

UT Southwestern

Medical Center

Pharmacy Residency Manual

Division of Pharmacy Services

2025-2026

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,
The UTSW Residency Program Leadership

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The University of Texas Southwestern Medical Center

Division of Pharmacy Services Residency Programs

Program Administration

Consistent with the commitment of the hospital and the Division of Pharmacy Services, 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 via PharmAcademic
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)]
- Completion of the annual preceptor self-assessment by May 31st (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

- Todd Connor, PharmD, MS – Director of Acute Care Pharmacy Services and Innovation, PGY1/PGY2/Masters Health System Pharmacy Administration and Leadership Residency Program Director
- Joshua Blackwell, PharmD, MS, MBA, FTSHP, BCSCP – Clinical Pharmacy Manager, Ambulatory Services and PGY1/PGY2/Masters Health System Pharmacy Administration and Leadership Residency Program Coordinator
- Jerry James, PharmD, MS – Administrative Director of Pharmacy Services
- Christine Hong, PharmD, MBA, BCOP – Director of Oncology and Investigational Drug Services, PGY2 Investigational Drugs and Research Residency Program Director
- Oanh Nguyen, PharmD, MBA, BCPS, BCCCP – Director of Quality, Safety, Education, & Non-Oncology Investigational Drug Services, PGY1 Pharmacy Residency Program Director
- Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP – Assistant Director of Pharmacy, Clinical Services
- Elizabeth Kim, PharmD, BCPS - Pharmacy Clinical Manager, Acute Care Services
- Jennifer Lim, PharmD, BCSCP - Pharmacy Operations Manager, Acute Care Services
- Michelle Ramos, PharmD, BCPS - Transitions of Care/Discharge Pharmacy Coordinator
- Belen Tilahun, PharmD, BCPS, BCCCP – Quality and Safety Operations Coordinator

Acute Care

- Whitney Chaney, PharmD, BCPS, BCCCP – Surgical ICU and Nutrition Support
- Kyndol Craver, PharmD – Cardiology, Advanced Cardiology
- Kathryn Cox, PharmD, BCPS (AQ Cardiology), BCCP, BCCCP - Cardiology, Advanced Cardiology & Cardiac ICU
- Cameron Durlacher, PharmD, MS, BCPS – Cardiovascular ICU Staffing
- Esther Golnabi, PharmD, BCIDP – Infectious Diseases
- Wendi Guo, PharmD, BCPS, BCCCP – Medical and Surgical ICU Staffing
- Mark Herrington, PharmD, BCIDP – Transplant Infectious Diseases
- Lindsay Jacobs, PharmD, MPH, BCCCP, BCEMP – Emergency Medicine, PGY2 Critical Care Residency Program Coordinator
- Claire Klimko, PharmD, BCPS – Medical and Surgical ICU Staffing
- Iris Lee, PharmD, BCPS – Clinical Pharmacy Coordinator, Acute Care
- Jordan Light, PharmD, BCPS - Geriatrics
- Chephra McKee, PharmD, BCPPS – Neonatal ICU, PGY1 Pharmacy Residency Program Coordinator
- Van Ngo, PharmD, BCPS, BCTXP – Solid Organ Transplant
- Habeeba Nizamdin, PharmD, BCPS – Neurocritical Care Staffing
- Mary Olumesi, PharmD, BCPS, BCCCP – Solid Organ Transplant
- Bhavyata Parag, PharmD, BCPS – Internal Medicine, Advanced Internal Medicine
- Brittany Parmentier, PharmD, BCPS, BCPP – Psychiatry
- Erika Powe, PharmD – Solid Organ Transplant
- Eden Mae Rodriguez, PharmD, BCPS – Pain/Palliative Care
- Klay Ryman, PharmD, BCCCP – Medical ICU
- Madeline Scarbrough, PharmD, BCCCP – Neurocritical Care
- Lisa Skariah, PharmD, BCPS - Cardiovascular ICU
- Candace Sutton, PharmD, BCPS, BCGP – Clinical Pharmacy Coordinator, Acute Care
- Alex Tatara, PharmD, BCPS – Internal Medicine, Advanced Internal Medicine
- Jennifer Tawwater, PharmD, BCPS, BCCCP – Medical ICU, PGY2 Critical Care Residency Program Director
- Valerie Vuylsteke, PharmD, BCACP - Transitions of Care
- Jessica Francois Whitt, PharmD, BCTXP, Solid Organ Transplant

Ambulatory Care

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

Investigational Drug Services

- Christine Hong, PharmD, MBA, BCOP – Director of Oncology and Investigational Drug Services, PGY2 Investigational Drugs and Research Residency Program Director
- Stefanie Conley, PharmD, BCOP – Clinical Pharmacy Manager, Oncology Investigational Drug Service & PGY2 Investigational Drugs and Research Residency Program Coordinator
- Pearl Abraham, PharmD, BCPS, BCOP, Outpatient Multiple Myeloma Clinic
- Sonia Gonzales, PharmD, BCOP – Clinical Coordinator Inpatient and Non-Oncology Investigational Drug Service

- Hieu Tran, PharmD, BCOP – Oncology Pharmacist Informaticist
- Kailee Gaines, PharmD, BCOP – Outpatient Lymphoma Clinic
- Olivia White, PharmD, BCOP – Outpatient GI Oncology Clinic
- Rochelle Horadam, RPh, BCOP – Outpatient Breast Clinic
- Christina Baroody, PharmD – Outpatient, Oncology Clinical Research
- Ashley Jones, PharmD, BCOP – Hematology/Oncology
- Hetalkumari Patel, PharmD, BCOP– Clinical Pharmacy Manager, Hematology/Oncology
- Rochelle Horadam, RPh, BCOP – Outpatient Breast Clinic

Hematology/Oncology

- Pearl Abraham, PharmD, BCPS, BCOP, Outpatient Multiple Myeloma Clinic
- Kailee Gaines, PharmD, BCOP – Outpatient Lymphoma Clinic
- Katherine Hill, PharmD, BCOP, Medical Oncology
- Ashley Jones, PharmD, BCOP – Hematology/Oncology
- Hetalkumari Patel, PharmD, BCOP– Clinical Pharmacy Manager, Hematology/Oncology
- Katie Rascon, PharmD, Hematology/Oncology
- Chris Selby, PharmD, BCOP – Hematology/Oncology
- Olivia White, PharmD, BCOP – Outpatient GI Oncology Clinic
- Rochelle Horadam, RPh, BCOP – Outpatient Breast Clinic
- Alicia Yn, PharmD, BCOP – Bone Marrow Transplant

External Rotation Preceptors

- David Chen, RPh, MBA – ASHP Association Management
- Tramauni Brock, PharmD, MBAC – Pediatric Pharmacy Leadership (Children’s Medical Center of Dallas)
- Janie Faris, PharmD, BCCCP – Burn ICU (Parkland)
- Stephy George, PharmD, BCPS, BCCCP – Trauma ICU (THR Dallas)
- Ronald Hall, PharmD, MSCS – Clinical Trial Pharmacology
- Sarah Lee, PharmD, MS – Apexus 340B Program Management
- Anne Policastri, PharmD, MBA, FASHP, FKSHP – ASHP Association management
- Jennifer Roth, PharmD, BCPS, BCCCP – Trauma Surgical ICU (Parkland)

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	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	Preceptor "thinking out loud" while solving patient cases as the resident observes and listens
Coaching	Resident demonstration of thinking strategies by "thinking out loud" while performing tasks and receiving feedback from the preceptor	Resident "thinking out loud" while solving patient cases and receiving feedback from the preceptor
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>

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 the last Friday of the orientation period. Matching of resident / advisor pairs completed by the first Monday in August.
 - 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, Vizient, 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.

** 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*

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 Division of Pharmacy Services. 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 Division of Pharmacy Services

Division of Pharmacy Services Mission/Vision Statement

The mission of the Division 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) Division of Pharmacy Services 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 Division of Pharmacy Services 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 division'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.

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 mentors the resident and assists in the decision process. 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 oneself, 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, which is incorporated in the initial plan, 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 the 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. All UTSW residency programs will use Electronic Resident Development Plan in PharmAcademic.

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 should be assessed as achieved on at least two different learning experiences to be marked Achieved for the Residency. If the resident does not achieve a particular objective which is taught and evaluated on two or more learning experiences, the residency program director can achieve for the residency based upon a review of progress and evaluations submitted in PharmAcademic. 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 as well as one afternoon from 1600-1900 every other week or a commitment of at least 72 hours of afternoon/evening shift time throughout the year, and for 7 days of the project time in November/December.
3. The PGY1 pharmacy residents will typically staff in central pharmacy (e.g., central pharmacy and sterile compounding area) and in the decentralized areas (e.g., internal medicine unit, etc.) throughout the year.
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 & Holiday Staffing Coverage

UT Southwestern honors national holidays and each fiscal year, the health system provides exact details with dates. The following holidays are honored each year through the health system:

- Labor Day
- Thanksgiving Day and Thanksgiving Holiday (Friday)
- Christmas Holiday
- New Years Day Holiday
- Martin Luther King Jr. Holiday
- Memorial Day
- Emancipation Day (Juneteenth)
- Independence Day

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

1. Residents will be expected to cover holidays as deemed appropriate by the 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 pharmacist 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 too.
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 division 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 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 utmost importance to the residency program, the Division of Pharmacy Services, 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 counselor through the [Employee Support, powered by Headspace Program](#) 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 (855) 420-0734. There are no out-of-pocket costs for 24/7/365 Employee Support Line, 1:1 mental wellness, text-based coaching, personalized referrals for therapy and psychiatry, critical incident support, workplace seminars, and employees and their dependents enrolled in UTSW health plans also have access to therapy and psychiatry through MD Live at no cost.

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 Division of Pharmacy Services 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 Division of Pharmacy Services 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-and-guidelines/duty-hour-policy).

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 Division of Pharmacy Services 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 division'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 “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 decide 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

Division ACPE Presentation

Goal

The goal of the Division 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

Division ACPE Presentations will be held in the 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 Division 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 Division of Pharmacy Services 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

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, which will be provided by the Division of Pharmacy, is required by the division 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 division 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 (gratuity 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 that all receipts are accounted.

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

Residency MUE and Resident Projects

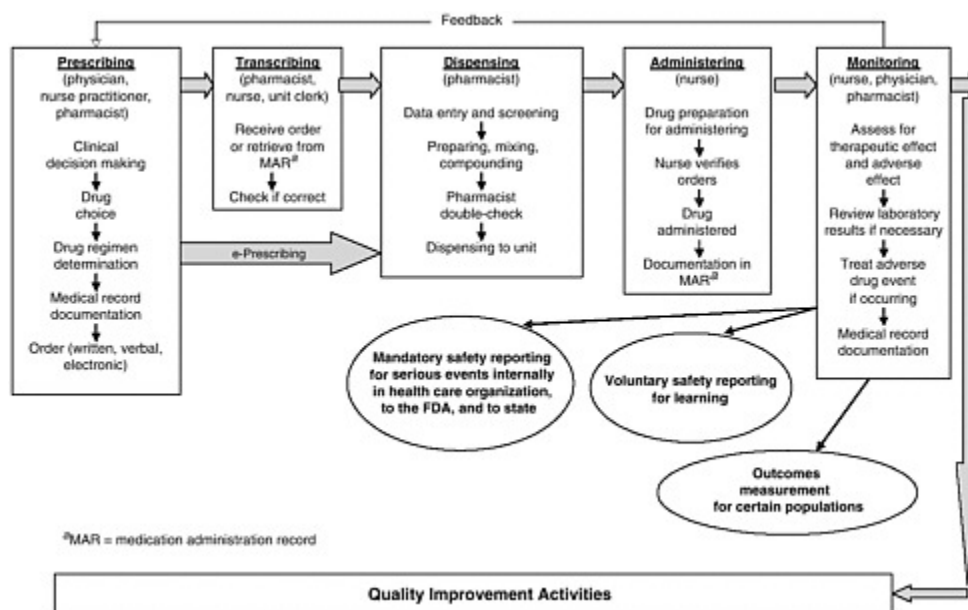
Background

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 divisions 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 Division of Pharmacy Services 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 Division/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 Division of Pharmacy Services. 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 division/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 & Critical Care Residency Program)

Division 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 Division of Pharmacy Services recognizes the importance of intra- and interdivisional communication. The divisional 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 divisional employees

Resident Goals

1. To describe the strategy of using a divisional newsletter to promote intra- and interdivisional 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 divisional newsletter
5. To submit an article for publication in the divisional 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 divisional 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 Divisional newsletter to the Assistant Vice President and all Directors of Pharmacy in the division

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 policies/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 division 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 division.

Committee Functions

The primary function of a committee is to contribute to the efficient operation of an organization, division 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 division 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 Division Committees

- Central Pharmacy Team
- 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 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'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
- Cancer Center QAPI Committee
- Critical Care QAPI Committee
- Data Safety Monitoring Committee – Cancer Center
- Director's Operations Meeting - Cancer Center
- ECMO (extracorporeal membrane oxygenation) Center for Excellence
- ED Clinical Operations
- ED Sepsis Team
- Ethics Committee
- Evidence Based Critical Care 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
- 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 members of the recruitment committee, using the Applicant Screening Worksheet. The Applicant Screening Worksheet lists various categories to be scored and evaluated. The categories may include items such as healthcare work experience, publications and research experience, presentations, awards, scholarship, leadership, and volunteering.

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.

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/PC 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/PC 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
 - o The interview and presentation will include representation from:
 - Residency leadership
 - Division leadership
 - Preceptors
 - Current residents
 - o 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 division'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: 1 = Deficient, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent and a final assessment by interviewer to either Rank or Do Not Rank the candidate.

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 the 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

January/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

Division of Pharmacy Services 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 5 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 divisional 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 link below to the PGY1 Pharmacy Residency harmonized competency areas, goals and objectives

- [Harmonized 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)
- Adult Infectious Diseases Consult (4 weeks)
- Cardiology (4 weeks)
- 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 Professional Development (11-month longitudinal experience)
- Longitudinal Teaching and Learning Certificate Program (12-month longitudinal experience)
- Longitudinal Clinical Practice and Medical Emergencies Learning Experience (11-month longitudinal experience)

Elective Rotations

The following 4-week elective rotations are available:

- Ambulatory Care (option of 1 or more of the following options)
 - Primary Care
 - Cardiology Focus
 - Specialty Diseases/Inflammatory (Rheumatology & IBD Focus)
 - Ambulatory Care- Anticoagulation: Remote Elective Rotation
- Cardiovascular Intensive Care Unit
- Cardiac Intensive Care Unit
- Medical Intensive Care Elective (if not completed as a required rotation for Critical Care)
- Neonatal Intensive Care Unit
- Neurocritical Care
- Outpatient Medical Oncology, Genitourinary
- Surgical Critical Care Elective (if not completed as a required rotation for Critical Care)
- Advanced Internal Medicine
- Bone Marrow Transplant
- Outpatient Multiple Myeloma Clinic
- Outpatient Lymphoma Clinic
- Clinical Administration
- Emergency Medicine
- Investigational Drug Services (IDS)
- Inpatient Oncology
- Pain & Palliative Care
- Pediatrics
- Pharmacy Informatics and Data Management
- Psychiatry
- Solid Organ Transplant
- Transplant Infectious Diseases

- Transitions of Care
- Trauma ICU

Rotations and Preceptors

PGY1 Required Rotations (4-week rotations)	Preceptors
Orientation	<ul style="list-style-type: none"> • Iris Lee, PharmD, BCPS • Chephra McKee, PharmD, BCPPS • Candace Sutton, Pharm, BCPS, BCGP
Adult Infectious Diseases Consult	<ul style="list-style-type: none"> • Esther Bae, PharmD, BCIDP • Mark Herrington, PharmD
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"> • Kyndol Carver, PharmD • 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"> • Whitney Chaney, PharmD, BCPS, BCCCP • Klay Ryman, PharmD, BCCCP • Jennifer Tawwater, PharmD, BCPS, BCCCP
Internal Medicine	<ul style="list-style-type: none"> • Bhavyata Parag, PharmD, BCPS • Alexandra Tatara, PharmD, BCPS
Pharmacy Administration <ul style="list-style-type: none"> • Pharmacy Administration/Medication Safety * • Finance/Budgeting I † • Inpatient Operations I † <p>*For PGY1 Pharmacy Residents †For PGY1 Health System Pharmacy Administration & Leadership Residents</p>	<ul style="list-style-type: none"> • Todd Connor, PharmD, MS † • Meagan Johns, PharmD, MBA, BCPS, BCCCP, BCNSP* • Oanh Nguyen, PharmD, MBA, BCPS, BCCCP *

PGY1 Elective Rotations (4-week rotations)	Preceptors
Ambulatory Care (option of 1 or more of the following options) <ul style="list-style-type: none"> • Primary Care • Cardiology Focus • Specialty Diseases/Inflammatory (Rheumatology & IBD Focus) • Anticoagulation: Remote Elective Rotation 	<ul style="list-style-type: none"> • Noelle Cordova, PharmD, BCACP – Digestive Diseases • Erin Davidson, PharmD, MS, BCACP - Cardiology • Chinyere Nkwocha, PharmD, BCACP – Primary Care • Jolly Raju, PharmD, CACP – Anticoagulation Services
Cardiovascular Intensive Care Unit	<ul style="list-style-type: none"> • Lisa Skariah, PharmD, BCPS
Medical Intensive Care Elective	<ul style="list-style-type: none"> • Klay Ryman, PharmD, BCCCP • Jennifer Tawwater, PharmD, BCPS, BCCCP
Neonatal Intensive Care Unit	<ul style="list-style-type: none"> • Chephra McKee, PharmD, BCPS
Neurocritical Care	<ul style="list-style-type: none"> • Madeline Scarbrough, PharmD, BCCCP
Surgical Critical Care Elective	<ul style="list-style-type: none"> • Whitney Chaney, PharmD, BCPS, BCCCP
Antimicrobial Stewardship	<ul style="list-style-type: none"> • Esther Bae, PharmD, BCIDP
Advanced Internal Medicine	<ul style="list-style-type: none"> • Bhavyata Parag, PharmD, BCPS • Alexandra Tatara, PharmD, BCPS

Rotations and Preceptors *(continued)*

PGY1 Elective Rotations (4-week rotations)	Preceptors
Bone Marrow Transplant	<ul style="list-style-type: none"> Alicia Yn, PharmD, BCOP
Outpatient Multiple Myeloma Clinic	<ul style="list-style-type: none"> Pearl Abraham, PharmD, BCPS, BCOP
Outpatient Lymphoma Clinic	<ul style="list-style-type: none"> Kaille Gaines, PharmD, BCOP
Outpatient Medical Oncology, Genitourinary	<ul style="list-style-type: none"> Katherine Hill, 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, BCEMP
Investigational Drug Services (IDS)	<ul style="list-style-type: none"> Stefanie Conley, PharmD, BCOP Sonia Gonzales, PharmD, BCOP
Inpatient 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"> Elizabeth Kim, PharmD, BCPS
Solid Organ Transplant	<ul style="list-style-type: none"> Van Ngo, PharmD, BCPS Mary Olumesi, PharmD, BCPS, BCCCP Jessica Francois Whitt, PharmD
Transplant Infectious Diseases	<ul style="list-style-type: none"> Mark Herrington, PharmD
Transitions of Care	<ul style="list-style-type: none"> Valerie Vuylsteke, PharmD, BCACP
Trauma ICU	<ul style="list-style-type: none"> Stephy George, PharmD, BCPS, BCCCP

Longitudinal Rotations	Preceptors
Longitudinal Clinical Practice and Medical Emergencies Learning Experience (11-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"> Madeline Scarbrough, PharmD, BCCCP Alexandra Tatara, PharmD, BCPS
Longitudinal Teaching and Learning Certificate Program (12-month longitudinal experience)	<ul style="list-style-type: none"> Instructors at TTUHSC Chephra McKee, PharmD, BCPS

Program Leadership

PGY1 Program Director

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PGY1/PGY2 Health System Pharmacy Administration & Leadership Residency with Masters

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 or Master of Science in Health Informatics (MSHI) from UT Southwestern School of Health Professions.

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. The MSHI program was designed to prepare leaders for a career interfacing health care and technology. The MSHI program will provide students with the interpersonal, cognitive, analytical, and applied skills needed to thrive in the field of health informatics.

To support the development of leaders for the pharmacy profession, the Division of Pharmacy Services 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 or MSHI from UT Southwestern School of Health Professions. 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/MSHI degree options 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 and/or UT Southwestern. Based on the agreement between the Division of Pharmacy, The University of Texas at Dallas, and School of Health Professions, candidates matching for the residency program are admitted to the MBA/MSHI programs. The necessary paperwork for the MBA/MSHI 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 Division of Pharmacy Services for work completed within the Health-System Pharmacy Administration and Leadership specialty residency. Tuition expenses for the MBA/MSHI program are fully supported via UT Southwestern Medical Center Division of Pharmacy. The master program 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](#)

[UT Southwestern School of Health Professions 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 follow 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 on 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 Division of Pharmacy Services 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/MSHI 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 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 residents. 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/MSHI program with real-life experiences within the Division 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 – Todd Connor, PharmD, MS
PGY2 Required Longitudinal Rotations <i>(50 weeks, unless specified)</i>	
Advanced Clinical Practice (Staffing)	Cameron Durlacher, PharmD, MS, BCPS
Human Resource Management and Leadership	Todd Connor, PharmD, MS
Strategic Planning	Jerry James, PharmD, MS
Resident Research Project	<i>Preceptor dependent upon subject matter expert*</i>
Medication Use Evaluation Project	<i>Preceptor dependent upon subject matter expert*</i>
ACPE Accredited Presentation <i>(26 weeks)</i>	<i>Preceptor dependent upon subject matter expert*</i>
PGY2 Required Rotations <i>(4 weeks rotation)</i>	
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, MBA, FTSHP, BCSCP
Hematology/Oncology Operations	Christine Hong, PharmD, MBA, BCOP
Quality and Medication Safety Management	Oanh Nguyen, PharmD, MBA, BCPS, BCCCP
Executive Pharmacy Leadership	Todd Connor, PharmD, MS
Finance/Budgeting II	Todd Connor, PharmD, MS
Pharmacy Informatics & Data Management	Elizabeth Kim, PharmD, BCPS
PGY2 Elective Rotations <i>(4 weeks rotation)</i>	
Association Management	American Society of Health System Pharmacists (ASHP) <i>Assigned by ASHP</i>
Apexus 340B	Apexus <i>Assigned by Apexus</i>
Community Hospital Operations	Texas Health Hospital Rockwall Todd Connor, PharmD, MS
Investigational Drugs & Research Management	Stefanie Conley, PharmD, BCOP
Pediatric Pharmacy Leadership	Children’s Medical Center of Dallas <i>Assigned by Children’s Medical Center of Dallas</i>
Specialty Pharmacy Operations	Joshua Blackwell, PharmD, MS, MBA, FTSHP, BCSCP

*Preceptors approved within the PGY1 Pharmacy Residency Program qualify to serve as subject matter experts and/or preceptors for required projects within the PGY2 Health System Pharmacy Administration & Leadership Residency Program

Projects

Resident Research Project and Medication Use Evaluation (MUE)

During the residency year, the PGY2 Health System Pharmacy Administration & Leadership resident must complete 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. Project preceptors will be dependent upon subject matter experts (e.g. PGY1 Pharmacy Residency preceptors eligible to precept PGY2 project)

Business Plan

The PGY2 Health System Pharmacy Administration & Leadership resident must complete and present a business plan to the leadership of the Division of Pharmacy Services as well as any health system leader designated by the business plan preceptor. The scope, magnitude, and type of business plan will vary to division 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 residents will be assigned to divisional, 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 division operations, medication systems and 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 residents 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 Division of Pharmacy Services (see Division ACPE Presentation for additional information). Project preceptors will be dependent upon subject matter experts (e.g. PGY1 Pharmacy Residency preceptors eligible to precept PGY2 project)

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 Division of Pharmacy Services schedule team per Division of Pharmacy Services PTO policy

Resident Leadership Responsibilities

- In conjunction with UTSW Pharmacy Staff Council, coordinate the divisional' s National Health-System Pharmacy Week activities including division gifts, meals, and division 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

Required Residency Meetings

The Division of Pharmacy Services 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 Division 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
Division of Pharmacy Services
6201 Harry Hines Blvd
Dallas, TX 75390

Program Coordinator

Joshua Blackwell, PharmD, MS, MBA, FTSHP, BCSCP
Clinical Pharmacy Manager, Ambulatory Services
Division of Pharmacy Services
2929 N Stemmons Fwy; XA 1.216
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 ASHP-accredited program. 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)
- Burn ICU – Off-site (4 weeks)
- Trauma ICU – Off-site (4 weeks)
- Emergency Medicine (4 weeks)
- Critical Care Precepting (4-6 weeks)
- Nutrition Support (2-4 weeks)
- Palliative Care (2-4 weeks)
- Toxicology (2 weeks)
- Transfusion Medicine (1-2 weeks)
- Bone Marrow Transplant (4 weeks)
- Solid Organ Transplant (4 weeks)

- Transplant Infectious Diseases (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) at the Jerry H. Hodge TTUHSC School of Pharmacy

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

Required Concentrated Learning Experiences	Preceptors
Orientation	Jennifer Tawwater, PharmD, BCPS, BCCCP Lindsay Jacobs, PharmD, MPH, BCCCP, BCEMP
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	Madeline Scarbrough, PharmD, BCCCP
Surgical ICU	Whitney Chaney, PharmD, BCPS, BCCCP
Infectious Diseases	TBD

Required Longitudinal Learning Experiences	Preceptors
Pharmacy Staffing	Cameron Durlacher, PharmD, MS, BCPS Wendi Guo, PharmD, BCPS, BCCCP Claire Klimko, PharmD, BCPS Habeeba Nizamdin, PharmD, BCPS
Medical Emergencies	Lindsay Jacobs, PharmD, MPH, BCCCP, BCEMP
Practice Management <ul style="list-style-type: none"> • Medication Safety 	Meagan Johns, PharmD, BCPS, BCCCP, BCNSP Belen Tilahun, PharmD, BCPS, BCCCP
Research	TBD based on topic selection

Elective Concentrated Learning Experiences	Preceptors
Repeat of a required ICU Rotation	Whitney Chaney, PharmD, BCPS, BCCCP Katy Cox, PharmD, BCPS (AQ Cardiology), BCCP, BCCCP Klay Ryman, PharmD, BCCCP Madeline Scarbrough, PharmD, BCCCP Lisa Skariah, PharmD, BCPS Jennifer Tawwater, PharmD, BCPS, BCCCP
Burn ICU (Off-Site)	Janie Faris, PharmD
Trauma ICU (Off-Site)	Jennifer Roth, PharmD, BCPS, BCCCP
Emergency Medicine	Lindsay Jacobs, PharmD, MPH, BCCCP, BCEMP
Critical Care Precepting	Jennifer Tawwater, PharmD, BCPS, BCCCP
Nutrition Support	Whitney Chaney, PharmD, BCPS, BCCCP
Palliative Care	Eden Rodriguez, PharmD
Transfusion Medicine	Sean Yates, MD
Bone Marrow Transplant	Alicia Yn, PharmD, BCOP
Solid Organ Transplant	Van Ngo, PharmD, BCPS, BCTXP Mary Olumesi, PharmD, BCPS, BCCCP Jessica Francois Whitt, PharmD, BCTXP
Transplant Infectious Diseases	Mark Herrington, PharmD, BCIDP

Other elective experiences may be developed based on resident and interest and preceptor availability

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 resident's responsibility to ensure proper documentation is completed and turned into the RPD for all required orientation items for the hospital, division, and residency program. The resident will ensure completion of the Residency Completion Checklist that pertains to orientation and turn it into the RPD by the last day of orientation.

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 division 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, BCEMP
 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 or Solid Tumor): 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 divisional, 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 Division of Pharmacy Services

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 Division of Pharmacy Services schedule team per Division of Pharmacy Services PTO policy

Residency Required Meetings

The Division of Pharmacy Services 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 Division 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

PGY2 Required Rotations	Preceptors
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	Preceptors
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 Rotations	Preceptors
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
 Division of Pharmacy Services
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Program Coordinator

Stefanie Conley, PharmD, BCOP
 Clinical Pharmacy Coordinator, Oncology Investigational Drug Services
 Division of Pharmacy Services
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 Dallas, TX 75390
 Office: (214) 645-8278
Stefanie.Conley@utsouthwestern.edu

Signature Page

I recognize and value the Division 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	<i>Date(s) Completed</i>
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	<i>Date(s) Completed</i>
Obtainment of Texas Registered Pharmacist License (within 90 days of start of residency)	

Required Rotations	<i>Date(s) Completed</i>
Orientation (July)	
Adult Infectious Diseases Consult	
Cardiology	
Critical Care	
Internal Medicine	
Pharmacy Administration and Medication Safety	

Elective Rotations	<i>Date(s) Completed</i>
Elective One	
Elective Two	
Elective Three	
Elective Four	
Elective Five	

Longitudinal Requirements	<i>Date(s) Completed</i>
Longitudinal Teaching and Learning Certificate Program (12 months)	
Longitudinal Clinical Practice and Medical Emergencies Learning Experience (staff q 3 rd weekend, 1 afternoon 1600-1900 q other week, and 7 days during November/December Project Time and code response)-11-months	
Professional Development (twice monthly, 11 months)	

Experiences and Activities	<i>Date(s) Completed</i>
Service as Assistant Chief Resident	
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 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	<i>Date(s) Completed</i>
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	Date(s) Completed
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)	Date(s) Completed
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	

Required Rotations (4 weeks)	Date(s) Completed
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	

Elective Rotations (4 weeks)	Date(s) Completed
ASHP Association Management	
340B Operations	
Community Hospital Operations (Texas Health Resources)	
Investigational Drugs & Research Management	
Specialty Pharmacy Operations	

Longitudinal Requirements	Date(s) Completed
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 Masters Degree (MBA or MSHI), 90 weeks (including PGY1 residency year)	

Expectations & Required Activities	Date(s) Completed
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	Date(s) Completed
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	Date(s) Completed
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	Dates(s) Completed
Submit Entering Resident Self-Assessment Form	
Attend UTSW Hospital/Health System Orientation (<i>Early commit resident 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 • Resident Wellness and Resiliency Program 	
Select Residency Advisor and set-up initial meeting	
Select research project and set-up initial meeting with project advisor	
Complete CITI training and Taleo and Elsevier modules	
Select Medication Utilization Evaluation	
Assign committee involvement (SWAT, CQT, Medication Safety, Nutrition Support, P&T meetings, etc.)	
Pass 3 glove fingertip sampling test and media fill test in the IV room	

Licensure	Date Completed
Obtain and submit proof of Texas Registered Pharmacist License (within 90 days of start of residency)	

Required Concentrated Learning Experiences	Date Completed
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	Date Completed
Repeat of a required ICU Learning Experience (4 weeks)	
Burn ICU – off-site (4 weeks)	
Trauma ICU – off-site (4 weeks)	
Emergency Medicine (4 weeks)	
Critical Care Precepting (4-6 weeks)	
Nutrition Support (2-4 weeks)	
Palliative Care (2-4 weeks)	
Toxicology (2 weeks)	
Transfusion Medicine (1-2 weeks)	
Bone Marrow Transplant (4 weeks)	
Solid Organ Transplant (4 weeks)	
Transplant Infectious Diseases (4 weeks)	
Other elective experiences may be developed based on resident interest and preceptor availability	

Required Longitudinal Learning Experiences	Date Completed
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	Date Completed
Teaching Certificate (if not completed as PGY1)	

Expectations and Required Activities	Date Completed
Submit all development plans, self-evaluations, learning experience and preceptor evaluations by requested date.	
Present lecture to CVICU/SICU service every other month	
Complete 1-hour ACPE accredited CE presentation	
Complete medication use evaluation (<i>R2.1.2 - Not major project but may be part of the project</i>)	
Complete <u>one</u> of the following (<i>R2.1.1</i>): <ul 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. 	
Complete all the following at least 1 time (any of the below items may be repeated if competency not achieved): <ul 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 	
Present platform presentation or poster presentation of residency project at PGY2 RAC <u>AND</u> local, regional, or national conference	
Complete resident major research project and submit manuscript in publication format	
Participate in at least 1 but no more than 2 hospital committees. Committee assignment based on resident interest and institution needs.	
Participate in residency recruitment, as requested.	

Final PharmAcademic™ Requirements	Date Completed
Complete all evaluations and cosignatory requirements	
Complete ASHP post-residency survey	
Document in PharmAcademic™ PGY2 Critical Care Disease State Tracker/Appendix with 100% completion	
Rating of "Achieved for Residency (ACHR)" on at least 80% of the objectives for the ASHP Postgraduate Year 2 (PGY2) Critical Care Pharmacy Residencies	

RPD signature

Date

Resident signature

Date

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

Pre-Residency	Date(s) Completed
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	Date(s) Completed
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	Date(s) Completed
Obtain and submit proof of Texas Registered Pharmacist License (within 90 days of start of residency)	

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

Longitudinal Rotations	Date(s) Completed
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)	

Optional Longitudinal Rotation	Date(s) Completed
Teaching Certificate (if not completed as PGY1)	

Expectations & Required Activities	Date(s) Completed
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 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	Date(s) Completed
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

RPD signature

Date

Resident signature

Date

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

The UTSW Pharmacy Residency Preceptor Annual Self-Evaluation Form will be electronic and provided to the preceptors near the conclusion of each residency year. This form will be used to garner preceptor feedback and look for internal improvement opportunities to ensure our preceptors have the tools needed to be successful.

UTSW Pharmacy Residency Program Presentation Evaluation Form

The UTSW Pharmacy Residency Program Presentation Evaluation Form will be electronic and provided to the residents upon orientation. This form will be used for all presentations and to garner feedback from preceptors and attendees.

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]nov

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
<p>Selection and procurement</p> <ul style="list-style-type: none"> • Therapeutic interchange? • Special ordering requirements? 		
<p>Storage</p> <ul style="list-style-type: none"> • LASA* - separation of stock • 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> Renal impairment Hepatic impairment	Precautions/ Warnings: Special Monitoring Requirements:	Bottle/package size(s) & Cost: Unit dose package & Cost:
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			

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

RECOMMENDED AUTOMATIC PHARMACY THERAPEUTIC SUBSTITUTION(S):

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/indications?
- 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/TIME

▪ 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

Medication Use Evaluation Template

Project Title Project Lead		Participating Members
Area of interest/patient population		
Entity (CUH, Zale, Aston, SCC, etc)		
Current use criteria/formulary status		
Date of last formulary update		
Project goal/rationale		
Division/organization goal supported by project	<i>E.g. advance patient safety, maximize therapeutic outcomes, control costs, increasing revenue with measurable outcomes, measurable improved outcomes (i.e. reduction in hospital LOS, ICU LOS, reduced readmissions, improvement in the patient being treated in the appropriate site of care), avoid adverse drug event, improved efficiency in pharmacy inventory or clinical/operational processes</i>	

Methods	
Number of patients/drug administrations evaluated	
Duration of data collection	
Description of current process	
Clinical efficacy data	
Adverse drug events data	
Adherence to current use criteria including medication/ dose/ indication appropriateness	

Cost Analysis	
Drug/Labor cost	
Reimbursement status	
Referral status	
Other pertinent cost savings/avoidance data (e.g., reduced length of hospital stay)	

Recommendations	
<i>(e.g. Restricted order entry, adjusted medication use criteria, change formulary status, improvement in medication safety by change in medication monitoring or drug dispense processes)</i>	
Pertinent stakeholders Committees: Leadership:	

Appendix C: UTSW Health System Policies & Benefits

The Division of Pharmacy Services adheres to all policies and procedures approved by UT Southwestern Medical Center. The residents, upon hire, will have access to the below internal information discussing pertinent policies for the residency programs.

- [ETH-151 Equal Opportunity](#)
- [ETH-151-P-01 Equal Opportunity Compliant Investigation and Resolution](#)
- [EMP-266 Leave of Absence Without Pay](#)
- [EMP-256 Family and Medical Leave](#)
- [EMP-265 Other Available Leave](#)
- [EMP-351 Discipline and Dismissal of Classified Employees](#)
- [EMP-351P-01 Appealing Disciplinary Actions](#)

[UTSW Health System Benefits](#)

As a benefits-eligible UT Southwestern employee working 30 hours or more a week, you can get health insurance at no cost for yourself, excellent rates for dependent coverage, plus dental/vision insurance, and other voluntary benefits for you and your benefits-eligible dependents.