

# Highland Hospital PGY1 Pharmacy Residency Program

Residency Program Handbook  
2024 - 2025



MEDICINE *of* THE HIGHEST ORDER

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## **Mission Statement**

Our mission is a commitment to excellence in health care, with patients and their families at the heart of all that we do.

## **Purpose**

The PGY1 Pharmacy Residency Program at Highland Hospital builds upon Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists who are responsible for medication-related care of patients with a wide range of conditions and who are eligible for board certification and for postgraduate year two (PGY2) pharmacy residency training.

## **Outcomes**

The resident will function as a key member of the health care team and be accountable for achieving optimal drug therapy outcomes for their patients. Upon completion of the program, the resident will be competent in the following required competency areas:

1. Patient care
2. Practice Advancement
3. Leadership
4. Teaching and Education

## **Highland Hospital**

Founded in 1889, Highland Hospital has a history of innovative and personalized care. The hospital is a regional leader in specialties such as bariatric surgery, total joint replacement, geriatric care, gynecologic oncology, prostate cancer treatment, women's health services, and maternity.

At Highland we are committed to providing exemplary patient and family-centered care. As a community hospital we have the advantage of providing excellence in health care while ensuring that our patients and their families are included in all decision making.

Our affiliation with the University of Rochester Medical Center gives us access to leading edge technology, research, and resources, enhancing our ability to provide excellence in patient care. Together we confront the challenges of a changing health care environment and utilize each other's strengths to provide remarkable care for our community.

## **Accreditation and History**

The Highland Hospital Department of Pharmacy offers a PGY1 ASHP Accredited Pharmacy Residency program. The Program initially began in 2012-13 with one resident per year, changing to two residents per year in 2015-16.

The PGY1 Residency Program is designed to cultivate competent and innovative practitioners who provide comprehensive medication management services across the continuum of healthcare. The structure and areas of emphasis are based on the resident's entering level of knowledge, skills, and career aspirations. The program has been developed to meet all accreditation standards established by ASHP.

## **Pharmacy Residency Program Overview**

Residency Program Director (RPD) and the Program Coordinator are responsible to facilitate the overall coordination of the Residency Program, act as the direct supervisor to the residents, organize recruitment of new residents and coordinate the implementation of the residency program activities and quality improvement of the residency program in accordance with PGY1 standards for ASHP accreditation. The RPD is responsible for ensuring that overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each learning experience is provided, and resident evaluations are routinely conducted.

It is the responsibility of the residency program director (RPD) to work with his or her resident to design and implement a customized residency experience meeting the American Society of Health-System Pharmacists (ASHP) accreditation goals and objectives.

Residency Preceptors are individuals assigned to educate, train and evaluate the resident within their practice area or area of expertise. Each resident will have a primary preceptor(s) for each learning experience including longitudinal experiences. The preceptor may ask for feedback on resident performance from other pharmacists working with the resident during the learning experience. The preceptor will be responsible for ensuring all resident evaluations are completed. All Highland Hospital pharmacist preceptors can be found at the end of this manual.

## The Residency Advisory Committee (RAC)

Residency Advisory Committee's (RAC) purpose is to provide oversight for the Highland Hospital Residency Program. The RAC membership consists of all preceptors, and is chaired by the RPD. The pharmacy residents may be periodically asked to attend to provide updates to the Committee. The primary goals of the RAC are to review residents' progress toward completion of goals and resident development plans; to maintain and assure compliance with ASHP accreditation standards, and to assure an on-going process of assessment of the residency program including all aspects of program design. The RAC will hold an annual retreat or meetings prior to the conclusion of each residency year to discuss areas of program strength, opportunities for improvement, and strategies to improve the residency program. Residents will participate in these end of year meetings in order to provide their feedback and input.

## Licensure Requirement for Residents

- If not already licensed as a pharmacist, residents are required to hold a valid NYS Pharmacy intern permit at the start of the residency program.
- It is the expectation of the HH RPD that HH residents will initiate the scheduling of the 2 components of the New York pharmacy licensure exam prior to the beginning of their residency, or if not possible, no later than August 1<sup>st</sup>. Residents are expected to have successfully completed the licensure process and be officially licensed to practice pharmacy in the State of New York no later than within 90 days from the start of the residency program.
  - See <http://www.op.nysed.gov/prof/pharm/pharmlic.htm#exam> for details regarding requirements for licensure in the State of New York.
  - Costs associated with licensure must be borne by the resident.
  - The resident must send proof of licensure to their RPD no later than within 90 days after the start of the residency program.
- If a resident is unable to obtain licensure prior to 90 days from the start of the residency program:
  - Exceptions due to circumstances beyond resident control will be evaluated by the RPD.
  - Failure to obtain licensure by 90 days after the start of the program shall result in initiation of a training plan modification, as licensure is required to fully participate in the pharmacy practice component of our program.
- Failure to obtain licensure within 120 days of the start of the residency program will result in immediate termination from the residency program.

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

- Annual salary: \$47,507.20
- Health / Dental insurance: See the current HH Benefits-at-a-Glance and Medical Plans-at-a-Glance (refer to attached appendix). Please contact Debbie Pullyblank, Recruitment Specialist, ([Debbie\\_pullyblank@urmc.rochester.edu](mailto:Debbie_pullyblank@urmc.rochester.edu)) with questions pertaining to benefits.

## **Vacation / Sick-leave / Holidays:**

- Vacation accrual
  - Residents will be allocated 15 days of vacation for the 12 month residency.
  - Residents will receive compensation for any unused vacation days.
- Sick-leave
  - Residents are allocated 40 hours of paid sick time which is available for immediate use if needed at the start of employment. Residents may use an additional 16 hours from their vacation bank as designated and protected sick time if needed. The total hours of sick time and vacation time designated as sick time cannot exceed 56 hours per 12 month period.
  - The resident must notify via email and/or phone their current rotation preceptor, the RPD, the Coordinator, and the Pharmacy Department Secretary of being away from their rotation site due to illness.
  - In the event a resident must use more than three consecutive sick days, a physician note must be forwarded to the RPD.
- Bereavement
  - The Department of Pharmacy will follow all procedures outlined in the Highland Hospital Human Resources policy ([Funeral Leave, 294](#)).
  - Residents are allocated a maximum of 3 consecutive scheduled workdays with pay for a death in the immediate family (Includes spouse, parent, guardian, step parent, mother-in-law, father-in-law, sister or sister-in-law, brother or brother-in-law, child, grandparent, grandparent in-law, grandchild, or any other member of the immediate employee's household).
  - In the event of a death of a relative or friend, the resident may use vacation time.
- Jury Duty
  - The Department of Pharmacy will follow all procedures outlined in the Highland Hospital Human Resources policy ([Jury & Witness Duty, 293](#)).
  - Residents summoned will continue to have their wages paid for a maximum of 15 working days per calendar year. Employee may use accrued vacation, or may take time without pay if jury service extends beyond 15 days in calendar year.
- Eligible holidays
  - Residents are required to staff one designated major and two designated minor holidays period each year
  - If residents are not scheduled to work over a hospital recognized holiday period, residents should discuss the plan for participating in scheduled learning experiences during these dates. In general, residents will not be expected to be on-site during hospital holidays that they are not scheduled to staff. Recognized hospital holidays

may be found in [PolicyStat](#). Residents are not required to use vacation time for recognized hospital holidays that they are not scheduled to staff or participating in direct patient care responsibilities, however these days will be factored into the calculation of time away from the program (see description of maximum time allowed away from the program below).

- All requests for time-off, including vacation and holidays, must be pre-approved by the residency director/coordinator and if required, by the rotation preceptor, with as much advance notice as possible (minimum of 2 weeks). **Include RPD, Coordinator, Department Secretary, rotation preceptor and Valerie Riggs on request/approval emails.**
- Given the nature of the resident's responsibilities during the months of June and July, the use of vacation time during these months is not permitted without the consent of the RPD.
- All vacation and sick days will be documented in a designated Pharmacy Department binder, and each day must be signed off by the resident prior to the end of the pay period.
- Flex project days: Each resident will get 5 flex project days to take at their discretion throughout the course of their residency year (starting after orientation). No more than one flex project day should be taken on any given rotation. The resident is expected to communicate with their preceptor in advance as soon as they know when they would like to take a flex project day to ensure no major rotation responsibility conflicts and for the rotation preceptor approval.
- Residents must be present for a minimum of 75% of a scheduled learning experience so this must be taken into account when planning vacation time and is inclusive of sick time and **flex project days**. If greater than 25% of a learning experience time is missed, additional time will need to be made up to meet or exceed the 75% requirement and will be arranged with the RPD, coordinator, and preceptor. Any additional time required to be made up due to missed time will be equivalent in competencies and time missed.
- Maximum allowed time away from the residency program

ASHP Residency Accreditation Standards state that time away from the residency program does not exceed a combined total of the greater of:

- a. 37 days per 52-week training period, or
- b. The minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

The Standards also state that training must be extended to make up any absences that exceed the allotted time and extension beyond the allotted time is equivalent in competencies and time missed.

Time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave.

If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the program must be extended by the number of days the resident is

away from the program in excess of 37 in order for the resident to be eligible to receive a residency completion certificate.

Residents and the RPD will keep track of days away from the program throughout the year. Days away from the program should not exceed 37 days. Highland Hospital will not routinely extend the residency program for those residents that exceed 37 days from the program. In the event of extenuating circumstances, the need to extend the program will be evaluated on a case-by-case basis in conjunction with the Human Resources Department. If the extension is granted, the current salary and benefit will be provided for the duration of the approved extension. If an extension of the program is unable to be granted, the resident will not be awarded a residency certificate of completion.

### **Resident Duty Hours**

- Highland Hospital adheres to the pharmacy residency duty hour requirements that are defined according to the [“Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies”](#).

#### **Personal and Professional Responsibility for Patient Safety**

- RPD and/or RPC will educate residents and preceptors annually concerning their professional responsibilities to be appropriately rested and fit for duty and to recognize signs of fatigue and sleep deprivation. For preceptors this education will occur as a preceptor development session conducted at a scheduled RAC meeting. For residents, this education will be incorporated into their orientation learning experience and discussed with them quarterly.
  - Highland does not have an on-call program for residents.
- **Maximum Hours of Work per Week and Duty Free Times**
    - Successful completion of residency training requires a significant time commitment. We therefore discourage residents from working outside of the residency program (external moonlighting). A resident who wishes to work outside of the residency must discuss this issue with the RPD and receive approval.
    - Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Internal moonlighting opportunities may occasionally arise and will be at the option of the resident and discussed with the RPD prior to scheduling. For any internal moonlighting performed, the resident will be paid the “block” pay rate for pharmacists. It is at the discretion of the RPD whether to permit or to withdraw moonlighting privileges.
    - When reliable observation by a preceptor, fellow pharmacy resident, or other member of the pharmacy staff indicates a pharmacy resident may not be physically or mentally able to perform the essential functions of the position, it is their responsibility to report the pharmacy resident to the Residency Coordinator or RPD.
    - Should a pharmacy resident be deemed not able to perform duties, he or she shall be excused from the scheduled residency activities by RPD. The hours missed due to being away must be taken as vacation time.
    - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all moonlighting (internal or external).



- The maximum number of combined internal or external moonlighting allowed is **30 hours** per week
- **Duty Hour and Moonlighting attestation process**
  - Residents will receive a Duty and Moonlighting Hours Attestation form each month via Pharmacademic. This must be completed within 7 days of the last day of each month.

### **HH Department of Pharmacy Resident Leave Policy**

- A leave of absence, which is defined as an approved absence without pay, is a privilege that may be granted to residents at the discretion of the Program Director.
- If a resident is requesting a leave of absence, the resident must discuss this request with the Program Director.
- If a resident is granted leave, they must periodically update the Program Director of his/her status.
- In order to have met the criteria for graduation of the residency and to receive a residency completion certificate, the resident granted leave must successfully complete the required activities, goals, and objectives (See HH Residency Program Requirements for Residency Completion). If approved by the Program Director, the training program may be extended beyond the contract date of the residency in order to meet the minimum 52-week practice commitment requirement. The maximum period of extended training time that would be granted should not exceed 12 weeks. In the event of extenuating circumstances where a resident requires extended time off beyond 12 weeks, this will be evaluated on a case-by-case basis in consultation with the Human Resources Department. The resident will receive payment and benefits for any extended training time granted.
- Any program extension due to an approved leave will involve activities in equivalent in competencies and time missed.

### **HH Department of Pharmacy Resident Dismissal Policy**

- All HH Department of Pharmacy Residencies are considered by Highland Hospital to be “at will” employment.
  - At will employment refers to those employed on a temporary basis, usually for a period of one year or less and policy for corrective action is departmentally based.
- Licensure
  - It is the expectation of the RPD that the HH residents will obtain pharmacy licensure as outlined in the HH Residency Program Handbook for successful completion of the residency program. Please refer to the Licensure Requirements section of this handbook. Failure to meet these requirements may result in dismissal.
- Professionalism
  - Residents are expected to conduct themselves in a professional manner at all times, both in the hospital or applicable training site, at Highland Hospital, and during local, state, and national professional events (i.e. ASHP Midyear Clinical Meeting, Eastern States Residency Conference, etc).

- Unprofessional behavior includes but may not be limited to:
  - Behavior that is disrespectful to patients, preceptors, pharmacy staff, other healthcare professionals, or coresidents
  - Providing false information in an evaluation
  - Plagiarism of any kind, including any use of artificial intelligence.
  - Misuse or abuse of leave, such as unexcused or excessive tardiness or inappropriate patterns of use
- Unprofessional behavior will result in corrective action up to and including termination from the program.
- Residents who are not performing satisfactorily and/or failing to make satisfactory progress in the residency curriculum based on the standards of HH Pharmacy residency program will be immediately notified and a plan of correction developed.
  - The RPD has the authority to initiate corrective actions and will be decided upon with input gathered from the resident's preceptors, the Residency Advisory Committee, and representatives from the Department of Human Resources.
  - Failure of the resident to meet the objectives and deadlines outlined in their correction plan will be considered grounds for dismissal from the residency program. If dismissed, the resident will not receive a residency completion certificate.
- The Department of Pharmacy will follow all procedures outlined in the Highland Hospital Human Resources policies ([Disciplinary Action 123](#), [Termination of Employment 124](#)) (or refer to attached appendix)

### **Resident Travel**

- Travel and Conference Attendance
  - While attending a conference, residents are expected to portray the image of a professional and are required to actively participate in conference activities / events.
  - **Funding**
    - The Department of Pharmacy will cover the expenses of the Resident attending the assigned conferences such as, NYS-ACCP Clinical Meeting, ASHP Midyear Clinical Meeting, Eastern States Conference, and Vizient resident poster session according to the Highland Hospital Pharmacy Travel and CE Reimbursement Policy to further the Resident's education, network, and/or present research.
    - **Reimbursement**
      - All travel must be pre-approved by the RPD.
      - The Pharmacy Department Secretary must be notified prior to travel.
      - All travel must be planned according to the [Personnel: Travel and CE Reimbursement Policy](#) (or refer to attached appendix) in order for the resident to receive reimbursement.
    - Attendance at RPD approved conferences is considered professional leave time and is not subtracted from the resident's vacation bank, but will be considered as time away from the program.

### **Supplies Available to Residents**

- Computer
  - The residents will have a designated work space with a computer.
- Paging

- All residents will receive Spok paging for use during the residency year.
- Lab Coat
  - Each resident will be supplied two lab coats. Replacement lab coats will be at the expense of the resident.
- Business Cards
  - Each resident will be supplied business cards upon request. Please contact the Pharmacy Department Secretary for ordering details.
- Office supplies
  - Each resident will have necessary office supplies supplied by the Department. Please discuss any needed office supplies with the Department Secretary.

### **Residency Learning Experiences and Activities**

Please refer to PharmAcademic for all learning experience descriptions, learning objectives, objective activities, and additional learning experience requirements and expectations

#### **Core Learning Experiences (Required)**

- Orientation (6 weeks)
- Critical Care (5 weeks)
- Family Medicine - Ambulatory Care (4 weeks)
- Antimicrobial Stewardship (4 weeks)
- Internal Medicine (one 5-week experience and two 4-week experiences = 13 weeks total)
- Pharmacy Management (4 weeks)

#### **Core Longitudinal Learning Experiences (Required)**

- Management/Safety/Wellness (11 months)
- Pharmacy Practice Longitudinal (Staffing) (12 months)
- Research – Minor/Midyear Project (6 months)
- Research – Major/Eastern States Conference Project (12 months)
- Teaching and Education (10 months)
- WSOP Teaching Certificate Program (6 months)

#### **Elective Learning Experiences (4 weeks)**

Up to 4 electives possible – maximum of 2 electives at Strong Memorial Hospital

##### **Highland Elective Learning Experiences**

- Advanced Pharmacy Practice
- Infectious Diseases Consult
- Emergency Medicine
- Medical Mission Trip (length determined based on location)
- Transitions of Care

##### **Strong Memorial Elective Learning Experiences**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>● Ambulatory Primary Care (Internal Medicine)</li> <li>● Burn/Trauma Intensive (BTICU) Care</li> <li>● Cardiology</li> </ul> | <ul style="list-style-type: none"> <li>● Emergency Medicine</li> <li>● Inpatient Blood and Marrow Transplant</li> <li>● Inpatient Malignant Hematology</li> <li>● Infectious Diseases</li> </ul> |
|---|--|

- Informatics
- Medical Intensive Care (MICU)
- Pediatric Infectious Diseases Consult
- Pediatric Intensive Care
- General Pediatrics
- Psychiatry
- Solid Organ Transplant
- Ambulatory Solid Organ Transplant
- Surgical Intensive Care (SICU)
- Specialty Pharmacy Services – Ambulatory Care
- Toxicology

### **Pharmacy Practice Service Activities / Responsibilities of Residents**

- All residents will be required to participate in a service requirement (Pharmacy Practice Longitudinal) of every third weekend in addition to one designated major holiday and two designated minor holidays. Deviation from an every third weekend schedule may occur in approved circumstances (e.g – Midyear or Eastern States Conference attendance).
- In general, residents are discouraged from planning vacation time that would coincide with a scheduled weekend. Consideration for vacation time approval that involves a scheduled weekend must occur with the resident and the RPD or RPC, as is the case for all vacation time approval. In order for approval consideration, residents must coordinate weekend cross-coverage with their co-resident or other pharmacist.
- All service activities will follow Resident Duty Hour requirements as described above.
- This requirement will be a component of the required longitudinal learning experience in Pharmacy Practice.

### **Teaching Activities and Responsibilities of Residents**

- Teaching certificate: Participation in the St. John Fisher College Wegmans School of Pharmacy (SJFC WSOP) teaching certificate program is considered mandatory of all residents. Residents will acquire the basic skills needed to practice in the area of pharmacy academia. Upon completion of the course, residents will be awarded a teaching certificate. The SJFC WSOP certificate program consists of 4 classroom sessions and various practical components. Residents must meet all requirements of the specific certificate program. Any missed classes or practical components should only occur with the approval of the RPD.
- Clinical teaching: Residents, with the guidance of their rotation preceptor, may be expected to co-precept students during their Introductory (IPPE) and Advanced (APPE) Pharmacy Practice Experience.
- In-services: Each resident is expected to participate with the teaching of other health care professionals through in-services relating to topics within their specialty on a routine basis.

### **Research & Writing Activities / Responsibilities of Residents**

- Each resident is required to participate in at least one major research project and one minor research project.

- The focus of the project should be residency director driven, but if deemed appropriate by the residency director, may be chosen by the resident based on a mutual interest so as to allow for customization of the learning experience.
  - Acceptable types of research include; clinical research, drug use evaluation, administrative research, quality improvement research, survey-based research, laboratory research, etc., as long as it contains all the usual components of research (hypothesis, methods, statistics, etc.).
  - All projects that are not classified as quality assurance are required to receive Research Subjects Review Board (RSRB) approval in advance of beginning the project.
  - Research projects should be able to be completed in the span of the residency year.
  - Sufficient funding, if needed, must be available for project execution.
  - A proposed research project time-line will be provided to residents at the start of the residency year.
  - Results of the major research project are to be presented at the UB SOPPS' Resident Research Presentation Day and at the Eastern States Residency Conference (as a platform presentation).
  - Results of the minor research project are to be presented at the Vizient and American Society of Health-System Pharmacists (ASHP) resident poster sessions.
    - Poster printing is out-sourced. Submittal of paid receipts for reimbursement must be turned-in within 30 days of the purchase (please contact the Pharmacy Department Secretary for details). Typically, the website <https://www.posternerd.com/> is used to print posters.
  - A final manuscript of the residency major project in publishable form must be submitted to the program director prior to the end of the residency year in order to be eligible to receive a certificate of residency completion. Failure to submit an acceptable manuscript will result in delay of receipt of the certificate of residency completion. Any extension of this requirement beyond the scheduled end of the residency program will require approval of the RAC. Extensions beyond 4 weeks following the scheduled completion of the residency year will not be approved and would result in a residency completion certificate not be issued.
    - A minimum of one initial draft followed by any necessary revisions is required. The research preceptor will work with each resident to define deadlines, but the final draft must be submitted prior to the end of the residency year.
    - Publication of the manuscript is strongly encouraged.
    - Failure to submit the research manuscript for publication in a timely fashion may default the project authorship to the RPD
- Resident Research Seminar Series: Residents are required to attend the didactic research course at the University of Rochester Medical Center during the months of July/August. Attendance is mandatory.
  - **Written Drug Information Questions**
    - Minimum of 2 formal DI question write ups are required:
      - 1<sup>st</sup> one to be completed by October 1<sup>st</sup>
      - 2<sup>nd</sup> one to be completed by December 31<sup>st</sup>
      - Following the completion of the second write up, the resident may be required to complete additional write ups as determined by the RAC.

- Resident is expected to identify a topic and independently reach out to a preceptor to ask their availability to precept/review AT LEAST 4 WEEKS in advance of due date. 1<sup>st</sup> draft due AT LEAST 2 WEEKS in advance of due date.
    - For a list of presentation topic ideas, may prefer to [Topic Ideas List on Box](#)
  - DI question write up template is saved to the ShareDrive.
  - Upon completion of DI question, the resident will send to their corresponding preceptor for feedback, then a second revised draft will be sent to their corresponding preceptor, RPD, and RPC for additional feedback and final approval.
  - Upon final approval, the resident will upload the final version to the SharePoint and email the HH inpatient pharmacists a summary of the DI question, including where to find the full version on the SharePoint.
- Prepare a drug class review, monograph, treatment guideline, or protocol and present to the URM Therapeutics Committee or other Committees as appropriate- minimum #1 required.

### **Residency Journal Club**

- Residents are expected to attend and participate in any scheduled journal club meetings. Attendance may be excused only if approved by the preceptor the resident is currently on rotation with.
- Goals:
  - Enhance literature analysis skills.
  - Keep updated on diverse topics and issues.
  - Practice presentation skills.
- Each resident is required to prepare and present at two journal clubs sessions on assigned dates.
  - The residency director, coordinator, and/or preceptor of the presenting residents are expected to attend to facilitate discussion on the topic.
  - Residents will receive both written and verbal feedback on their journal club presentations and this feedback is expected to be discussed with their current preceptor or preceptor assigned to their presentation. Feedback will also be reviewed and discussed at the quarterly evaluations for the Teaching and Learning longitudinal learning experience.

### **Emergency Response Participation and Expectations**

- Adult code and stroke code participation and expectations will be discussed with the resident initially during orientation. During orientation, the resident will complete Advanced Cardiovascular Life Support (ACLS) Certification and department-specific competencies related to adult code and stroke codes.
- Each resident will be expected to respond to every adult or stroke code when on-site. The resident is not expected to respond if presenting a formal presentation in the moment the code is called. When both residents are on-site, both may respond if space allows to gain adequate experience throughout the year. If objective E5.1 (Participate in the management of medical emergencies) is considered ACHR for the resident, and if both residents are on-site, then only one resident may choose to respond; however at least one resident must respond.

- Ongoing feedback and evaluation will be provided during the orientation and pharmacy practice longitudinal learning experiences at the minimum. Code participation will also be discussed with the resident at least quarterly with RPD/Coordinator.

### **Resident Documentation in the Electronic Health Record (EHR)**

- Residents will be required to have their progress notes co-signed by a licensed pharmacist until they are officially licensed. Regardless of licensure status, residents are required to continue to have their progress notes co-signed until they are scheduled as independent on staffing weekends (not considered “extra”).
- Final approval that residents will no longer require progress note co-signature will be determined during the October RAC meeting. This decision will consider factors such as preceptor feedback on performance and evaluations.
- When it is determined that the resident no longer requires co-signature of progress note, residents and all pharmacists will be notified.

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

Residents are required to satisfactorily complete the following additional training programs during the course of the residency program. Dates for successful completion of these programs will be assigned by the RPD. Any documentation of certification completion should be saved to PharmAcademic files.

- Highland Hospital orientation session and mandatories
- Web-based HIPAA compliance
- URMC Research Subjects Review Board training (CITI training)
- Electronic medical record (eRecord) training
- ACLS certification

### **Meetings/Class Attendance**

Residents will have numerous opportunities throughout the course of their training to attend various departmental, Highland Hospital, URMC, and external meetings or conferences. The following meetings are examples, but additional opportunities will occur and may be assigned

- URMC Therapeutics Committee meetings – as assigned
- NYS ACCP fall clinical meeting
- Medication Safety Committee meetings (as scheduled)
- HH Pharmacy Staff Meetings (unless excused)
- HH Pharmacist Huddles (unless excused)

### **Resident Wellness and Mentorship Program**

Highland Hospital partners with the University of Rochester (UR) Residency Well-being Committee, in which their purpose is to provide support for the UR Medicine Pharmacy Residency programs by providing infrastructure that encourages resident development into resilient clinicians. Through this committee, residents participate in five 2-hour sessions throughout the residency year. Session content may include: ice breaker activities, journal or case vignette discussions, guest speakers, short videos, small group work, polling, etc. During the sessions, the preceptor leaders will gather resident feedback regarding current stressors. The

committee also leads coordinating team-building events for preceptors and residents (including quarterly social events and volunteering).

Residents will also participate in the Mentorship Program, which is a support program that aims to assist each resident in developing their own skills, strategies, and capabilities as a practicing pharmacist and to provide the resident with someone they can talk to and seek guidance from to enhance the residency experience. Each resident will be paired with one mentor at the beginning of their residency year.



## **Resident and Residency Program Evaluation and Feedback**

The Highland Hospital Residency Program prides itself in providing the best possible experience for its residents. Therefore, critical evaluation of our program, learning experiences, preceptors, and program directors is required from each resident at the completion of each learning experience and throughout the residency year. It is also important that residents receive valuable feedback on their performance from their preceptors and program director. Most importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency program.

### **Resident Questionnaire and Entering Interest Form**

Prior to the start of the residency year, residents will receive a Highland Pre-Residency Questionnaire and an ASHP objective based entering interest form. These forms are expected to be completed and returned by the date requested by the RPD. Used together, the information collected in these forms serves as a guide for the development of a customized residency plan specific to the needs of the resident.

### **Resident Quarterly Development Plans**

Each quarter (approximately end of July, October, December, March) residents will meet with the RPD to create, update, and review the quarterly development plan. The purpose of resident development plans is to modify the design and conduct of the program to address each resident's unique learning needs and interests. Development plans also provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments made to meet their learning needs. The RAC will review the development plans and discuss overall progress by residents and agree to any development plan adjustments needed for residents.

The Highland Hospital Pharmacy Residency program employs a three-part evaluation strategy: (1) Preceptor evaluation of the resident; (2) Resident self-evaluation; and, (3) Resident evaluation of the preceptor and learning experience. These evaluations need to be completed in a timely manner by both residents and preceptors, occurring within seven (7) days of the quarterly due date and/or completion of the learning experience. Preceptors will conduct and document within PharmAcademic a criteria-based, summative assessment of the resident's performance of each of the respective educational goals and objectives assigned to the learning experience. Such evaluations will be conducted at the conclusion of the learning experience (and quarterly for extended/longitudinal learning experiences), reflect the resident's performance at that time, and be discussed verbally by the preceptor and the resident. The RPD will review the written evaluations and comment as necessary/seen fit, or intervene when requested by either the preceptor or resident. At the end of each learning experience the resident will evaluate their preceptor(s) and experience which will be submitted directly to the Residency Program Director via PharmAcademic. Residents will be required to perform self-evaluations via PharmAcademic for designated learning experiences which will be discussed with the respective preceptor and reviewed by the RPD. Finally, preceptors have been encouraged to do "formative feedback" of the resident(s) at multiple times during each learning experience. Formative feedback should ideally be discussed verbally between the preceptor and resident, and can also be documented via the "feedback" functionality in PharmAcademic. Formative feedback allows for real-time feedback on a specific instance / project / presentation, etc.

- Definitions of evaluation rating scales for Preceptors and Residents
  - **ACHR** – Resident consistently performs objective at ACH level, as defined below.
  - **ACH**- Resident has demonstrated independence in this area or has refined judgment to ask for advice. Resident performs the skill with little or no assistance from the preceptor.
  - **SP**- Resident is able to ask questions to acknowledge limitations and/or judgment is not refined. Additional skill development is needed over more than one learning experience, but resident is expected to fully master the skill or objective as the year progresses. Preceptors are encouraged whenever indicating SP on a particular objective evaluation to also include specific criteria-based recommendations as to what and/or how the resident may improve or achieve that particular objective.
  - **NI**- Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area. Assistance is often required to complete this objective. Preceptors are expected when indicating NI as an evaluation of a particular objective that they must also indicate criteria-based recommendations as to what and/or how the resident may improve their performance.
  
- Indicating that assigned learning objectives have been achieved for the residency (ACHR) can only be done by the RPD or Coordinator in Pharmacademic after discussion with the RAC Committee members. Each R1.1 and R.1.2 (Patient Care) associated objective should have been designated as ACH in 2 different learning experiences before being considered as ACHR. Other objectives may be considered for ACHR status following a minimum of one assessment as ACH. Final approval for ACHR designation is at the discretion of the RPD.

### **Additional Residency Program Policies**

- Please refer to PolicyStat or attached appendix for additional policies regarding the residency program
  - [Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors](#)
  - [Process for the Selection and Evaluation of Resident Candidates](#)
  - [PGY2 Early Commitment Policy](#)
  - [Preceptor Requirements, Expectations and Development](#)
  - [Residency Preceptor in Training](#)

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

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

1. NYS Licensure (no later than within 90 days from the start of the residency program)
2. Advanced Cardiovascular Life Support (ACLS) Certification
3. The Collaborative Institutional Training Initiative (CITI Program) Certification
4. Completion of WSOP Teaching Certificate Program
5. Completion of 1 major and 1 minor research projects
6. A final manuscript of the major research residency project in publishable form
7. Professional presentations of research projects at ASHP Midyear/Vizient, UB Research Day, and Eastern States Conference as determined by the Residency Program Director and Residency Advisory Committee.
8. Clinical Conference Presentations (minimum of 5)
  - a. (1) Case Presentation
  - b. (1) Platform Presentation
  - c. (1) Pharmacy Grand Rounds
  - d. (2) Medicine Noon Conference
9. Drug Information Questions (minimum of 2)
10. Journal Clubs (minimum of 2)
11. Therapeutics monograph and presentation to the URM C Therapeutics Committee (minimum of 1)
12. Clinical guideline/policy creation or update (minimum of 1)
13. Completion of residency program's educational goals and objectives
  - a. Attain "achieved (ACHR)" for residency in > 85% of the residency program specific evaluated goals and objectives
  - b. Attain "needs improvement (NI)" in 0% of the residency program specific evaluated goals and objectives (End of Residency)

Progress will be tracked within Quarterly Development Plan documents located in each resident's electronic binder on the S drive. The resident is expected to keep the Quarterly Development Plans as well as tracking of minimum requirements and additional activities (as assigned) updated except for components to be completed by the RPD or Residency Coordinator. The tracking of minimum requirements will be reviewed and discussed during each Quarterly Development Plan meeting.

## **Highland Hospital Residency Program Faculty and Contact Information**

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**For a complete list of University of Rochester Medical Center elective preceptors, refer to <https://www.urmc.rochester.edu/pharmacy/residency/our-preceptors.aspx>**

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