discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct. Delay in making a complaint or report can greatly limit UT Southwestern's ability to conduct an investigation, implement appropriate interim measures, or take effective action against the alleged respondent.
2. Written complaints submitted to the Office of Institutional Equity & Access should set out in detail the nature of the complaint and should include the following:
 - a. The complainant's name, signature, and contact information;
 - b. A detailed description of the conduct or event that is the basis of the complaint;
 - c. The date(s) and location(s) of the conduct or event;
 - d. The name(s) of the person(s) directly responsible for the conduct or event;
 - e. The names of all witnesses to the conduct or event; and
 - f. Any documents, communications, emails, text messages, or other information the complainant believes may be relevant.
3. Complainants are strongly encouraged to submit a written complaint and to include all of the information set forth in paragraph 2. If a complaint is not in writing, the Office of Institutional Equity & Access will prepare a written statement summarizing the basis of the complaint and will provide it to the complainant for signature. If a complainant does not sign the written statement or otherwise submit sufficient information in writing to allow the complaint to proceed, the Office of Institutional Equity & Access may deem the complaint withdrawn. The Assistant Vice President of Institutional Equity & Access may also sign and submit a written complaint against a respondent. When the Assistant Vice President of Institutional Equity & Access submits a complaint, it will include the rationale for initiating the complaint instead of the complainant.
4. Courtesy copies of correspondence or complaints submitted to an external agency or third-party; inquiries that seek advice or information only; or pre-complaint consultations are not considered complaints and will not be investigated in accordance with this procedure.
5. Employees must use this procedure to submit a complaint alleging violation of [ETH-151 Equal Opportunity](#), [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#), and/or [ETH-154 Sexual Harassment and Sexual Misconduct](#). Employee equal opportunity complaints regarding issues covered by these policies are not properly raised or considered in any appeal of disciplinary action (see [EMP-351 Discipline and Dismissal of Classified Employees](#)) or any grievance (see [EMP-401 Employee Grievances](#)). However, employees may continue to appeal a disciplinary action

and/or pursue a grievance on non-equal opportunity grounds (see [EMP-351P-01 Appealing Disciplinary Actions](#) and [EMP-401P-01 Procedure for Resolving a Grievance](#)).

6. Any person who knowingly and intentionally files a false complaint or provides false information in the course of an investigation under this procedure will be subject to disciplinary action, up to and including dismissal or non-renewal of appointment. A finding that a respondent is not responsible for the misconduct alleged does not imply that a complaint or report was false. Similarly, a determination that a respondent is responsible for a violation of UT Southwestern policy does not imply that statements disclaiming responsibility were false.

Resolution Options

A person who believes that they have been subjected to discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct in violation of a policy covered by this procedure may use the administrative resolution, informal resolution, or formal investigation process in certain circumstances. The Office of Institutional Equity & Access will conduct a preliminary assessment of the alleged facts in order to determine the appropriate resolution process.

In circumstances when the alleged conduct does not warrant formal investigation or disciplinary action, the University may utilize an administrative resolution process to address the concern. Administrative resolution is a general term used to describe the various processes the University may use to provide notice of a concern to a respondent, make recommendations on necessary adjustments or modifications, and/or offer appropriate supportive measures to the parties.

Based on the allegations presented, the Office of Institutional Equity & Access will inform the complainant if their concern qualifies for informal resolution and formal investigation. The informal resolution and formal investigation process described in this procedure are not mutually exclusive and neither is required as a pre-condition for choosing the other; however, they cannot both be used at the same time. Parties to a complaint or the Office of Institutional Equity & Access may elect to end the informal resolution process at any time and begin the formal investigation process.

Interim Preventative Measures and Supportive Measures

When appropriate, the University may take interim preventive measures to ensure the safety or well-being of the parties involved in the complaint. These measures may be taken prior to or concurrent with an ongoing investigation, and do not require a policy violation finding before implementation. In both the informal resolution and formal investigation processes, UT Southwestern will take steps to prevent recurrence of any discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct and to correct its effects on the complainant and others, as appropriate.

In all cases involving sexual harassment or other sexual misconduct, sexual assault, domestic violence, dating violence, or stalking, the Office of Institutional Equity & Access will offer appropriate supportive measures to the impacted parties. Supportive measures may include but are not limited to information and resources; counseling; modifications to work schedule or assigned duty point; campus escort services; mutual, non-punitive restrictions on contact between the parties; leaves of absence; increased security and monitoring of certain areas of campus; or other similar measures tailored to the individualized needs of the parties and appropriate to the situation.

Informal Resolution

Informal resolution may be appropriate when the conduct involved is not serious or repetitive, disciplinary action is not required, and the parties request a mediated agreement to resolve the concern. No formal investigation is involved in the informal resolution process.

A request for informal resolution should be made to the Office of the Institutional Equity & Access for a determination whether the complaint is eligible for informal resolution. Strategies for informal resolution may include, but are not limited to: mediating the dispute with the parties; modifying the environment in which the incident occurred; assisting a department or division with the resolution of a real or perceived problem; arranging a documented meeting with the respondent that

involves a discussion of the applicable university policy and the perceived conduct; or if all parties are willing, the Office of Institutional Equity & Access may arrange for a facilitator to help resolve the problem through a facilitated conversation, mediation, or restorative process.

The admission of any conduct by the respondent in the course of an informal resolution may be considered in any future proceeding or investigation, if such admission is either relevant to the subsequent proceeding or investigation, or demonstrates a pattern or practice of behavior.

The informal resolution process should be completed within 30 days from receipt of a request for informal resolution. Following the informal resolution process, a complainant may still choose to pursue a formal investigation using the formal investigation process outlined below, so long as both processes are utilized in good faith.

Formal Investigation Process

1. An investigation will be initiated by the Office of Institutional Equity & Access if the complaint is complete and timely, falls within the scope of this procedure, and articulates sufficient facts that, if determined to be true, would support a finding that a UT Southwestern policy covered by this procedure was violated. An investigation may also be initiated by the Office of Institutional Equity & Access if the office receives sufficient information from any source other than the complainant that indicates that some form of discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct has occurred in violation of a University policy covered by this procedure. When a complainant is either absent or unwilling to participate in the investigation, the Office of Institutional Equity & Access will determine how to best resolve the concern on a case-by-case basis.
2. The Office of Institutional Equity & Access may determine that a complaint will not be investigated when:
 - a. it is submitted more than 300 calendar days after the last alleged act of discrimination, harassment, retaliation, sexual harassment, or other sexual misconduct;
 - b. the complainant withdraws the complaint;
 - c. appropriate remedial action has already been taken, or has been offered and rejected;
 - d. another internal complaint resolution process is more appropriate;
 - e. another internal complaint resolution process is pending or has already been completed;
 - f. the complainant declines to cooperate in the investigation or otherwise fails to describe in sufficient detail the conduct that is the basis of the complaint; or
 - g. the complaint is based on allegations that, even if determined to be true, would not support a finding that a violation of any UT Southwestern policy occurred.
3. Within 14 business days of receipt of the complaint, the Office of Institutional Equity & Access will notify the complainant in writing whether it will be investigated. If the complaint will not be investigated, the notice will provide the reason. If the Office of Institutional Equity & Access determines that a complaint will not be investigated, parties receiving notice of that decision may appeal that decision to the Assistant Vice President of Institutional Equity & Access in accordance with the "Appeals" section, below.
4. The Office of Institutional Equity & Access will appoint an appropriate investigator to review the complaint. The investigator will interview the complainant, the respondent, and any other persons who may have relevant information. The complainant and the respondent will have an equal opportunity to suggest witnesses for the investigator to interview. The methods used to conduct the investigation are solely within the discretion of the investigator. Neither the complainant nor the respondent or their advisors, if any, may participate in interviews. The investigator will also gather and examine relevant

documents; the complainant and the respondent will have an equal opportunity to present any documents or other information they believe to be relevant to the investigation.

5. All investigations should be completed within 60 days of receipt of a complaint. If the investigator anticipates that an investigation will take longer than 60 calendar days, the investigator must provide a written explanation for the delay and an estimated completion date to the complainant, the respondent, and the Assistant Vice President of Institutional Equity & Access.

Findings, Reports, and Recommendations

1. Investigative findings of fact will be based on a preponderance of the evidence standard, which means based on the greater weight of the credible evidence it is more likely than not a particular fact occurred. The investigator may also consider the context of the conduct; the conduct's severity and frequency; and whether the conduct was physically threatening, humiliating, or simply offensive in nature to a reasonable person.
2. The investigator will prepare a final report that summarizes the investigation conducted, the facts presented, and the investigator's findings and recommendations and will submit the report to the Director of Equal Opportunity, or the Director's designee.
3. The Director of Equal Opportunity or the Director's designee will submit a written decision to the complainant and respondent within 14 days of receipt of the investigator's final report.

Appeals

The parties may appeal a final investigation outcome in writing to the Assistant Vice President of Institutional Equity & Access within five (5) business days of receipt of the decision being appealed. Appeals are limited to the following grounds:

1. A procedural irregularity affected the outcome;
2. There is new evidence that was not reasonably available at the time that could affect the outcome; and
3. The investigator had a conflict of interest or bias that affected the outcome.

Any other grounds for appeal will not be considered. An appeal will not generate a new investigation.

Upon receipt of an appeal, the Assistant Vice President of Institutional Equity & Access will provide a copy to the non-appealing party (which may be the investigator) and an opportunity to respond in writing. The Assistant Vice President of Institutional Equity & Access may, at their discretion, meet with the parties individually to discuss the appeal. If a meeting is held with the complainant, it will also be held with the respondent (or the investigator if applicable). The Assistant Vice President of Institutional Equity & Access will issue a written decision regarding the appeal to all parties within 30 calendar days of receipt of the appeal. The decision of the Assistant Vice President of Institutional Equity & Access is final with respect to all issues covered by this procedure.

Provisions Applicable to the Informal Resolution and Formal Complaint Processes

1. **Advisor.** During the investigation process, the complainant(s) and the respondent(s) may designate and thereafter be accompanied by an advisor of their choosing at meetings and interviews at which that complainant or respondent is present; however, no advisor may examine witnesses or otherwise actively participate in a meeting or interview. An individual may only have one advisor present at a time. The advisor may not be a party or witness in the case and may not have firsthand knowledge of the facts surrounding the complaint. Parties choosing to be accompanied at meetings or interviews with an advisor must notify the Office of Institutional Equity & Access in writing and in advance, providing the name of the advisor and whether the advisor is an attorney. If the advisor to the complainant or respondent is an attorney, the investigator will be entitled to be represented by an attorney in the Office of the Vice President for Legal Affairs.

2. Interference with an Investigation. Any person who interferes with an investigation conducted under this procedure is subject to disciplinary action up to and including dismissal or non-renewal of appointment. Interference with an ongoing investigation may include, but is not limited to:
 - a. Attempting to coerce, compel, or prevent an individual from providing testimony or relevant information;
 - b. Removing, destroying, or altering documentation relevant to the investigation; or
 - c. Knowingly providing false or misleading information in the course of an investigation or disciplinary proceeding.
3. Effect on Pending Personnel Actions. The filing of a complaint covered by this procedure will not stop or delay any evaluation or disciplinary action related to the complainant who is not performing up to acceptable standards or who has violated University rules or policies.
4. Time limitations in these procedures may be modified at the discretion of the Assistant Vice President of Institutional Equity & Access.
5. Relationship of Complaint Process to Outside Agency Time Limits. The filing of an internal complaint under this policy does not impact any time limits of outside agencies (e.g., EEOC or TWC).
6. Required Reporting. Under state law and UT Southwestern policy, if a Responsible Employee knowingly fails to report all information concerning any incident the employee reasonably believes constitutes stalking, dating violence, domestic violence, sexual assault, sexual harassment, or sexual misconduct committed by or against a student or employee at the time of the incident, the employee is subject to disciplinary action including termination. For purposes of determining whether a Responsible Employee is required to report, the definition of sexual harassment under state law is broader and is defined as:

Unwelcome, sex-based verbal or physical conduct that:

- a. in the employment context, unreasonably interferes with a person's work performance or creates an intimidating, hostile, or offensive work environment; or
- b. in the education context, is sufficiently severe, persistent, or pervasive that the conduct interferes with a student or trainee's ability to participate in or benefit from educational programs or activities at UT Southwestern.

Confidential Employees, as defined below, who receive information regarding incidents of sexual harassment, sexual assault, dating violence, stalking, or other sexual misconduct committed by or against a UT Southwestern student, resident or employee at the time of the incident are required to report the **type of incident** to the Title IX Coordinator or Deputy Coordinator. Confidential Employees may not include any information that would violate a student's, resident's, or employee's expectation of privacy. The Confidential Employee's duty to report an incident under any other law also applies.

Please refer to [ETH-154 Sexual Harassment and Sexual Misconduct](#) for a complete description of state law reporting obligations.

7. Parties and witnesses are not allowed to make an audio or video recording of any investigation meeting or interview and may not record in-person, telephone, or virtual conversations.
8. Criminal or civil proceedings may continue concurrently with the informal resolution and formal investigation processes outlined herein. Criminal or civil justice investigations, proceedings, findings, or outcomes are not determinative of either the procedures described herein or any UT Southwestern disciplinary procedures. UT Southwestern will not wait for police investigations or criminal or civil justice proceedings to be completed before taking action under this procedure, as UT Southwestern has an independent duty to respond to complaints of sex discrimination. At the request of law enforcement, UT Southwestern may delay its investigation until after the initial stages of a criminal investigation are

completed. In that event, UT Southwestern will keep the complainant informed regarding the status and implementation of appropriate interim measures and will promptly resume its fact-gathering as soon as law enforcement has completed its initial investigation. If law enforcement does not complete its initial investigation in a reasonable time, the University may move forward.

Confidentiality and Documentation

UT Southwestern has great respect for the sensitive nature of the subject matter covered by this policy and for the privacy of the parties involved. However, UT Southwestern also has an obligation to maintain an environment free from discrimination. In making determinations regarding requests for confidentiality, requests that UT Southwestern not conduct an investigation, and/or the disclosure of identifying information to the respondent, UT Southwestern will attempt to find the right balance between the complainant's desire for privacy and the responsibility to provide an environment free from discrimination, harassment, retaliation, sexual harassment, and other sexual misconduct. If the complainant requests that his or her name or other identifiable information not be revealed, UT Southwestern will evaluate that request in the context of UT Southwestern's responsibility to provide a safe and nondiscriminatory environment. UT Southwestern may weigh the complainant's request for confidentiality against multiple factors, including but not limited to: the seriousness of the alleged misconduct; whether there have been other complaints about the same individual; the respondent's right to receive information about the allegations in accordance with federal and state law; whether the alleged incident poses a risk of harm to others or the campus; and any other factors the University deem relevant. If the complainant requests the University not to investigate, the Office of Institutional Equity & Access must inform the complainant of the decision in writing.

The Office of Institutional Equity & Access will document the complaint, any administrative or informal resolution, the investigation process, and the outcome, and will retain copies of all materials in accordance with applicable law and UT Southwestern policy. All documentation must be retained separately from complainants' and respondents' official UT Southwestern files (e.g., personnel file, resident file, application file, etc.) and will be released only in compliance with applicable law and UT Southwestern policy.

DEFINITIONS

Complainant – the individual who presents as the victim of any prohibited conduct under a UT Southwestern policy covered by this procedure, regardless of whether that individual personally made the report, brought a formal complaint, or requested a resolution.

Confidential Employees – counselors or other providers in Student Wellness and Counseling, the Resident Counseling and Wellness Center, and the Employee Assistance Program; members of the Student Assistance Committee (SAC) who learn information about an incident during confidential SAC proceedings; a health care provider in Student Health; and members of the clergy. Additionally, employees who receive information regarding an incident of sexual misconduct under circumstances that render the employee's communications confidential or privileged under other law (such as attorneys and health care providers in the course of providing treatment) are also considered "Confidential Employees."

Note: Under state law and University policy, Confidential Employees who receive information regarding incidents of sexual harassment, sexual assault, dating violence, stalking, or other sexual misconduct committed by or against a student, resident, or employee of the University, are required to report the **type of incident** to the Title IX Coordinator or a Deputy Coordinator. Confidential Employees may not include any information that would violate a student's, resident's, or employee's reasonable expectation of privacy. The Confidential Employee's duty to report an incident under any other law also applies.

Consent – a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity. Consent to one act does not imply consent to another. Past consent does not imply future consent. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another. Consent can be

withdrawn at any time. Any expression of an unwillingness to engage in any instance of sexual activity establishes a presumptive lack of consent.

Consent is absent if it results from: (a) the use of physical force, (b) a threat of physical force, (c) intimidation, (d) coercion, (e) incapacitation, or (f) any other factor that would eliminate an individual's ability to exercise his or her own free will to choose whether or not to have sexual activity.

A current or previous dating or sexual relationship, by itself, is insufficient to constitute consent. Even in the context of a relationship, there must be a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity.

The definition of consent for the crime of sexual assault in Texas can be found in Section 22.011(b) of the Texas Penal Code.

Dating Violence – violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined by the victim with consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship. Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse. It does not include domestic violence.

Domestic (Family) Violence – includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the domestic or family violence laws of the state of Texas, including the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who:

- a. Is a current or former spouse or intimate partner of the victim, or a person similarly situated to a spouse of the victim;
- b. shares a child in common with the victim;
- c. is cohabitating with or has cohabitated with the victim as a spouse or intimate partner; or
- d. commits acts against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the state of Texas.

Discrimination – conduct directed at an individual or group of individuals that adversely affects their employment, education, or training, or participation in UT Southwestern activities because of race, color, religion, sex, age, national origin, disability, genetic information, protected veteran status, citizenship status, sexual orientation, gender identity, or gender expression.

Economic Abuse – behavior that is coercive, deceptive, or unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to:

- a. restrict a person's access to money, assets, credit, or financial information;
- b. unfairly use a person's personal economic resources, including money, assets, and credit, for one's own advantage; or
- c. exert undue influence over a person's financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.

Harassment – a form of prohibited discrimination that involves unwelcome conduct directed at an individual or a group of individuals because of race, color, religion, sex, age, national origin, disability, genetic information, protected veteran status, citizenship status, sexual orientation, gender identity, or gender expression; and such conduct is sufficiently severe, pervasive,

or persistent as to interfere with academic or work performance or create an environment that would be intimidating, hostile, or offensive to a reasonable person.

Hostile Environment – exists when harassment is sufficiently severe or pervasive to deny educational opportunities, interfere with an individual’s work, or limit an individual’s ability to participate in UT Southwestern programs or activities. A hostile environment can be created by anyone involved in a UT Southwestern program or activity (e.g., administrators, faculty members, employees, students, vendors, patients, and visitors). To conclude that conduct created or contributed to a hostile environment, the conduct must create an environment that would be intimidating, hostile, or offensive to a reasonable person. A single instance, if sufficiently severe, may be sufficient to create a hostile environment (e.g., sexual assault). Likewise, a series of incidents may be sufficient even if the harassment is not particularly severe.

Intimidation – unlawfully placing another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack.

Other Sexual Misconduct – means conduct of a sexual nature that does not rise to the level of Sexual Harassment as defined by this policy or Title IX Sexual Harassment, but is unprofessional, inappropriate for the workplace or educational environment, and is not protected speech. Other Sexual Misconduct may include but is not limited to: (a) unwelcome sexual advances including explicit or implicit proposition(s) of sexual contact or activity; (b) requests for sexual favors; (c) gratuitous comments about an individual’s sexual activities; (d) gratuitous comments, jokes or questions of a sexual nature about physical appearance; (e) unwanted sexual or romantic attention; (f) exposure to sexually suggestive material such as photographs, emails, or websites; (g) humiliation or intimidation on the basis of sex; (h) unwelcome touching of a sexual nature; (i) deliberate physical interference with or restriction of movement; or (j) sexual exploitation. Other Sexual Misconduct that is consensual (e.g., telling sexual jokes or stories between willing participants who are not offended) may violate this policy if such behavior is inappropriate in the academic medical center setting. Depending on the facts of a complaint, the conduct may not proceed as an equal opportunity complaint under ETH-151P-01, but may be referred for appropriate action under other university policies or procedures, including but not limited to employee or student discipline, standards of conduct, or professionalism policies.

Resident – for the purposes of this policy, any physician in any Graduate Medical Education program at UT Southwestern, including interns, residents, fellows, non-ACGME clinical fellows, and subspecialty residents.

Respondent – the individual who has been accused of engaging in conduct that is prohibited by a UT Southwestern policy covered by this procedure.

Responsible Employee – A University employee who has the duty to report incidents of and information reasonably believed to be sexual harassment, sexual assault, dating violence, domestic violence, stalking, or other sexual misconduct committed by or against a student, resident, or employee to the Title IX Coordinator. All UT Southwestern employees are Responsible Employees except Confidential Employees, as defined above. Responsible Employees include all officials, administrators, faculty, staff, academic advisors, mentors, etc. Responsible Employees must promptly report all known information concerning the incident to the Title IX Coordinator, and must include whether a complainant has expressed a desire for confidentiality in reporting the incident. Responsible Employees do not include individuals who hold positions in which student or trainee status is a requirement for the position held (e.g., student employees, student interns, graduate student researchers, postdoctoral researchers, graduate medical education trainees, or individuals appointed to academic training titles); however, these individuals are strongly urged to report in accordance with ETH-154.

Retaliation – a form of prohibited discrimination that includes any action adversely impacting the employment, education, training, or institutional status of an individual, or in any other manner harassing or discriminating against an individual, because they opposed a discriminatory practice, filed a complaint or charge of discrimination, or testified for, assisted with, or participated in an investigation or other proceeding relating to discrimination. Based on the factual allegations, examples of retaliation may include, but are not limited to: denial of promotion; non-selection/refusal to hire; denial of job benefits;

demotion; suspension; discharge; or other adverse treatment that is likely to deter reasonable people from complaining about discrimination. Adverse actions do not include petty slights and annoyances, such as stray negative comments in an otherwise positive or neutral evaluation, "snubbing" a colleague in a greeting, or negative comments that are justified by an employee's poor work performance or history.

Sexual Assault¹ – a form of sexual violence that includes any offense that meets the definition of rape, fondling, incest, or statutory rape:

- a. *Rape*: The causing of penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
- b. *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his or her age or because of his or her temporary or permanent mental incapacity.
- c. *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- d. *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.

Sexual Harassment – for purposes of using this procedure to investigate and resolve complaints under ETH-154 means unwelcome conduct of a sexual nature including but not limited to unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of a person's education or participation in UT Southwestern activities; or (2) such conduct is sufficiently severe or pervasive that it interferes with an individual's employment or participation in UT Southwestern activities, or creates an objectively hostile environment as defined in this policy. Sexual harassment is a form of prohibited sex discrimination that includes:

1. Physical conduct, including but not limited to:
 - a. unwelcome intentional touching;
 - b. deliberate physical interference with or restriction of movement; or
 - c. exposure to sexually suggestive visual displays such as photographs, graffiti, posters, calendars, or other materials.
2. Verbal conduct including but not limited to:
 - a. explicit or implicit propositions to engage in sexual activity;
 - b. gratuitous comments, jokes, questions, anecdotes, or remarks of a sexual nature about clothing or bodies;
 - c. gratuitous remarks about sexual activities or speculation about sexual experiences;
 - d. persistent, unwanted sexual or romantic attention;

¹ Sexual Assault is defined by Texas Penal Code, Section 22.011 as intentionally or knowingly:

- a) Causing the penetration of the anus or sexual organ of another person by any means, without that person's consent; or
- b) Causing the penetration of the mouth of another person by the sexual organ of the actor, without that person's consent; or
- c) Causing the sexual organ of another person, without that person's consent, to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor.

- e. subtle or overt pressure for sexual favors; or
- f. deliberate, repeated humiliation or intimidation based upon sex.

Whether conduct is sexual in nature will be determined by examining the totality of the circumstances, whether a reasonable person subjected to the conduct would construe the conduct as sexual in nature, and whether the individual subject to the conduct construed it as sexual in nature.

Stalking² – engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. For the purposes of this definition:

1. *Course of conduct* means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person’s property.
2. *Reasonable person* means a reasonable person under similar circumstances and with similar identities to the victim.
3. *Substantial emotional distress* means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

Student – for the purposes of this policy, an individual, who is enrolled and in attendance at the UT Southwestern Medical School, School of Health Professions, or Graduate School of Biomedical Sciences, including postdoctoral scholars appointed to academic training positions.

Technological Abuse – an act or pattern of behavior that occurs within sexual assault, domestic violence, dating violence, or stalking, and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, camera and imaging programs, apps, location tracking devices, communication technologies, or any other emerging technologies.

Title IX Sexual Harassment – Conduct on the basis of sex that satisfies one or more of the following:

- a. Quid pro quo: an employee conditioning the provision of an aid, benefit, or service of UT Southwestern on an individual’s participation in unwelcome sexual conduct;

² Stalking as defined by Texas Penal Code, Section 42.072 is when an individual on more than one occasion and pursuant to the same scheme or course of conduct that is directed specifically at another person, knowingly engages in conduct that:

- a) is considered harassment, or that the actor knows or reasonably should know the other person will regard as threatening:
 - i) bodily injury or death for the other person;
 - ii) bodily injury or death for a member of the other person's family or household or for an individual with whom the other person has a dating relationship; or
 - iii) that an offense will be committed against the other person's property;
- b) causes the other person, a member of the other person's family or household, or an individual with whom the other person has a dating relationship to be placed in fear of bodily injury or death or in fear that an offense will be committed against the other person's property, or to feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended; and
- c) would cause a reasonable person to:
 - i) fear bodily injury or death for himself or herself;
 - ii) fear bodily injury or death for a member of the person's family or household or for an individual with whom the person has a dating relationship;
 - iii) fear that an offense will be committed against the person's property; or
 - iv) feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended.

- b. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the UT Southwestern’s education programs or activities; or
- c. “Sexual assault,” “dating violence,” “domestic violence,” or “stalking” as defined by [ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#).

REFERENCES

Board of Regents’ *Rules and Regulations*, Rule 10701: Policy Against Discrimination

UT System Systemwide Policy UTS 105 Sexual Orientation Nondiscrimination Policy

UT System Systemwide Policy UTS 131 Protection from Retaliation for Reporting Suspected Wrongdoing

[EDU-103 Reasonable Accommodations for Qualified Applicants and Learners with Disabilities](#)

[EMP-351 Discipline and Dismissal of Classified Employees](#)

[EMP-351P-01 Appealing Disciplinary Actions](#)

[EMP-401 Employee Grievances](#)

[EMP-401P-01 Procedure for Resolving a Grievance](#)

[ETH-151 Equal Opportunity](#)

[ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#)

[ETH-153 Title IX Sexual Harassment: Formal Grievance Policy](#)

[ETH-154 Sexual Harassment and Sexual Misconduct](#)

[SEC-156 Violence on Campus](#)

Americans with Disabilities Act of 1990 (As Amended)

Age Discrimination Act of 1975 (As Amended)

Age Discrimination in Employment Act of 1967 (As Amended)

Texas Labor Code Chapter 21

Section 504 of the Rehabilitation Act of 1973

Title VII of the Civil Rights Act of 1964 (As Amended)

Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681

Immigration and Nationality Act (INA), 8 U.S.C. § 1324b

Vietnam Era Veterans' Readjustment Assistance Act of 1974 (As Amended)

Genetic Information Nondiscrimination Act of 2008

CONTACT/FOR FURTHER INFORMATION

Office of Institutional Equity & Access 214-648-4343

UT SOUTHWESTERN POLICY HANDBOOK

EMP-266 LEAVE OF ABSENCE WITHOUT PAY

CHAPTER 9: EMPLOYEES

CONTENTS

Policy Link
Policy Rationale and Text
Scope
Procedures
Responsibilities
Definitions
Related Statutes
Exceptions
Forms, Tools, Online Processes
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Human Resources
Executive Sponsor: Vice President for Human Resources
Effective Date: 01/31/1998
Last Updated: 04/16/2021
Contact: policyoffice@utsouthwestern.edu

POLICY LINK

To ensure appropriate access when sharing or linking to this policy, *copy and paste* this URL:

<https://secure.compliance360.com/ext/XNXAFy1eeYBk44Zpq0ouA==>

POLICY RATIONALE AND TEXT

When an employee who has exhausted all available, applicable leave accruals is absent from work, UT Southwestern is under no obligation to grant that employee leave (even leave without pay) for absences related to illness, injury, or other reasons, unless the employee applies for, is eligible for, and is granted leave under this policy or:

1. applicable disability policies or laws (see [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#));
2. the Family and Medical Leave Act (FMLA) of 1993 (see [EMP-256 Family and Medical Leave](#));
3. applicable military leave policies or laws (see [EMP-259 Military Leave](#) and [EMP-260 Reemployment Rights for Extended Military Service](#)); or
4. other applicable leave policies or laws (see [EMP-258 Emergency Leave \(Including Bereavement Leave\)](#), [EMP-264 Voting Leave](#), [EMP-263 Jury Service and Other Court Duties](#), [EMP-265 Other Available Leave](#), or [EMP-257 State Parental Leave](#)).

If determined to be in the best interests of UT Southwestern, an eligible employee may be approved to take a leave of absence without pay for certain qualifying reasons in accordance with this policy.

An employee who is approved for a leave of absence without pay must be returned to the same or a comparable position at the conclusion of the leave period, except that the employee will have no greater right to reinstatement than the employee would have had if they had not taken leave without pay. While an employee is on an approved leave of absence without pay, the employing department may hire a temporary replacement; however, they must ensure that the same or a comparable position is available upon the employee's return. Decisions regarding leave without pay and return to work will take into consideration financial and operational constraints, applicable UT Southwestern policies, the *Rules and Regulations* of the University of Texas System's Board of Regents, and applicable state and federal laws.

Exhaustion of Paid Leave Generally Required

Except when an employee is under disciplinary suspension, on approved military leave, or on approved FMLA and receiving workers' compensation income benefits or temporary disability benefits, the employee must exhaust all available, applicable paid leave accruals before a period of leave without pay under this policy will be approved. Employees who are on approved military leave or who are receiving workers' compensation or short or long term disability income benefits do not have to exhaust all paid leave accruals prior to taking a leave of absence without pay. The requirement that employees exhaust all paid leave accruals before being placed on leave without pay also does not apply to paid leave accruals that an employee is not eligible to use (e.g., an employee who earned paid leave accruals while on approved leave under other policies, but who has not returned to work). The Leave Administration Division ("Leave Administration") is responsible for determining whether the eligibility requirements in this paragraph have been met.

Qualifying Reasons

A leave of absence without pay may be granted for personal reasons, professional development, public service, or for other activities that reflect credit on UT Southwestern and enhance an employee's ability to make subsequent contributions to UT Southwestern.

Duration

A leave of absence without pay may be granted for a period of up to a maximum of 12 months and will be limited to the period remaining within the fiscal year during which the request is submitted. If the leave period is less than 12 months due to the end of the fiscal year, an employee may submit a request to extend the leave without pay for a combined period not to exceed 12 months. Any request to extend leave without pay must be submitted at least 30 days before the initial approved leave period expires, otherwise the approval of the request may be delayed or denied.

Except in unusual circumstances, and only in the best interests of UT Southwestern, consecutive years of leave without pay will not be approved (see Exceptions).

An employee must return to duty for one year (12 continuous months) after a leave of absence without pay to be eligible to apply for another leave of absence without pay.

Separation of Employment When Leave Not Approved

When an employee has exhausted all approved leave the employee was granted under law or UT Southwestern policies and/or any request(s) submitted by the employee for additional leave have been denied, and the employee has not returned to work, the employee may be subject to administrative separation of employment. Unless otherwise indicated, any employee administratively separated pursuant to this section will be eligible for re-hire and may apply for any posted position for which they qualify.

SCOPE

This policy applies to all UT Southwestern employees who are appointed for at least 20 hours per week for a period of at least four and one-half (4 ½) months, except for students employed in positions for which student status is a condition of employment. This policy does not apply to faculty development leaves of absence (see [FAC-502 Faculty Development Leaves of Absence](#)).

PROCEDURES

1. Supervisors or managers have the authority to approve a leave of absence without pay lasting three (3) or fewer consecutive work days or shifts in the same pay period without submitting a formal request under this policy. Supervisors and managers must fairly and consistently handle leave requests under this paragraph and accurately record all leave taken. The “Exhaustion of Paid Leave Generally Required” section of this policy also applies to short-term leave without pay taken under this paragraph.
2. For employees needing a leave of absence without pay lasting more than three (3) consecutive work days or shifts, supervisors or managers must contact the Leave Administration Division or the Employee Relations Division of the Office of Human Resources for guidance.
3. A leave of absence without pay is generally a last resort. Supervisors and managers should confer with the Office of Human Resources to determine if all other available options have been considered first (e.g., requesting leave under other policies or as a reasonable accommodation due to disability).

Request and Approval Process

1. An employee must submit a written request no more than 30 days prior to a leave of absence without pay to their immediate supervisor.
2. The request should state the reason for the leave, the expected duration, and the employee’s intent to return to work.
3. If the immediate supervisor approves, they will submit the request to the department head, chair, or administrative equivalent, who will review the facts and circumstances of the request, such as operational needs, fiscal constraints, the employee’s job responsibilities, and the employee’s past performance, to recommend whether the request should be granted or denied. If the immediate supervisor does not approve the leave without pay request, the supervisor should communicate the denial to the employee.
4. The department head, chair, or administrative equivalent will submit the request along with their recommendation to the Dean of the applicable school, the Vice President over the department, or administrative equivalent.
5. If the request is approved at all levels, the request must be forwarded to the Office of Human Resources, Leave Administration Division.
6. The Leave Administration Division will review the request and determine if all eligibility requirements are met. If the employee is not eligible for a leave of absence without pay under this policy, Leave Administration will deny the request. If the employee is eligible, Leave Administration will submit the request and all supporting information to the Vice President for Human Resources or designee with a recommendation to approve or deny the request.
7. The Vice President for Human Resources or designee will make the final decision and notify the Leave Administration Division.

8. Leave Administration will notify the employee and the employee's supervisor within 10 business days of the receipt of the request.
9. When a request for a leave of absence without pay has been approved, the employing department, clinic, or unit must contact the Human Resources Information Systems (HRIS) Service Center to remove the employee from the payroll. The employing department, clinic, or unit must also notify the HRIS Service Center when the employee returns to work from a leave of absence without pay so that the employee can be returned to the payroll.

Effect of Leave on Benefits

1. Before beginning the leave of absence without pay, the employee must arrange to pay the monthly premiums for group insurance coverage or other voluntary benefits, which may otherwise be subject to cancellation.
2. When an employee returns to work to a benefits-eligible position, it is the employee's responsibility to contact a benefits representative to determine enrollment in the insurance plans and verify coverage levels held before the leave.
3. A full or partial calendar month during which an employee is on leave without pay does not constitute a break in service, in accordance with state law.
4. Except in the case of an employee returning to state employment from military leave without pay, any full calendar month in which the employee is on leave without pay will not be counted in calculating his or her total state service credit for the purposes of vacation or longevity pay entitlement.
5. An employee does not earn vacation or sick leave during any full calendar month in which the employee is on leave without pay, and an employee is not entitled to holiday pay while on such leave.

RESPONSIBILITIES

Department – Coordinates with the Office of Human Resources in managing employee requests for leave without pay of more than three (3) consecutive work days or shifts; timely submits all necessary documentation in connection with employee leave requests; contacts the HRIS Service Center to remove an employee who has been granted a leave of absence without pay from the payroll; notifies the HRIS Service Center to return an employee to the payroll when they return to work from a leave of absence without pay.

Employee – Timely notifies supervisor (or other designated individual) of all scheduled and unscheduled absences; complies with all deadlines and requirements in submitting requests for leaves of absence; submits requests for a leave of absence without pay no more than 30 days prior to the requested leave; maintains monthly premiums for group insurance coverages during any leave of absence without pay.

Leave Administration Division – Coordinates with the department in managing employee absences of more than three (3) consecutive work days or shifts; reviews requests for a leave of absence without pay; submits a recommendation to grant or deny a leave of absence without pay to the Vice President for Human Resources or their designee; notifies the employee and their supervisor of the final decision to grant or deny a leave of absence without pay; and maintains records of all employees granted a leave of absence without pay in accordance with this policy.

DEFINITIONS

Personal Reasons include but are not limited to compelling needs related to personal or family matters; for the employee's own illness, injury, pregnancy when the employee does not qualify for leave under other UT Southwestern policies; or for the provision of care for members of an employee's immediate family as defined in [EMP-253 Sick Leave](#).

Professional Development includes but is not limited to undergraduate or graduate study, fellowships, employment with another governmental agency under an interagency or intergovernmental agreement, or other educational purposes that increase the effectiveness or professional productivity of the employee.

Public Services includes but is not limited to political activity subject to The University of Texas Board of Regents' *Rules and Regulations*, Rule 30103: Standards of Conduct and service to charitable organizations.

RELATED STATUTES, REQUIREMENTS, OR STANDARDS

Texas Government Code Sec. 661.909

UT System Board of Regents' *Rules and Regulations*, Rule 30201: Leave Policies

[EMP-253 Sick Leave](#)

[EMP-256 Family and Medical Leave](#)

[EMP-257 State Parental Leave](#)

[EMP-258 Emergency Leave \(Including Bereavement Leave\)](#)

[EMP-259 Military Leave](#)

[EMP-260 Reemployment Rights for Extended Military Service](#)

[EMP-263 Jury Service and Other Court Duties](#)

[EMP-264 Voting Leave](#)

[EMP-265 Other Available Leave](#)

[ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#)

[FAC-502 Faculty Development Leaves of Absence](#)

EXCEPTIONS

A second consecutive year's leave of absence without pay will be granted only in very unusual circumstances and requires renewed approvals as described for the first year, as appropriate, and the approval of the Vice President for Human Resources or his or her designee. The employee must file a request for this leave in writing 30 days before the end of the initial leave period, otherwise the request may be delayed or denied.

A third consecutive year's leave of absence without pay will be granted only in the most unusual circumstances. Requests for a third consecutive year's leave of absence without pay must be reviewed and recommended by the President or his or her designee and then approved by the Executive Vice Chancellor for Health Affairs of the University of Texas System. The employee must file a request for this leave in writing 45 days before the end of the current leave period, otherwise the request may be delayed or denied.

FORMS, TOOLS, ONLINE PROCESSES

A Leave of Absence Without Pay Request Form

CONTACTS/FOR FURTHER INFORMATION

Office of Human Resources, Leave Administration Division 214-648-9840

POLICY HISTORY

April 16, 2021: Completed scheduled review; updated policy as necessary.

April 30, 2019: Added a response time of 10 business days for Leave Administration to respond to faculty and non-faculty employee requests.

April 9, 2018: Added genetic information to the nondiscrimination statement in #4 of the “Qualifying Reasons and UT Southwestern Considerations” section of the Procedures.

October 13, 2016: Changed WCI/Leave Administration Division to Leave Administration Division. Administration of WCI (Workers Compensation Insurance) has been moved to the Office of Safety and Business Continuity.

November 2, 2015: In the section “Separation of Employment When Leave Not Approved,” removed the requirement for 31 days of absence.

January 19, 2013: In the section “Separation of Employment When Leave Not Approved,” changed the applicable time period of “31 consecutive calendar days” to “31 calendar days.”

August 23, 2011: Transferred HR Policy Memorandum 7.110 Leave of Absence Without Pay and HR Policy Memorandum 7.070 Extended Leave of Absence Without Pay to online *Handbook* as EMP-266 Leave Without Pay; superseded 5.5.12.

September 1, 1998: Posted HR Policy Memorandum 7.110, Leave of Absence Without Pay and HR Policy Memorandum 7.070 Extended Leave of Absence Without Pay.

January 1998: Published as 5.5.12 Unpaid Leave.

UT SOUTHWESTERN POLICY HANDBOOK

EMP-256 FAMILY AND MEDICAL LEAVE

CHAPTER 9: EMPLOYEES

CONTENTS

Policy Link
Policy Rationale and Text
Scope
Procedures
Responsibilities
Definitions
Related Statutes
Forms, Tools, Online Processes
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Human Resources
Executive Sponsor: Vice President for Human Resources
Effective Date: 01/31/1998
Last Updated: 04/18/2023
Contact: policyoffice@utsouthwestern.edu

POLICY LINK

To ensure appropriate access when sharing or linking to this policy, *copy and paste* this URL:

https://secure.compliance360.com/ext/i4sJSU_w1JM1uS4Faf7D_w==

POLICY RATIONALE AND TEXT

It is UT Southwestern policy to provide leave to eligible employees in accordance with the Family and Medical Leave Act of 1993, as amended (the "FMLA"), and its implementing regulations, 29 CFR Part 825. To the extent any FMLA implementing regulations conflict with this policy or its related procedures, the regulations should be followed.

Eligibility and Qualifying Reasons

Employees are eligible for FMLA leave if (a) they have worked for the State of Texas for at least 12 months and (b) they have worked at least 1,250 hours during the 12-month period immediately preceding the leave. The 12 months the employee must have worked for the State of Texas need not be consecutive months. However, periods of employment that precede a break in state service of seven (7) years or more do not count toward the 12-month requirement, unless (i) the break is due to the fulfillment of the employee's National Guard or Reserve military service obligations, or (ii) there is a written agreement stating the State of Texas's intent to re-employ the employee after the break.

FMLA leave may be granted to an eligible employee for one or more of the following qualifying reasons:

1. The birth of a son/daughter and care after such birth;
2. The placement with the employee of a son/daughter for adoption or foster care;

3. The employee's own serious health condition that makes the employee unable to perform the functions of the employee's position;
4. To provide care for the employee's spouse, parent, or son/daughter with a serious health condition;
5. A qualifying exigency arising out of the fact the employee's spouse, son/daughter, or parent is on covered active duty or has been notified of an impending call or order to covered active duty ("military exigency leave"); or
6. To provide care for a covered servicemember with a serious injury or illness if the employee is the servicemember's spouse, son/daughter, parent, or next of kin ("military caregiver leave").

Because it is UT Southwestern's responsibility to designate leave as FMLA leave, UT Southwestern may require complete, sufficient documentation from an employee to determine if the leave requested is for an FMLA qualifying reason. If UT Southwestern does not have the information necessary to determine if the leave requested is for an FMLA qualifying reason, UT Southwestern may deny the FMLA leave request.

Employees who are not eligible for FMLA leave under this policy may be eligible for leave for the birth, adoption, or placement of a child under [EMP-257 State Parental Leave](#). Employees who are not eligible for or who have exhausted FMLA leave under this policy may also be eligible for leave as a reasonable accommodation under [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#) or for unpaid leave under [EMP-266 Leave of Absence Without Pay](#).

Limits on FMLA Leave

1. Eligible employees may take up to 12 workweeks of leave during a 12-month period for all approved FMLA-qualifying reasons, unless a qualifying reason is military caregiver leave.
2. Employees taking military caregiver leave may take a combined total of 26 workweeks of leave during a 12-month period to care for the covered servicemember and for any other FMLA qualifying reason, but they may take no more than 12 of these 26 workweeks for qualifying reasons that do not involve care for a covered servicemember. Military caregiver leave is available to an eligible employee once for each serious injury or illness that a particular covered servicemember has. An eligible employee may also take military caregiver leave to care for more than one covered servicemember at the same time, but the employee is limited to a total of 26 workweeks of military caregiver leave in any 12-month period.
3. For military exigency leave due to short-notice deployment, employees may take up to seven (7) calendar days of leave beginning on the date that the military member is notified of an impending call or order to covered active duty.
4. For military exigency leave due to rest and recuperation, employees may take up to 15 calendar days for each instance of rest and recuperation leave, beginning on the date the military member commences each instance of rest and recuperation leave. FMLA leave for this reason must be taken while the military member is on rest and recuperation leave.

Calculating the 12-Month Period for FMLA Leave Entitlement

The 12-month period to take FMLA leave is measured forward from the date the employee first takes leave for a qualifying reason.

Manner of Taking FMLA Leave

FMLA leave may be taken all at once in a single continuous block of time or, in certain circumstances, intermittently or on a reduced schedule basis. When medically necessary, an employee may take intermittent leave or reduced schedule leave for his or her own serious health condition; to provide care for the employee's spouse, parent, or son/daughter with a serious health condition; or in connection with military caregiver leave. Military exigency leave may also be taken intermittently or on a reduced schedule, even if the leave is not medically necessary. However, when leave is taken after the birth of a healthy child or placement of a healthy child for adoption or foster care, an employee may take leave intermittently or on a reduced schedule only with the agreement of UT Southwestern.

If an employee normally works a part-time schedule or variable hours, the amount of leave to which an employee is entitled is determined on a pro rata or proportional basis. When an employee has requested foreseeable intermittent or reduced schedule leave, UT Southwestern may transfer the employee to an alternative position with equivalent pay and benefits if the employee is qualified for the position and if the position accommodates the recurring periods of leave better than the employee's current position.

Approval for outside employment, board service, or other activities is automatically suspended during the use of FMLA leave, and under no circumstances may an employee on FMLA leave engage in outside employment or outside board service as defined in [EMP-158 Outside Activities \(Including Outside Employment or Board Service\)](#) unless expressly, specifically authorized in writing by the Office of Human Resources.

Requirement to Use Applicable Leave Accruals or Other Compensatory Time

Employees must use all available and applicable leave accruals concurrently with FMLA leave, except for exempt employees taking occasional partial-day absences of less than four (4) hours with supervisor approval (see [EMP-251 Work Attendance and Leave Usage](#)).

When an employee exhausts all applicable paid leave or compensatory accruals, UT Southwestern will place the employee in a non-paid leave status. All leave taken for an FMLA-qualifying reason, paid or unpaid, will count toward the employee's FMLA leave entitlement. As an exception to this general rule, employees on FMLA leave who are receiving temporary disability benefits payments or workers' compensation income benefits are not required to use paid leave while on FMLA leave; however, the 12-week FMLA leave entitlement will run concurrently with these benefits.

Health Insurance Coverage, Other Coverages, and Premium Payments

When an employee is on FMLA leave, UT Southwestern will continue the employee's group health insurance coverage as if the employee were not on FMLA leave, with the employee responsible for continuing any normal employee contributions. Employees will be responsible for payment of premiums for all other voluntary benefits during FMLA leave.

Reinstatement Following FMLA Leave

On return from an approved FMLA leave, an employee generally will be returned to the same position the employee held when the leave started or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment. An employee is entitled to such reinstatement even if the employee has been replaced or his or her position has been restructured to accommodate the employee's absence. The Office of Human Resources determines whether a position is equivalent to the one held before the approved FMLA.

An employee has no greater right to reinstatement or to other benefits or conditions of employment than if the employee had been continually employed during the FMLA leave period. UT Southwestern may deny reinstatement if UT Southwestern can show the employee would not otherwise have been employed at the time reinstatement is requested (e.g., the position is subject to a legitimate reduction-in-force action, the employee is unable to perform an essential function of the position because of a physical or mental condition, the employee fraudulently obtains FMLA leave, etc.). If an employee gives unequivocal notice of intent not to return to work, UT Southwestern is no longer obligated to restore the employee to his or her position or maintain health benefits (subject to COBRA requirements).

If an employee is unable to perform an essential function of his or her position because of a physical or mental condition, including the continuation of a serious health condition or an injury or illness also covered by workers' compensation, the employee has no right to restoration to another position under the FMLA. An employee seeking to return to work following an approved FMLA leave due to the employee's own serious health condition who may need reasonable accommodation should submit a Formal Request for Accommodation to the Office of Institutional Equity & Access in the manner provided by [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#).

Interference, Discrimination, and Retaliation Prohibited

Employees who exercise their FMLA rights are entitled to do so without restraint, and UT Southwestern prohibits interference with, restraint of, or denial of any person's exercise or attempted exercise of any FMLA right. Any employee who disciplines, discharges, or otherwise discriminates or retaliates against an individual for having exercised or attempted to exercise any FMLA right, for instituting any complaint or proceeding under or related to the FMLA, or for providing information or testimony in good faith in connection with an inquiry or proceeding regarding the FMLA may be subject to disciplinary action, up to and including termination of employment or nonrenewal of appointment.

Employees who believe they have been subjected to interference, discrimination, or retaliation in violation of this section are encouraged to submit a complaint in accordance with [EMP-256P-01 Managing Family and Medical Leave](#).

Recordkeeping

All offices and individuals responsible for handling FMLA-related records will maintain the confidentiality of that information on a need-to-know basis to the extent required by law. The Office of Human Resources is responsible for maintaining record copies of all FMLA requests and related records separate from the official institutional personnel file in accordance with state and federal law and UT Southwestern policies. Reporting of FMLA leave time taken should be accomplished through appropriate time reporting procedures. Records and documents related to medical certifications, recertifications, and medical histories may be disclosed to: (1) supervisors and managers only as needed to evaluate and accommodate necessary work restrictions; (2) first aid and safety personnel, if the employee's physical or medical conditions require emergency treatment; or (3) government officials investigating compliance with the FMLA.

SCOPE

This policy applies to all UT Southwestern employees.

PROCEDURES

[EMP-256P-01 Managing Family and Medical Leave](#)

RESPONSIBILITIES

The Leave Administration Division of the Office of Human Resources ("Leave Administration") is responsible for:

- Ensuring that UT Southwestern's FMLA leave process complies with all applicable federal and state laws and regulations;
- Sending all appropriate notices and forms to employees in the time and manner described in [EMP-256P-01 Managing Family and Medical Leave](#);
- Making determinations regarding employees' FMLA eligibility and whether an FMLA qualifying reason has been demonstrated;
- Overseeing FMLA leave tracking and remaining FMLA leave entitlement balances; and
- Providing training and support for managers and supervisors regarding FMLA leave.

Supervisors and managers are responsible for:

- Notifying Leave Administration as soon as possible after learning an employee may need FMLA leave by completing the department's portion of the Family Medical Leave Request form and submitting it to Leave Administration;

- Keeping accurate records of the amount of leave time taken, including detailed calendars of every absence and every request;
- Ensuring timekeeping and leave records are accurate and complete;
- Communicating with the employee while he or she is out on FMLA leave; and
- Keeping Leave Administration informed regarding the employee’s status and anticipated return to work date.

Employees are responsible for:

- Providing notice of the need for FMLA leave in the time and manner described in [EMP-256P-01 Managing Family and Medical Leave](#);
- Cooperating in the FMLA leave administration process, including timely submission of all required forms, notices, and documentation with complete, accurate, and sufficient information;
- Communicating with the supervisor while out on FMLA leave regarding the employee’s status and anticipated return to work date;
- Paying any normal employee contributions for insurance coverages and voluntary benefits; and
- If using intermittent or reduced schedule leave, completing and submitting to Leave Administration the Intermittent and/or Reduced Schedule Family and Medical Leave Time Tracking Report within three (3) days of the end of the payroll cycle for FMLA recordkeeping purposes and following all normal and customary UT Southwestern and departmental time and attendance and call-in procedures (absent unusual circumstances).

DEFINITIONS

Any terms used in this policy but not expressly defined below shall have the meaning set forth in the FMLA’s implementing regulations, 29 CFR Part 825. *To the extent any of definitions below conflict with the regulations, the regulations should be followed.*

Continuing Treatment by a Health Care Provider (one or more of the following):

- **Incapacity and treatment** – a period of incapacity of more than three (3) consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves:
 - In-person treatment two or more times, within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - In-person treatment by a health care provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the health care provider. A course of prescription medicine or therapy would qualify as a “regimen of continued treatment,” but over-the-counter medicines would not.

The first (or only) treatment by a health care provider must take place within seven calendar (7) days of the first day of incapacity. Treatment includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition. It does not include routine physical examinations, routine eye examinations, or routine dental examinations. Treatment of substance abuse by a health care provider may be deemed “incapacity and treatment” for purposes of the FMLA.

- **Pregnancy or prenatal care** – any period of incapacity or treatment due to pregnancy or childbirth or for prenatal care.
- **Chronic conditions** – any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
 - Requires periodic visits (defined as at least twice a year) for treatment by a health care provider, or by a nurse under direct supervision of a health care provider;
 - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- **Permanent or long-term conditions** – a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.
- **Conditions requiring multiple treatments** – any period of absence to receive multiple treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, for:
 - Restorative surgery after an accident or other injury; or
 - A condition that would likely result in a period of incapacity of more than three (3) consecutive, full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

Covered Active Duty – for a member of the regular Armed Forces, duty during deployment with the Armed Forces to a foreign country; or for a member of a reserve component of the Armed Forces (including the Reserve, National Guard, Ready Reserve, Selected Reserve, Individual Ready Reserve, certain retired Regular Armed Forces, and certain retired members of the Reserves) duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in support of a contingency operation as defined in 29 C.F.R. § 825.102. State calls to active duty are not covered unless under order of the President of the United States as specified in 29 C.F.R. § 825.126.

Covered Military Member – the employee’s spouse, son/daughter, or parent who is on covered active duty or call to covered active duty status.

Covered Servicemember – a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or a covered veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness.

Covered Veteran – a person who was a member of the Armed Forces (including a member of the National Guard or Reserves) and who was discharged or released from that service under conditions other than dishonorable within five (5) years prior to the first date that the employee’s military caregiver leave begins.

Equivalent Position – a position that is virtually identical to the employee’s former position in terms of pay, benefits, and working conditions, including privileges, perquisites, and status; involves the same or substantially similar duties and responsibilities; and entails substantially equivalent skill, effort, responsibility, and authority.

Health Care Provider

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state or country in which the doctor practices;
- Podiatrists, dentists, clinical psychologists, optometrists, chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by an x-ray as existing), nurse practitioners, nurse-midwives, clinical social workers, and physician's assistants who are authorized to practice under the law of their state or country and performing within the scope of their practices as defined under that law;
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; and
- Any other health care providers that UT Southwestern's Vice President of Human Resources will accept as certified for treating a serious health condition to substantiate a benefit claim.

Incapacity – inability to work, attend school, or perform other regular daily activities due to a serious health condition, treatment therefore, or recovery therefrom.

In loco parentis – persons with day-to-day responsibilities to care for or to financially support a child. A biological or legal relationship is not necessary.

Inpatient Care – an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with the inpatient care.

Intermittent Leave – leave taken in separate blocks of time due to a single qualifying reason, rather than for one continuous period of time, that may include periods ranging from less than one hour to several weeks. Examples include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over an extended period, such as for chemotherapy.

Next of Kin – the nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions; brothers and sisters; grandparents; aunts and uncles; and first cousins. If the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA, that designee shall be the only next of kin. When no such designation is made and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember either consecutively or simultaneously.

Parent – a biological, adoptive, step-, or foster father or mother, or any other individual who stood *in loco parentis* to the employee, covered servicemember, or covered military member when the employee, covered servicemember, or covered military member was a son or daughter. This term does not include parents-in-law.

Qualifying Exigency (one or more of the following):

- **Short-notice deployment** – addressing issues arising from the fact that a covered military member is notified of an impending call or order to covered active duty status seven (7) or fewer calendar days prior to date of deployment.
- **Military events and related activities** – attending any official, military-sponsored ceremony/program/event or any family support/assistance programs or informational briefings sponsored or promoted by the military, a military service organization, or the American Red Cross that is related to the covered active duty or call to covered active duty status of a military member.

- **Childcare and school activities** – when necessitated by the covered active duty or call to covered active duty status of the covered military member: (a) arranging for alternative childcare for a son/daughter of the covered military member; (b) providing childcare for a son/daughter of the covered military member on an urgent, immediate basis; (c) enrolling a son/daughter of the covered military member in or transferring the son/daughter to a new school or day care facility; and (d) attending meetings with staff at a school or day care facility for the son/daughter or a military member.
- **Financial and legal arrangements** – making or updating financial or legal arrangements to address the covered military member's absence while on covered active duty or call to covered active duty status; or acting as the covered military member's representative before a federal, state, or local government agency to obtain, arrange, or appeal military service benefits, either during covered active duty status or within the 90 days after that status ends.
- **Counseling** – attending counseling provided by someone other than a health care provider for the employee, the covered military member, or the covered military member's son/daughter, if that counseling is necessitated by the covered active duty or call to covered active duty status of a military member.
- **Rest and recuperation** – spending time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of covered active duty.
- **Post-deployment activities** – attending arrival ceremonies, reintegration briefings and events, and any other military-sponsored ceremony or program for a period of 90 days after the covered military member's covered active duty status ends or addressing issues that arise from a covered military member's death while on covered active duty status.
- **Parental care** – when the covered military member's parent is incapable of self-care as defined in 29 C.F.R. § 825.126(b)(8) and the military member's covered active duty or call to covered active duty status necessitates: (a) arranging for alternative care for the military member's parent; (b) providing care for the military member's parent on an urgent, immediate need basis; (c) admitting or transferring to a care facility the military member's parent; and (d) attending meetings with staff at a care facility, such as meetings with hospice or social service providers for the military member's parent.
- **Additional activities** – addressing other events that arise out of a covered military member's covered active duty or call to covered active duty status. The employee's supervisor or manager and the Office of Human Resources must approve the use and duration of this leave.

Reduced Schedule Leave – a leave schedule that reduces an employee's usual number of working hours per workweek or hours per workday. This type of leave might be used, for example, when an employee is recovering from a serious health condition but is not yet well enough to work a full-time schedule.

Serious Health Condition – an illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. Examples of serious health conditions may include heart attacks, heart conditions, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, respiratory conditions, appendicitis, pneumonia, emphysema, severe nervous disorders, injuries caused by serious accidents on or off the job, pregnancy, severe morning sickness, need for prenatal care, childbirth, and recovery from childbirth.

Serious Injury or Illness – an injury or illness incurred by a covered servicemember or covered veteran in the line of duty on active duty in the Armed Forces, or that existed before the beginning of the active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, that (a) may render a covered servicemember who is a current member of the Armed Forces, including a member of the National Guard or Reserves, medically unfit to perform the duties of his/her office, grade, rank, or rating, or (b) in the case of a covered veteran, falls into at least one of the categories at 29 C.F.R. § 825.127(c)(2)(i)-(iv).

Spouse – for purposes of the FMLA, spouse means a husband or wife. A husband or wife refers to the other person with whom an individual entered into a marriage that is legally valid in the state in which it was entered into, or in the case of a marriage entered into outside of any state, if the marriage is valid in the place where entered into and could have been entered into in at least one state. This definition includes individuals in opposite-sex, same-sex, or common law marriages. Unmarried domestic partners do not meet the definition of “spouse” under the FMLA.

Son or Daughter – a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*, who is either under age 18 or age 18 or older and incapable of self-care because of a mental or physical disability at the time that FMLA leave is to commence.

Son or Daughter of a Covered Servicemember – a covered servicemember’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood *in loco parentis*, and who is of any age.

Son or Daughter on Covered Active Duty or Call to Covered Active Duty Status – the employee’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood *in loco parentis*, who is on covered active duty or call to covered active duty status, and who is of any age.

RELATED STATUTES, POLICIES, OR STANDARDS

29 U.S.C. § 2601 *et seq.*, as amended

29 C.F.R. Part 825

Texas Government Code § 661.912

[EMP-158 Outside Activities \(Including Outside Employment or Board Service\)](#)

[EMP-251 Work Attendance and Leave Usage](#)

[EMP-252 Vacation Leave](#)

[EMP-253 Sick Leave](#)

[EMP-256P-01 Managing Family and Medical Leave](#)

[EMP-257 State Parental Leave](#)

[EMP-266 Leave of Absence Without Pay](#)

[EMP-501 Employee Records and Public Information](#)

[ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#)

[ETH-155 Lactation Support](#)

FORMS, TOOLS, ONLINE PROCESSES

[Supervisor’s Guide to Managing FMLA](#) or <http://www.utsouthwestern.net/intranet/hr/benefits/time-away/family-medical-leave-act/>

[Intermittent and/or Reduced Schedule Family and Medical Leave Time Tracking Report](#)

CONTACTS/FOR FURTHER INFORMATION

Office of Human Resources, Leave Administration 214-648-9840

POLICY HISTORY

April 18, 2023: Added the Intermittent and/or Reduced Schedule Family and Medical Leave Time Tracking Report to the Forms, Tools, Online Processes section.

April 13, 2021: Removed the phrase “with the exception of employees appointed on a temporary basis” from the Scope.

July 6, 2020: Completed scheduled review; removed requirement that if both spouses work at a University of Texas System institution, the amount of leave taken by either or both spouses for the birth or placement of a child or to care for a parent with a serious health condition cannot exceed 12 workweeks total. Also removed the requirement that if both spouses work at a UT System institution, the amount of leave taken by either or both spouses to care for a covered servicemember cannot exceed 26 workweeks total.

December 27, 2018: Updated references to the Office of Diversity & Inclusion and Equal Opportunity to reflect the department’s new name: Office of Institutional Equity & Access.

August 4, 2017: Added “Supervisor’s Guide to Management FMLA” in Forms, Tools, and Online Processes.

November 3, 2016: Noted provision for exempt employees taking occasional leave in increments of less than four hours (see Requirement to Use Applicable Leave Accruals or Other Compensatory Time).

October 13, 2016: Changed WCI/Leave Administration Division to Leave Administration Division. Administration of WCI (Workers Compensation Insurance) has been moved to the Office of Safety and Business Continuity.

October 8, 2015: Added definition of spouse to include persons in same-sex marriages.

December 16, 2014: Added to Procedure a prohibition against providing false or misleading information in requesting FMLA leave.

August 23, 2011: Transferred HR Policy Memorandum 7.080 Family and Medical Leave Act to online Handbook as EMP-256 Family and Medical Leave; superseded 5.5.6.

September 1, 1998: Posted HR Policy Memorandum 7.080 Family and Medical Leave Act.

January 1998: Published as 5.5.6 Family and Medical Leave.

UT SOUTHWESTERN POLICY HANDBOOK

EMP-265 OTHER AVAILABLE LEAVE

CHAPTER 9: EMPLOYEES

CONTENTS

Policy Link
Policy Rationale and Text
Scope
Procedures
Related Statutes
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Human Resources
Executive Sponsor: Vice President for Human Resources
Effective Date: 05/01/2009
Last Updated: 10/10/2019
Contact: policyoffice@utsouthwestern.edu

POLICY LINK

To ensure appropriate access when sharing or linking to this policy, *copy and paste* this URL:

<https://secure.compliance360.com/ext/pNwgV7drsliy8PwXqgHQLw==>

POLICY RATIONALE AND TEXT

It is UT Southwestern policy that UT Southwestern will provide eligible employees leave in specific circumstances as authorized by state law.

Paid Leaves

1. Volunteer Firefighters and Emergency Medical Services Volunteers Leave

An employee who is a volunteer firefighter or emergency medical services volunteer as defined by Texas Health and Safety Code § 773.003 may be granted up to five (5) days of time away from work, without a deduction in pay or accrued leave, each fiscal year (September 1 – August 31) to attend fire service or emergency medical services training conducted by a state agency or institution of higher education. These volunteers may also be granted time away from work, without a deduction in pay or accrued leave, for the purpose of allowing the volunteer to respond to emergency fire or medical situations.

2. Leave During a UT Southwestern Investigation

The President or designee may grant time away from work, without a deduction in pay or accrued leave, to an employee who is the subject, victim, or witness of a UT Southwestern investigation. An employee who is the subject of the UT Southwestern investigation may not receive any other type of time away from work for this reason under Subchapter Z, Chapter 661 of the Texas Government Code.

3. Foster Parent Leave

An employee who is a foster parent to a child under the conservatorship of the Texas Department of Family and Protective Services (DFPS) may be granted time away from work, without a deduction in pay or accrued leave, to attend meetings

held by the DFPS regarding the child or to attend an admission, review, and dismissal meeting held by the school district regarding the child.

4. Court Appointed Special Advocate (CASA) Volunteers

An employee may be granted time away from work, without a deduction in pay or accrued leave, not to exceed five (5) hours each month to participate in mandatory training or perform volunteer services for Court Appointed Special Advocates (CASA).

5. Red Cross Disaster Service Volunteer Leave

An employee who is a certified disaster service volunteer of the American Red Cross or who is in training to become a volunteer may be granted time away from work, without a deduction in pay or accrued leave, for up to 10 days each fiscal year to participate in specialized disaster relief services at the request of the American Red Cross. To qualify for this leave, the employee must have a request from the American Red Cross, the authorization of the supervisor, and the approval of the governor.

6. Injury Leave for Certain Peace Officers

Commissioned peace officers injured in the course of duty may be entitled to paid injury leave.

7. Reserve Law Enforcement Officer Training Leave

An employee who is a reserve law enforcement officer as defined by Texas Occupations Code, Section 1701.001, is entitled to time away from work, without a deduction in pay or accrued leave, not to exceed five (5) working days each fiscal biennium to attend training required by Texas Occupations Code, Section 1701.351.

8. Assistance Dog Training Leave for Employee With a Disability

- a. An employee with a disability may be granted up to 10 days of time away from work, without a deduction in pay or accrued leave, per fiscal year to attend a training program to acquaint the employee with an assistance dog to be used by the employee. The training program must be recognized for providing specific focus on training the disabled individual to work with an assistance dog for his or her disabling medical condition.
- b. A "person with a disability" means one who has a mental or physical disability, an intellectual or developmental disability, hearing impairment, deafness, speech impairment, visual impairment, post-traumatic stress disorder, or any health impairment that requires special ambulatory devices or services.
- c. An "assistance dog" is an "assistance animal" or "service animal," and means a canine that is specially trained or equipped to help a person with a disability and that is used by a person with a disability.

9. Leave for Organ or Bone Marrow Donors

An employee may be granted up to five (5) days of time away from work, without a deduction in pay or accrued leave, per fiscal year to serve as a bone marrow donor. An employee may also be granted up to 30 days of time away from work, without a deduction in pay or accrued leave, per fiscal year to serve as an organ donor.

10. Leave for Donation of Blood

An employee may be granted sufficient time away from work, without a deduction in pay or accrued leave, to donate blood, provided the supervisor has approved the employee's request for time off. Upon return to work, the employee must provide documentation that the employee donated blood during the period of absence. An employee may be granted time off under this section no more than four (4) times in a fiscal year.

11. Leave for Amateur Radio Operator for Disaster Relief

An employee who holds an amateur radio station license issued by the Federal Communications Commission may be granted time away from work, without a deduction in pay or accrued leave, of up to 10 days each fiscal year to participate in specialized disaster relief services without a deduction in salary or accruals. To qualify for this time away from work, the employee must have the authorization of the supervisor and the approval of the governor.

12. Administrative Leave with Pay for Outstanding Performance

The President may approve and grant administrative leave with pay to an employee as a reward for outstanding performance as documented by the employee's performance appraisals. The total amount granted to an employee may not exceed 32 hours during a fiscal year.

13. Veteran Health Leave

An employee who served in the United States army, navy, air force, coast guard, or marine corps or the Texas National Guard and who is eligible for health benefits under a program administered by the Veterans Health Administration of the United States Department of Veterans Affairs (VA) may be granted time away from work, without a deduction in pay or accrued leave, not to exceed 15 days per fiscal year to obtain medical or mental health care administered by the VA, including physical rehabilitation.

SCOPE

This policy applies to all employees appointed to work at least 20 hours per week for a period of at least four and one half (4½) months, except for employees in positions for which student status is a requirement.

PROCEDURES

1. In order to qualify for the types of time away from work described in this policy, an employee must provide the supervisor with adequate supporting documentation in advance of the requested time away from work. When prior documentation is not possible, documentation regarding the employee's time away from work must be provided to the supervisor upon the employee's return to work. If an employee fails to provide such documentation, the employee will be required to use his or her applicable accruals to cover the absence, or to be placed on leave without pay if the employee does not have sufficient applicable accruals.
2. Recommendations to grant Administrative Leave for Outstanding Performance are to be made by the employee's department head and forwarded to the Office of Human Resources. After review, the Office of Human Resources will submit its recommendation to the appropriate vice president or dean. If the vice president or dean concurs with the recommendation, it will be submitted to the Office of the President. The President may approve or deny the recommendation.
3. Employees provided with any type of time away from work under this policy must designate the time on their time sheets or leave request forms as follows:
 - a. Employees granted administrative leave for outstanding service must code their absence as "administrative leave."
 - b. For all other time away from work designated in this policy, employees should list the time absent as "other" and provide an explanation.

The employing department is responsible for maintaining a record of time and attendance, any employee absences, and the reasons for absences. This information must be reported to and maintained in the Office of Human Resources.

RELATED STATUTES, POLICIES, OR STANDARDS

Texas Health and Safety Code § 773.003

Texas Government Code Chapter 661

Texas Occupations Code, Section 1701.001

Texas Occupations Code, Section 1701.351

CONTACTS/FOR FURTHER INFORMATION

Office of Human Resources 214-648-9810

POLICY HISTORY

October 10, 2019: Completed scheduled review; updated policy as necessary.

June 11, 2018: Added #10 Veteran Health Leave to the list of Paid Leaves.

August 23, 2011: Transferred HR Policy Memorandum 7.130 Other Available Leave to online *Handbook* as EMP-265 Other Available Leave.

May 1, 2009: Posted HR Policy Memorandum 7.130 Other Available Leave.

UT SOUTHWESTERN POLICY HANDBOOK

EMP-351 DISCIPLINE AND DISMISSAL OF CLASSIFIED EMPLOYEES

CHAPTER 9: EMPLOYEES

CONTENTS

Policy Link
Policy Rationale and Text
Scope
Procedures
Related Statutes
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Human Resources
Executive Sponsor: Vice President for Human Resources
Effective Date: 01/31/1998
Last Updated: 10/30/2018
Contact: policyoffice@utsouthwestern.edu

POLICY LINK

To ensure appropriate access when sharing or linking to this policy, *copy and paste* this URL:

https://secure.compliance360.com/ext/ZB7FaTJlvDjWXwBbg2F_kw==

POLICY RATIONALE AND TEXT

UT Southwestern encourages fair, efficient, and equitable solutions for problems arising out of the employment relationship. All employees are expected to acquaint themselves with the performance criteria for their particular job and with all rules, procedures, and standards of conduct established by the Board of Regents of the University of Texas System (“UT System Board of Regents”), UT Southwestern, and their employing department or unit. An employee may be demoted, suspended without pay, dismissed, or otherwise disciplined for not fulfilling the responsibilities set out by such performance criteria, rules, procedures, or standards of conduct, in compliance with all applicable federal and state laws and regulations.

The Office of Human Resources is responsible for ensuring consistency, uniform application, administration of employee discipline, and compliance with this policy. Formal disciplinary actions, including written warning, suspension, demotion, and termination, may only be imposed with approval from the Office of Human Resources. Suspension, demotion and termination may only be imposed in accordance with this policy. Managers and supervisors may contact Employee Relations for assistance with informal disciplinary or performance improvement actions, including verbal counselings, documented counselings, and/or performance action plans. The purpose of this policy is to set forth conduct which will subject classified employees to disciplinary action and to provide procedures for the formal discipline and dismissal of classified employees. Classified employees are at-will employees who serve without tenure. No provision of the policy and procedures that follow shall confer rights to employees that are contrary to the employment-at-will doctrine.

Requisite Standards of Conduct

Employees are expected to acquaint themselves with performance criteria for their particular job and abide by all rules, procedures, and standards of conduct established by the UT System Board of Regents, UT Southwestern, and the employee's department or unit. All employees are expected to conduct UT Southwestern business using sound judgment, to behave in a professional manner, and to be respectful of others. An employee who does not fulfill the responsibilities set out by such performance criteria, rules, procedures, and standards of conduct may be subject to disciplinary action, up to and including dismissal from employment.

Conduct Which Is Subject to Disciplinary Action

Work Performance

1. Failure of an employee to maintain satisfactory work performance may constitute grounds for disciplinary action including dismissal. The term "work performance" includes all aspects of an employee's work.
2. Work performance is to be judged by the supervisor's evaluation of the quality and quantity of work performed by each employee. When, in the judgment of the supervisor, an employee fails to maintain satisfactory work performance or to meet a reasonable and objective measure of accuracy, efficiency and productivity, the employee may be subject to disciplinary action including dismissal.

Misconduct

1. All employees are expected to maintain standards of conduct suitable and acceptable to the work environment and to treat others with courtesy and respect at all times. Disciplinary action, including dismissal, may be imposed for unacceptable conduct.
2. Examples of unacceptable conduct include, but are not limited to:
 - a. Falsification of time records, personnel records, or other UT Southwestern records, including electronic records;
 - b. Neglect of duties, wasting time during working hours (including sleeping while on duty), or failure to meet a reasonable and objective measure of efficiency and productivity;
 - c. Smoking and/or using tobacco products anywhere on property that is owned, operated, leased, occupied, or controlled by UT Southwestern;
 - d. Gambling or participating in lotteries or any other games of chance;
 - e. Soliciting, collecting money, or circulating petitions on the campus or using UT Southwestern resources (including time and information resources) other than within the rules and regulations of UT Southwestern;
 - f. Bringing alcohol, intoxicants, or illegal drugs onto the campus; using alcohol, intoxicants, or illegal drugs; having alcohol, intoxicants, or illegal drugs in one's possession; or being under the influence of intoxicants or illegal drugs while engaged in UT Southwestern activities, except as expressly permitted by [SEC-204 Serving Alcohol on Campus](#);
 - g. Improper use of or wasting tools, equipment, fixtures, property, supplies, or goods owned by or under the control of UT Southwestern;
 - h. Creating or contributing to unhealthy or unsanitary conditions;

- i. Violations of safety rules or accepted safety practices;
- j. Failure to cooperate with supervisor or co-worker, impairment of function of work unit, or disruptive conduct;
- k. Unprofessional behavior, which includes but is not limited to, inappropriate or abusive language, disorderly conduct, threats, bullying, intimidation, or harassment of others, including sexual misconduct;
- l. Fighting, encouraging a fight, or threatening, attempting, or causing injury to another person ([SEC-156 Violence on Campus](#));
- m. Theft, dishonesty, or inappropriate access or unauthorized use of UT Southwestern property, including information resources, records, and confidential information;
- n. Creating a condition hazardous to another person;
- o. Destroying or defacing UT Southwestern property (including records) or the property of others;
- p. Refusing to follow instructions, to perform designated work that may be required of the employee, or to adhere to established rules and regulations;
- q. Repeated tardiness or absence, absence without proper notification to the supervisor or without satisfactory reason, or unavailability for work; and
- r. Violation of or failure to comply with any policy or rule of UT Southwestern or The University of Texas System, state laws or regulations, or federal laws or regulations.

SCOPE

This policy applies to conduct and job performance of classified employees. It applies to conduct that occurs on or off campus, or via telephonic or electronic means (e.g., text message, e-mail, Facebook, Twitter, Instagram, or instant messenger), if such conduct impacts the working environment at UT Southwestern.

This policy does not apply to the following individuals:

1. University Police, who are subject to other approved discipline or dismissal procedures;
2. Individuals holding a faculty appointment;
3. Administrative and Professional employees who are appointed to positions without a fixed term and serve at the pleasure of the President;
4. An employee about whom UT Southwestern makes the decision not to offer reappointment, whose appointment for a stated period of one year or less expires at the end of such period without the necessity of notice of nonrenewal as provided in the Regents' Rules, and the UT Southwestern *Handbook of Institutional Policies and Procedures*; or
5. Individuals employed in positions that require student status as a condition of employment.

PROCEDURES

This procedure does not apply to an employee who is dismissed:

- a. as a result of a reduction in force or reorganization;

- b. who occupied a position that was dependent upon funding from a specific source and such funding was not received;
- c. because of financial exigency, as defined in the Regents' *Rules*;
- d. during the 180-day probationary period;
- e. who was appointed for a stated period of less than 180 days;
- f. who was appointed at a per diem or hourly rate and works on an "as needed" basis;
- g. who has not attained or maintained any necessary work authorizations, clearances, certifications, or licensures, or eligibility with respect to export controls regulations for their position;
- h. as a result of being suspended or debarred by any federal or state agency, or for otherwise being ineligible to participate in a covered transaction;
- i. who has exhausted available, approved leave accruals; or
- j. as a result of the revocation of a bona fide offer of temporary modified duty, the expiration of a specified temporary modified duty assignment, or the exhaustion of the maximum permitted days of temporary modified duty pursuant to [EMP-268 Return to Work](#).

Investigations

1. All incidents that involve the potential for disciplinary action should be investigated by the employee's supervisor or other designated university official.
2. If the investigation results in evidence that establishes with reasonable certainty that the employee engaged in conduct that warrants disciplinary action, the supervisor shall follow the procedures set forth in this policy.

Pre-disciplinary Notification Procedure

An employee shall be informed of the basis for any proposed disciplinary action resulting in demotion, suspension without pay, or dismissal, and shall have an opportunity to respond before a final decision is made to take the disciplinary action. The pre-disciplinary notification process serves as an opportunity to avoid mistaken decisions to impose discipline and is not intended to definitively resolve the propriety of the disciplinary action being considered.

1. The supervisor will review the evidence and the proposed disciplinary action with the Office of Human Resources. Once the supervisor has sought and obtained the concurrence of the Office of Human Resources, he or she must then obtain the concurrence of the department head or administrative equivalent to whom he or she reports before proceeding with the proposed disciplinary action. Once all requisite approvals have been obtained, the supervisor shall:
 - a. inform the employee in writing of the reasons for the proposed disciplinary action and the facts upon which the supervisor relies; and
 - b. give the employee an opportunity to respond and persuade the supervisor that the grounds for the disciplinary action are mistaken or incorrect. The response must be in writing and submitted within a reasonable time, usually not to exceed one (1) business day after the supervisor informs the employee of the proposed disciplinary action.
2. If the supervisor is not persuaded by the employee's response, the supervisor, in conjunction with the Office of Human Resources, will proceed to impose the disciplinary action.

Imposing the Disciplinary Action

Notice

1. Upon completing the pre-disciplinary notification process and obtaining the approval of the Office of Human Resources, the supervisor shall inform the employee in writing of the following: whether the disciplinary penalty is demotion, suspension without pay, or dismissal;
 - a. the effective date of the disciplinary action;
 - b. a specific period for a suspension without pay, not to exceed five (5) working days for a non-exempt employee and not less than one workweek for an exempt employee (a suspension without pay of an exempt employee may not be for less than one workweek and must be in full workweek increments);
 - c. the specific incident, conduct, course of conduct, unsatisfactory work performance, or other basis for the disciplinary penalty;
 - d. any previous efforts to make the employee aware of the need to change or improve work performance or conduct; and
 - e. reference to any relevant rule, regulation, or policy.
2. The supervisor shall also inform the employee of the right to appeal the disciplinary action and provide the employee with a copy of the appeal procedure.

Effect upon Employee Benefits

An employee who is demoted or suspended without pay continues to accrue vacation and sick leave, to be covered by group insurance, and to be entitled to other employee benefit programs.

RELATED STATUTES, POLICIES, AND STANDARDS

[EMP-268 Return to Work](#)

[EMP-351P-01 Appealing Disciplinary Actions](#)

[SEC-204 Serving Alcohol on Campus](#)

[SEC-156 Violence on Campus](#)

CONTACTS / FOR FURTHER INFORMATION

Office of Human Resources 214-648-0821

POLICY HISTORY

October 30, 2018: Completed scheduled review; added procedures from EMP-351P-01 Procedures for Discipline and Dismissal. EMP-351P-02 Procedures for Appealing Disciplinary Actions was renumbered to EMP-351P-01.

May 24, 2016: Removed list of individuals indicated as not covered by policy and added them to the Scope of the associated Procedure, EMP-351P-01. Those individuals are properly covered by the behavior requirements of this policy, but not by the separation and appeal procedures of EMP-351P-01.

May 21, 2013: Added provision (i) under Scope (4). Added provision (k) under Scope (4), excluding administrative separations under EMP-268, Return to Work, from appeal rights under this policy.

October 25, 2011: Transferred HR Policy Memorandum 6.020 Discipline and Discharge to online *Handbook* as EMP-352 Discipline and Discharge of Classified Employees; superseded 5.7.1.

September 19, 2008: Posted HR Policy Memorandum 6.020 Discipline and Discharge.

January 1998: Published as 5.7.1 Discipline and Dismissal of Employees.

UT SOUTHWESTERN POLICY HANDBOOK

PROCEDURE

EMP-351P-01 APPEALING DISCIPLINARY ACTIONS

Authorized by Policy EMP-351 Discipline and Dismissal of Classified Employees

CONTENTS

Procedure Link
Purpose of Procedure
Steps of Procedure
References
Revisions and Updates
Contacts/For Further Information
Policy History

ADMINISTRATIVE INFORMATION

Responsible Office: Office of Human Resources
Executive Sponsor: Vice President for Human Resources
Effective Date: 01/31/1998
Last Updated: 10/30/2018
Contact: policyoffice@utsouthwestern.edu

PROCEDURE LINK

To ensure appropriate access when sharing or linking to this procedure, *copy and paste* this URL:

https://secure.compliance360.com/ext/b0n0j5_xOV-mz1kuBwQj9Q==

PURPOSE OF PROCEDURE

This procedure outlines the steps a classified employee must follow to appeal a disciplinary action that the employee received pursuant to [EMP-351 Discipline and Dismissal of Classified Employees](#).

STEPS OF PROCEDURE

Actions Which May Be Appealed

- a. demotion;
- b. suspension without pay; and
- c. dismissal.

Time Limits

- a. Time limits set forth in this procedure must be adhered to by both the appealing employee (the “Employee”) and UT Southwestern, unless extended for good cause at the discretion of the Office of Human Resources (Step One) or the Executive Vice President for Business Affairs (Step Two). The grant or denial of an extension must be documented in writing.
- b. Failure of the Employee to meet any established time limit shall constitute a withdrawal of the appeal.

- c. Failure of the UT Southwestern administration to meet the Step One time limits shall constitute authorization for the Employee to proceed to Step Two.

Notices

E-mail is the preferred method of communication under this procedure. UT Southwestern will send all notices, decisions and written communications under this procedure to the Employee using the Employee's UT Southwestern e-mail address or the Employee's personal e-mail address of record in PeopleSoft HCM. If the Employee does not have access to UT Southwestern e-mail or does not have a personal e-mail address of record, UT Southwestern will send notices, decisions and written communications via hand delivery or via U.S. Mail to the Employee's address of record in PeopleSoft HCM. It is the responsibility of the Employee to keep all personal contact information current. See [EMP-502 Employee Personal Information: Required Updates](#).

Step One

- a. To appeal a disciplinary action, the Employee must deliver a written appeal to the department head or administrative equivalent ("Step One Official") within five (5) working days from the date of the disciplinary action. The Employee shall deliver a copy of the appeal and all attachments to the supervisor who signed the disciplinary action. Once the written appeal is submitted, no additional changes or additions may be made without permission from the Step One Official.
- b. The written appeal must be a clear and concise statement of the reasons the Employee believes the disciplinary action to be inappropriate, the reasons the Employee believes the decision should be changed, the name(s) and contact information of any witness that may have information relevant to the Employee's disciplinary action, the Employee's requested remedy, any additional relevant information to be considered in support of the Employee's written appeal, and the name and contact information of the Employee's representative, if any.
- c. Within five (5) working days of receipt of the Employee's appeal, the supervisor will provide a written response and all documentation pertaining to the disciplinary action to the Step One Official. The Employee's personnel file may also be provided to the Step One Official if requested. A copy of the written response from the supervisor shall be provided to the Employee as a part of the Step One Official's decision.
- d. Within ten (10) working days after receiving information from the supervisor, the Step One Official will issue a decision to the supervisor and the Employee in writing.

Step Two

- a. To appeal the decision of the Step One Official, the Employee must deliver a written appeal to the Executive Vice President of Business Affairs ("Executive Vice President") within five (5) working days following the date of receipt of the Step One Official's decision. The Employee shall deliver a copy of the appeal and all attachments to the Employee Relations Division of the Office of Human Resources. Once the written appeal is submitted, no additional changes or additions may be made without permission from the Executive Vice President for Business Affairs.
- b. The written appeal must be a clear and concise statement of the reasons the Employee believes the disciplinary action and/or decision of the Step One Official to be inappropriate, the reasons the Employee believes the disciplinary action should be changed, and the Employee's requested remedy.
- c. The Employee Relations Division, within five (5) working days of receipt of the Employee's Step Two appeal, will provide a written response and all documentation pertaining to the disciplinary action to the Executive Vice President. The Employee's personnel file may also be provided to the Executive Vice President if requested. A copy of the written response from the Employee Relations Division shall be provided to the Employee as a part of the Executive Vice President's decision.

- d. Within ten (10) working days after receiving information from the Employee Relations Division, the Executive Vice President will render a written decision.
- e. The decision of the Executive Vice President is final.

Representation

The Employee has the right to be represented during the appeal by an attorney or a representative from a Labor Organization of the Employee's choice and at the Employee's own expense. If the Employee is represented by an attorney or a representative from a Labor Organization, UT Southwestern may be represented by an attorney from the UT Southwestern Office of Legal Affairs, and/or an attorney from the Office of General Counsel of the UT System. For purposes of this procedure, a Labor Organization means any organization in which employees participate and that exists, in whole or in part, to deal with employers concerning grievances, labor disputes, wages, hours of employment, or working conditions.

Successful Appeals

If an appeal of a demotion or suspension without pay is successful, the Employee shall be entitled to payment for wages lost as a result of the demotion or suspension.

If an appeal of dismissal is successful, the Employee shall be reinstated to the same or similar position and shall be entitled to payment of back wages, less any unemployment benefits received by the Employee after the date of dismissal. Employee benefits such as vacation and sick leave shall be credited back to the date of the dismissal.

Complaints Regarding Discrimination and Retaliation

Employee complaints regarding discrimination (including harassment, retaliation, or sexual misconduct) are not properly raised or considered in any appeal of disciplinary action under this procedure. However, employees may continue to appeal a disciplinary action on non-equal opportunity grounds. Complaints alleging violation of [ETH-151 Equal Opportunity](#), [ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#), and/or [ETH-154 Sexual Harassment and Sexual Misconduct](#) should be submitted and will be handled in accordance with [ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure](#).

Employee complaints regarding retaliation for reporting suspected wrongdoing are also not properly raised or considered in any appeal of disciplinary action under this procedure. Such complaints should be submitted and will be handled in accordance with [ETH-201 Protection from Retaliation for Reporting Suspected Wrongdoing](#).

Documentation of Disciplinary Action

Copies of Employee appeals, responses, and decisions pertaining to disciplinary actions shall be maintained as a part of the Employee's official personnel file maintained by the Records Division of the Office of Human Resources.

REFERENCES

[EMP-351 Discipline and Dismissal of Classified Employees](#)

[EMP-502 Employee Personal Information: Required Updates](#)

[ETH-151 Equal Opportunity](#)

[ETH-151P-01 Equal Opportunity Complaint Investigation and Resolution Procedure](#)

[ETH-152 Reasonable Accommodations for Qualified Applicants and Employees with Disabilities](#)

[ETH-154 Sexual Harassment and Sexual Misconduct](#)

[ETH-201 Protection from Retaliation for Reporting Suspected Wrongdoing](#)

CONTACT / FOR FURTHER INFORMATION

Office of Human Resources, Employee Relations Division 214-648-0821

POLICY HISTORY

October 30, 2018: Completed scheduled review; updated policy as necessary; renumbered from EMP-351P-02 to EMP-351P-01.

May 26, 2016: Revised Step One to prohibit changes or additions to written appeals without permission.

March 22, 2016: Revised Step Two to establish a written appeal to the Executive Vice President for Business Affairs.

October 25, 2011: Transferred HR Policy Memorandum 6.020 Discipline and Discharge to online *Handbook* as EMP-352-02 Appealing Disciplinary Actions.

September 19, 2008: Posted HR Policy Memorandum 6.020 Discipline and Discharge.

January 1998: Published as 5.7.1 Discipline and Dismissal of Employees.

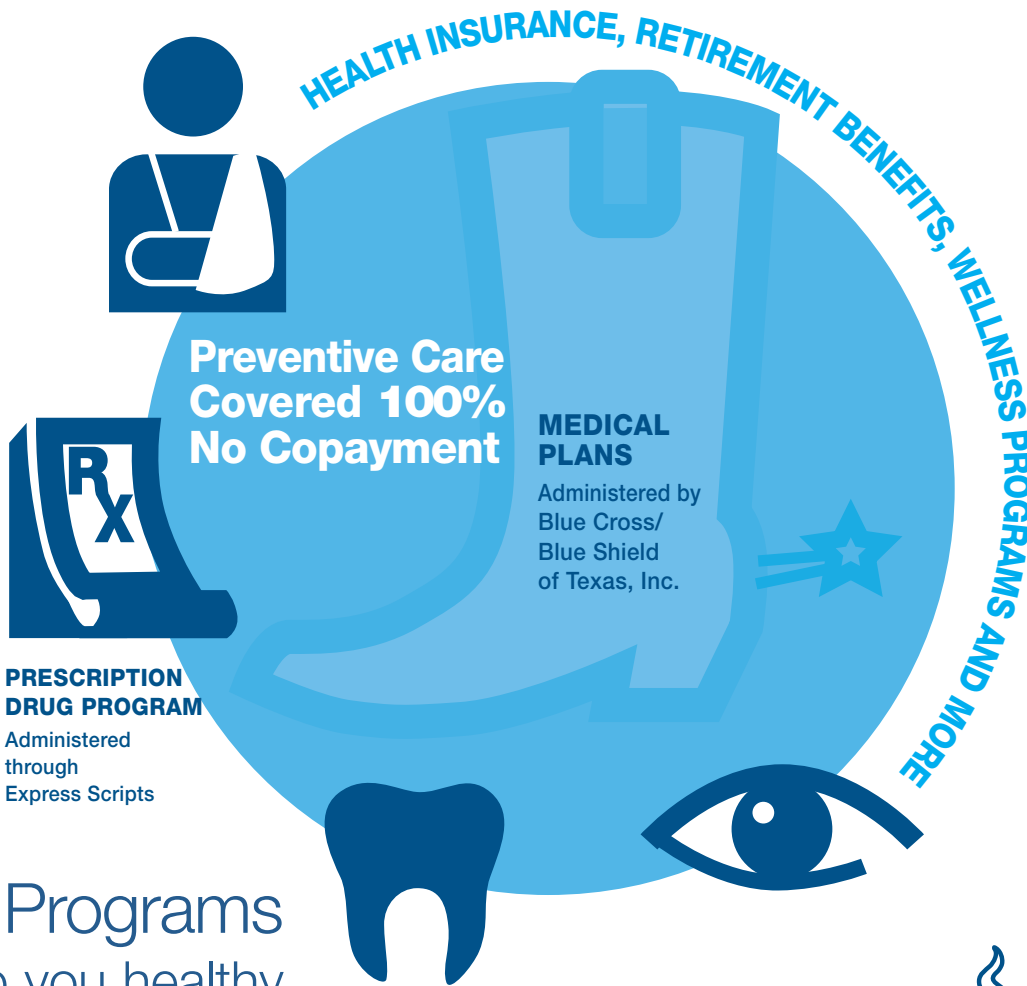
**Appendix D: UT Southwestern
Medical Center Employee Benefits
Information**

Extraordinary Benefits for an Extraordinary Team

Office of Human Resources - Employee Benefits and Retirement
Questions? Please email Benefits@UTSouthwestern.edu or call 214-648-9830.



2022-2023 Employee Benefits
and Wellness Summary



Extraordinary Programs designed to keep you healthy

Every day, top health care professionals across Texas come together at UT Southwestern Medical Center to deliver a truly extraordinary standard of comprehensive care. As a state institution, we're proud to match this standard of excellence with an extraordinarily rich benefits package that reflects our commitment to you. We have one of the most comprehensive, market competitive programs in the Texas/Oklahoma area.

From a total value perspective, what you get is top tier in our market for healthcare. In general, we have more tenure-based programs and we invest in you for the long-term.

The health and well-being of our faculty and staff are a top priority. UT Southwestern provides a competitive and comprehensive benefits package, including health insurance, retirement benefits and wellness programs, as well as many other services for employees. The benefits are available to full-time, part-time, student and temporary employees. Retiree health benefits are available after 10 years of UT service.



UT SELECT MEDICAL FERTILITY AND FAMILY BUILDING

The Progyny benefit offers comprehensive treatment coverage, and personalized emotional support and guidance from dedicated Patient Care Advocates.



TOBACCO PREMIUM PROGRAM

Monthly cost of \$30 per month per individual Medical participant, age 16 and over, who has used tobacco products in the past 60 days, up to a family maximum of \$90/month.



Details about these self-funded comprehensive medical plans, which include prescription services, can be viewed at utsystem.edu/offices/employee-benefits.

2 UT MEDICAL PLANS

Provided at no cost for full-time employee only coverage!



Copayments	
\$30 Family Care Physician	\$50 Specialist

Coinsurance	
80% Plan	20% Member

Annual Deductible	
\$3,500 Maximum Individual	\$3,500 Maximum Family

Annual Deductible	
\$600 Individual	\$1,800 Family

Out-of-Network	Out-of-Area
60% of allowable amount After \$1,800 Annual Deductible	75% of allowable amount After \$600 Annual Deductible

Annual Out-of-Pocket Maximum	
\$8,700 Individual	\$17,400 Family

Includes medical and prescription deductibles, copayments, and coinsurance

**LOWER
OUT-OF-POCKET
COSTS WITH ACCESS
TO QUALITY CARE!**

Copayments	
\$5 Family Care Physician	\$50 Specialist

Coinsurance	
80% Plan	20% Member

Annual Deductible	
\$3,500 Maximum Individual	\$3,500 Maximum Family

Annual Deductible	
\$500 Individual	\$1,500 Family

Out-of-Network	Out-of-Area
Urgent Care and Emergency Only	Urgent Care and Emergency Only

Annual Out-of-Pocket Maximum	
\$8,700 Individual	\$17,400 Family

Includes medical and prescription deductibles, copayments, and coinsurance



PRESCRIPTION DRUG PROGRAM


Annual Deductible per person	Retail Network Pharmacy Co-payments Up to 30 day supply	Mail Order / Walgreens / UT Pharmacy Co-payments 90 day supply
\$200	Generic	Generic
	\$10	\$20
	Preferred Brand	Preferred Brand
	\$35	\$87.50
	Non-Preferred Brand	Non-Preferred Brand
	\$60	\$150

Details about these self-funded comprehensive medical plans, which include prescription services, can be viewed at utsystem.edu/offices/employee-benefits.

3 DENTAL PLANS

Preventative Services	
100% of allowed amount	50% to 80% of allowed amount After \$25 Annual Deductible Per Person for minor and major restorative, endodontics, prosthodontics, oral surgery and orthodontia
UT SELECT DENTAL	Annual Maximum
	Lifetime Maximum
\$1,250 per person	\$1,250 per person for Orthodontia

Preventative Services	
100% of allowed amount	80% to 100% Of allowed amount No Deductible for minor and major restorative, endodontics, prosthodontics, oral surgery and orthodontia
UT SELECT DENTAL PLUS	Annual Maximum
	Lifetime Maximum
\$3,000 per person	\$3,000 per person for Orthodontia



DeltaCare USA DENTAL HMO

- Selection restricted by residence address
- Primary care dentist selection required
- No claim forms
- No deductible
- Variable co-payments
- No Annual Maximum Benefit
- Services are not available outside of Texas

2 VISION PLANS



SUPERIOR VISION

PROVIDES:

- Routine eye exam with glasses or contacts annually
- \$140 annual retail allowance for frames and lenses
- Discounts are available for other services

SUPERIOR VISION PLUS

PROVIDES:

- Same benefits as the Basic vision plan
- +** Benefits for
 - Progressive lenses
 - Polycarbonate lenses up to age 25
 - Factory scratch coating
 - Ultraviolet coating
- \$165 annual retail allowance for frames and lenses

Details about these services can be viewed at utsystem.edu/offices/employee-benefits.

Living Well

HEALTH & WELLNESS PROGRAM

The UT System Living Well program enables employees, retirees, and dependents enrolled in the UT SELECT Medical or UT CONNECT plan to take charge of their health and develop their own personal wellness program by leveraging a variety of resources including:

- ★ **WONDR HEALTH (formerly Naturally Slim Weight Management)**
- ★ **MDLIVE VIRTUAL DOCTOR VISITS 24/7 WITH \$0 COPAY**
- ★ **OMADA to reduce risk of Type 2 diabetes and manage weight**
- ★ **HEALTH ADVOCACY SOLUTIONS (HAS) personal health care coordination**
- ★ **HINGE HEALTH non-surgical care for chronic hip, shoulder and neck pain**
- ★ **LIVONGO simplified approach to diabetes management for Type 1 or Type 2 diabetes**
- ★ **REIMBURSEMENT FOR EXERCISE EXPENSES (letter of medical necessity required)**



FUN, ENGAGING PROGRAMS TO HELP DRIVE A HEALTHIER YOU!

Learn more about all of these programs at our Living Well website: www.livingwell.utsystem.edu

EMPLOYEE ASSISTANCE PROGRAM

We understand that employees and their household members sometimes need to address problems in a confidential, professional manner. That's why we offer an Employee Assistance Program to assist employees and their families dealing with problems affecting them at home or at work. Whether your concern is considered minor or major, licensed clinicians are available to assist on various topics including:

	AGING PARENTS	ALCOHOL/ DRUG ASSESSMENT	ANXIETY	CAREER CHANGE	
		DEPRESSION	DIVORCE/ SEPARATION	FAMILY PROBLEMS	FINANCIAL STRESS
GRIEF/ LOSS	PERSONAL GROWTH	PHYSICAL/ EMOTIONAL ABUSE	WORK-LIFE BALANCE	WORK-RELATED PROBLEMS	

- Appointments may be scheduled
- Monday-Friday between 8am and 5pm
- (214) 648-5330 (800) 386-9156
- EAP@utsouthwestern.edu
- Visit us on the Web
- <http://www.utsouthwestern.edu/eap>

Details about these services can be viewed at utsystem.edu/offices/employee-benefits.

UTSouthwestern
Medical Center

RETIREMENT PROGRAMS

All benefit-eligible employees must contribute to one of the two the mandatory retirement programs.

HELP PLAN FOR YOUR FUTURE

TEACHER RETIREMENT SYSTEM OF TEXAS (TRS)

TRS is a defined benefit plan with a five-year vesting period.

OPTIONAL RETIREMENT PROGRAM (ORP)

ORP is a defined contribution plan with a one year and one day vesting period. Eligibility for ORP is based on the job you perform. Contributions are funded to your investment account.

FULL-TIME WORKING STATUS REQUIRED	EMPLOYEE CONTRIBUTION	UT SOUTHWESTERN CONTRIBUTION
	6.65%	8.5%

TRS EMPLOYEE CONTRIBUTION

8.0%

of employee's annual salary toward retirement

We value our employees and reward for tenure and service

TRS EMPLOYER CONTRIBUTION INTO THE PENSION FUND

8.0%

of employee's annual salary



VOLUNTARY RETIREMENT PROGRAMS

401k plan transfer allowed

UT Saver Tax Sheltered Annuity (TSA)

A voluntary supplemental retirement program in which you can make pre-tax and post-tax contributions. Enroll, change or stop contributions any time of year.

UT Saver Deferred Compensation Plan (DCP)

A voluntary supplemental retirement program in which you can make pre-tax and post-tax contributions. Enroll, change or stop contributions any time of year.

SERVICES DESIGNED TO PROVIDE CRITICAL COVERAGE

Disability, Life and Accidental Death and Dismemberment Insurance

EMPLOYEE-PAID PROGRAMS THAT PROVIDE INCOME PROTECTION

SHORT-TERM DISABILITY

LONG-TERM DISABILITY



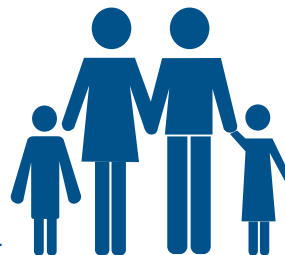
Replaces a Portion of Your Income

- Short-term illness
- Injury due to non-work related incident
- Adding a child to your family

60% of your Regular Weekly Earnings
Maximum benefit of \$850 weekly

- Prolonged illness
- Injury due to non-work related incident

60% of your Monthly Earnings
Maximum benefit of \$15,000 monthly



VOLUNTARY GROUP TERM LIFE INSURANCE

Helps ensure financial security for your family and loved ones upon your death.

ACCIDENTAL DEATH AND DISMEMBERMENT

Provides additional financial support for your family and loved ones.

Details about these services can be viewed at utsystem.edu/offices/employee-benefits.

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EVERYONE WANTS TO KNOW ABOUT...

HOLIDAYS

There are **13** paid holidays for the current fiscal year. No waiting to use holidays.



VACATION LEAVE

New Full-time Employees
ACCRUAL RATE

8 hours of vacation leave each month.

- Generous carryover provisions are available year to year.
- Prior state service counts toward accrual rate.

12 vacation days total each year for typical full-time employees.

ACCRUAL RATE
INCREASES AFTER 2 YEARS!

Part-time Employees
ACCRUAL RATE
Proportionate to their percent time

LONGEVITY PAY

Years of service = \$\$

- Longevity Pay is available after 2 years.
- Longevity Pay increases with every two years of service.

Additional Benefits



SICK LEAVE

New Full-time Employees
ACCRUAL RATE

8 hours of sick leave each month.

12 sick days total each year for typical full-time employees.

Part-time Employees
ACCRUAL RATE
Proportionate to their percent time

- Sick leave can be used once it is accrued.
- Generous carryover provisions are available year to year.

WORK/LIFE BALANCE

- ★ On Site Day Care
- ★ Employee Discount Program
- ★ Tuition Reimbursement Program
- ★ Convenient dining facilities on premises
- ★ Subsidized rates for backup day care through Bright Horizons

MILITARY & VETERAN SUCCESS CENTER







We value our service members and are proud to provide support to ex-military personnel and Military Veterans that have recently transitioned from the Military or may be currently serving in the Military.

The program includes:

- ★ Talent management & career coaching
- ★ Transition guidance
- ★ Building relationships with new civilian leaders and peers
- ★ Information on VA Medical, Education, and Service-connected Benefits
- ★ Information concerning self-identifying your veteran and/or disability status

HEALTH INSURANCE, DENTAL INSURANCE, VISION PLANS AND TOBACCO PREMIUM

MONTHLY PREMIUM FOR MEDICAL, DENTAL, VISION AND TOBACCO

	COVERAGE LEVEL	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family
 MEDICAL	UT Connect Full-Time	\$0.00	\$261.64	\$273.64	\$515.22
	UT Select Full-Time	\$0.00	\$290.70	\$304.04	\$572.46
	Part-Time	\$337.58	\$805.22	\$754.84	\$1,201.26
 DENTAL	UT Select Dental	\$28.52	\$54.14	\$59.66	\$84.84
	UT Select Dental Plus	\$61.40	\$116.60	\$128.66	\$183.30
	DentalCare USA Dental HMO	\$8.80	\$16.74	\$18.50	\$26.40
 VISION	Superior Vision	\$5.02	\$7.90	\$8.10	\$12.84
	Superior Vision Plus	\$7.64	\$11.98	\$12.82	\$18.10
 TOBACCO	Premium*	\$30.00	\$60.00	\$60.00	\$90.00

For additional information or if you have questions, please email Benefits@UTSouthwestern.edu or call 214-648-9830.

Details about these services can be viewed at utsystem.edu/offices/employee-benefits.